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**4 YEAR CERTIFICATION**

I am very pleased to mention more facilities achieving  
**4 year certification.**

My compliments and congratulations to:

**Golden Pond Private Hospital in Whakatane**

**All the best to all my friends, who have an audit this month.  
I will be thinking of you!!**

*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.*

*My thoughts: IF IT IS NOT WRITTEN DOWN IT DID NOT HAPPEN!*

I am sure you have heard this slogan said many times and maybe even used it yourself. It is not just a phrase, it is really true. You most likely know this to be case if you have been unlucky enough to have a complaint investigation. These are no fun, very stressful, time consuming and costly.

Most of the investigation is based on paperwork that you need to provide. No matter how hard you worked to get it right or to please people, if it is not documented it did not happen.

I am sure that we all understand that complaints need to be taken serious and investigated as things do go wrong at times and an investigation will provide the opportunity to review processes, systems etc to get it right and do better to prevent mistakes from happening again.

We also know that it is not always easy to please everybody and that relatives are not always realistic with their expectations. Of course they wish to have everything perfect and if possible have a staff member totally dedicated to their own loved one! Wouldn't we all love that? And what to do if the relatives want things different then what the resident wants? I can hear you all saying in unison: of course we do what the resident want (as long as they are competent to make their wishes known)! Yes that is what I would say too as we have this beautiful legislation called: the "Resident Code of Rights". That means you go against the wishes of the relatives and if they complaint you have an investigation to deal with! Does not sound fair to me!

My advice is to make absolutely sure you document this sort of conflict and be pro-active by keeping your DHB portfolio manager informed regarding this dilemma. Some portfolio managers welcome this and are really supportive and might even advise you further.

Another way to be pro-active is getting independent advocates involved. They will advise in the best interest of the resident and you can then follow their advice.

If you have any experience, good or bad, I love to hear from you, as we can all learn from it and do the best we can to prevent unpleasant situations from happening.

*Jessica*

## MEDICATION MANAGEMENT

I was very surprised to see the report: Ministry of Health Aged residential Care Certification Data Comparison of Medication Issues: 2009 and 2012, which we received this week. (for full report see website: [www.jelicatips.com](http://www.jelicatips.com) or [www.careassociation.co.nz](http://www.careassociation.co.nz)).

The report identifies the areas for which partial attainments are achieved. I honestly thought that these areas had improved a lot. But the result of this report proves me wrong, which is disappointing. The report is well written with fair comments.

Medication management attracted the highest number of partial attainments. This criterion includes a number of categories eg.

Signing of documentation, Administration of medication, Labelling, Controlled medication, storage, documentation and records, transcribing, expired medication, maintaining charts, 3 monthly medication reviews, block signing by GP's, reconciliation, standing orders, photo id, medication errors, medication returns to pharmacy, staff competency.

The last two show an improvement and that is good news.

Following are my comments on each of the identified area, which might help you to review your systems.

### **Signing of documentation:**

- It is not alright to have gaps on the signing sheet as this shows that staff do not sign after administering medication.
- Checking controlled medication according to policy. Weekly checks and a stock take in June and December.
- The Fridge that holds any medication needs to have the temperatures checked and documented weekly.

### **Administration of medication.**

- Medication needs to be administered on the time prescribed. I would think this to be logical but apparently not as this still scores PA's.
- Medication left out. Medication management has to be taken very seriously and good and safe practice evident. All staff should be aware of the enormous privilege they are given to administer medication. The moment staff does the medication round there should be no interruptions. Other staff and residents should be educated to not interrupt the person giving out medication. A specific apron might help with this. In case of a staff member being on sole shift there has to be a safe process which ensures that the medication is kept secure at all times.

### **Labelling of medication and expired medication.**

- Ensure that eye drops have date of opening written on the label.
- Check for expiry date and discard when out of date.
- Instigate a process and make it a delegated responsibility to check for expired meds including the non packed items. Always ensuring that bottles, tubes etc are in good order and not expired.

### **Storage of medications.**

- Medications need to be securely stored and accessible to unauthorised people.
- This includes storage of medication in main food fridges. It is a good idea to have the medication in a labelled designated box specifically for medication that need to be refrigerated.

### **Maintaining the medication charts**

- Discourage GP's to "block sign". It is safer practice to sign for each entry.
- 3 monthly medication reviews need to be documented on the medication chart.

A real friend is  
one who walks  
in when the  
rest of the  
world walks  
out.

## MEDICATION MANAGEMENT

Live with no  
excuses and  
love with no  
regrets

- Montel

### Standing orders

- Ensure you have the up to date policy implemented and that the standing order, if you have one, complies with this policy.

The regulations require that the standing order includes:

- an explanation of why the standing order is required
- the circumstances in which the standing order applies – for example, a registered nurse in a rest home or hospital
- the class of people able to administer and/or supply under the standing order – for example, registered nurses
- the competency requirements of the person administering and/or supplying a medicine under a standing order
- the treatment of condition/s to which the standing order applies – for example, urinary tract infection, asthma
- the medicines that may be supplied or administered under the standing order
- the indications for which the medicine is to be administered and the recommended dose or dose range for those indications
- the number of dose(s) of the medicine for which the standing order is valid
- the contraindications and/or exclusions for the medicines, the validated reference charts for dose calculation (if required) and the monitoring of a medicine (if required)
- the method of administration
- whether countersigning is required and, if countersigning is required, the timeframe for countersigning
- the clinical documentation to be recorded
- the period for which the standing order applies

I think that for a rest home it is easier to have medication prescribed PRN rather than having a standing order.

**PRN medication** should include indication for when it should be used. (Medicine Guides p.46). Medicines must have:

- Specific target symptoms
- Instruction(s) for the PRN medicine use
- An indication of the frequency and dose range
- The rationale for using the PRN medication.

### Photo identification

- Having up to date photos help to identify the person and hopefully prevent that a resident receives the wrong medication.
- Have photos named and a date of when the photo was taken.

### Medication reconciliation.

It surprises me that there are still facilities who do not know or are not sure regarding this process. Reconciliation is a standardised process of identifying the most accurate list of all medications, (including name, dose, frequency and route) that a resident is taking, and using that to provide safe and effective care to that resident at all **transition points** within the health and disability service.

Medicines reconciliation should be carried out when residents go to and from residential aged care (ie, all admissions, transfers and discharges). Visiting clinicians may also complete medicines reconciliation.

## MEDICATION MANAGEMENT

### Policies and procedures

- Ensure that these are up to date reflective of current legislation.
- Ensure they are known by staff and implemented. No use having them sitting prett on the shelf and nobody knowing what they are there for.
- Ensure they show at least two yearly reviews.
- Have a policy on medication management for short term residents.
- Define each role authority and responsibility.

### Staff competency

- Check staff competency before you allow staff to administer medication
- Re check at least annually or when errors are made.
- Re-train and re-check staff member causing regular errors.
- Check RN competency.
- Ensure that RN who checks staff competence has been competence checked and that they are aware of their responsibility when signing staff off as being competent. It is more than just a tick box exercise.
- Regularly observe staff during medication rounds as the sooner you correct bad habits the better. The fact that errors are observed during audits means that staff are not checked and trained enough. (I realise that there is also a level of anxiety when staff are aware that they are being observed by auditors which might cause them doing the wrong thing. So get them used to being observed might help during audit!)

### Allergies

- Document any allergy/interaction. Or indicate nil known. Don't leave the box empty!
- If policy states that allergies are highlighted then ensure this happens.
- Check that the correct allergies are documented. i.e is there a hospital discharge letter which lists allergies etc.
- Have a policy defining how to deal with adverse reactions.

### Resident self administration

- Resident who wish to self medicate need to be assessed for competency
- GP approval sought and documented.
- Have policy aspect regarding self medication with related responsibilities.
- Ensure that the medication is stored securely in resident's room
- Check on a regular basis resident's competency and the medication kept in own room.

### Medication administered in safe and timely manner

- Ensure that the mediation is given when the GP has indicated they should be given.
- Check the medication chart against the pharmacy chart as here is where some of the discrepancies occur. It is often that the pharmacist rectifies times of medication as they might interact with another medication. If that is the case discuss with GP changing his order.
- Staff to be trained that medication times should be adhered to and the importance of that.

### Legibility of records

- I don't believe that any provider is able to change GP's hand writing. If it is particularly bad it might be a good idea to have pharmacist developing the medication chart.
- Don't fax records too often as this makes records unclear.

I hope the above helps towards "getting it right" as I believe a number of partial attainments are avoidable.

*Jessica*

Remember the past, plan for the future, but live for today, because yesterday is gone and tomorrow may never come.

- Luke

## 2014 SELWYN GERONTOLOGY NURSES CONFERENCE

On 13<sup>th</sup> August 2014 in Waipuna Conference Centre  
7:30am – 5:00pm  
Mt Wellington, Auckland

Join us for an information filled, full day professional development conference specifically for Clinical Coordinators, RNs and ENs working in the field of Gerontology. Use this time to share ideas and network with colleagues from within the sector.

We have a great line up of speakers, with fascinating perspectives on a range of pressing issues.

The outline for the day is as follows:

7.30 – 8.30am Registrations & Coffee/ Tea

8.30 – 8.45am Karakia Marianne Hornburg, Spiritual Coordinator, The Selwyn Foundation

8.45 – 9.00am Opening address & welcome

9.00 - 10.30am “Phinicky Pharma: Common Medication Issues for Older People”  
Dr Michal Boyd RN, NP, ND, Nurse Practitioner, Waitemata DHB

10.30 -11.00am Morning tea

11.00 - 12.30pm “Withdrawing and withholding food and fluids in palliative care: an ethical perspective” Jackie Robinson RN, NP, Nurse Practitioner, Auckland DHB

12.30 - 1.30pm Lunch

1.30 – 3.00pm “Striving Through Change” Linda Hutchings

3.00 - 4.30pm “End of life with COPD - What are the Issues?” Diana Hart NP, MN, BA, ACAT, Nurse Practitioner Respiratory

4.30 – 5.00pm “Closing address” Garry Smith, CEO, The Selwyn Foundation

5.00pm End of conference

Take advantage of our early bird offer for just \$120 or pay full price of \$150 (incl. GST) when you book after 15 July 2014. Spaces are strictly limited so hurry to reserve your place. **To register: [www.selwyncare.org.nz](http://www.selwyncare.org.nz)**

In the end, it's  
not going to  
matter how  
many breaths  
you took, but  
how many  
moments took  
your breath  
away

- shing xiong

## ESSENTIAL SERVICES

Since the last storms we experienced, it has come to light that not all aged care providers are aware of the following important requirement.

Please ensure that you inform your power company that you have to be on the “**Essential Services**” list. This will ensure that you are prioritised in case of a power cut and don't become a number in line waiting to be re-connected.

Thank you Katrina for letting me know that this came to your attention during the last power cut in Auckland.


I have since been informed that the same thing applies to gas services. With them it's not a matter of informing them, you actually have to complete an application form and formally apply. Thank you Gloria for that information.

I advise everybody to describe to “Emergency Alerts”.

Visit <http://www.aucklandcivildefence.org.nz/> and download the app.

I got plenty of warning and was able to secure all my garden furniture although the warning came in while the sun was out. I took it seriously and was glad I did as we all know how bad it was later that night.

Jessica

<p><b>You've got to take the good with the bad, smile with the sad, love what you've got, and remember what you had. Always forgive, but never forget. Learn from mistakes, but never regret</b></p>	<p><b>SILVER RAINBOW</b></p>
	<p>"Silver Rainbow" which is a three phase project that has been running in the University of Auckland for the last three years under the leadership of Dr Michal Boyd at the School of Nursing. The Health, Quality and Safety Commission are also supportive and are represented on our group at this latest phase.</p> <p>A best practice guideline and education resources to train staff in the care of lesbian, gay and bisexual residents in aged residential care has been developed</p> <p>This includes a short case study video, workbook, Facilitator guide, certificate and evaluation sheet. Please follow this link to read further and also to download the resources:  <a href="http://www.fmhs.auckland.ac.nz/en/son/about/our-research/research-news-and-events/news/12082013_focus_on_quality.html">http://www.fmhs.auckland.ac.nz/en/son/about/our-research/research-news-and-events/news/12082013_focus_on_quality.html</a></p> <p>and for the video: <a href="https://www.youtube.com/watch?v=ZDAF4IrlDuE">https://www.youtube.com/watch?v=ZDAF4IrlDuE</a></p> <p>Phase three of the project aims to spread the word about the resource and promote it to the Aged Residential Care sector. The response to date has been really positive nationally and there is some international attention also.</p> <p>There is a Facebook site called "Silver rainbow NZ" which contains links to resources and reports of interest about older rainbow populations.  <a href="https://www.facebook.com/pages/Silver-Rainbow-NZ/245961402250263">https://www.facebook.com/pages/Silver-Rainbow-NZ/245961402250263</a></p>
	<p><b>BOUQUETS</b></p>
	<div style="display: flex; align-items: flex-start;">  <div> <p>There are a couple of bouquets this month.</p> <p>One bouquet goes to Claire and Simone. I am sorry to see you go. It has been my pleasure knowing you both and working with you Claire, has been a great. I wish you all the best and we will miss you but I am sure we will hear from you again.</p> <p>My second bouquet goes to Judy Forrest. Wishing you all the best. I am thinking of you!</p> </div> </div>
	<p><b>TRAINING SESSIONS</b></p>
<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>	

When life gives you a hundred reasons to cry, show life that you have a thousand reasons to smile

## EMPLOYING STAFF CAN BE A MINEFIELD!

It is easy to employ people but hard to dismiss. Do it right from the beginning. This workshop will help you get the right person, for the right job.

### **WHO SHOULD ATTEND?**

Managers, Clinical Coordinators, Supervisors, 2ICs

**VENUE: Waipuna Lodge, 58 Waipuna Rd, Mt Wellington**

### **28<sup>th</sup> July 0830 – 1630 hrs 2014 Day 1: WHY ARE YOU LIKE THAT?**

At the heart of every productive team is open communication and trust. Yet frequently valuable time and significant amounts of energy are spent on handling conflict in the workplace. This workshop will help you understand why, and provide strategies to maximise each team members unique potential. This saves time, reduces stress, and prevents burnout, and increases motivation, wellness and productivity.

#### **You will learn**

- Why Are You Like That? and how to engage others who are different
- Why conflict occurs & how to reframe it as valuable feedback
- How to create a team that works productively and effectively together
- How to apply this knowledge to save time, money, and to motivate and retain your staff

### **29<sup>th</sup> July 2014 0830 – 1630 hrs DAY 2: SYSTEMS TO HELP GET IT RIGHT**

Now you know who you want on your team, how are you going to get the systems into place to save you time and be more productive? Getting them on board so they fit in the team will create a more harmonious work environment which frees you energy to get on with the important aspects of your job.

#### **You will learn**

- How to attract the right person to the job
- Interviewing techniques to get the right answers
- Tips for roster management for new and existing employees
- The importance of working with immigration

Tips on employing student nurses or overseas students

**Early Bird Closes: 21<sup>st</sup> July 2014**

**REGISTRATIONS:** email: [registrations@clinicalupdate.co.nz](mailto:registrations@clinicalupdate.co.nz) or visit [www.clinicalupdate.co.nz](http://www.clinicalupdate.co.nz). For more information phone Leigh 098344825

## CHARITY MID WINTER CHRISTMAS

Aria Gardens Home, Hospital and Specialist Dementia Care in association with  
The Brigham Restaurant and Function Centre  
present the second annual

### **CHARITY MID WINTER CHRISTMAS**

7.00p.m. until 11.00p.m Saturday 5th July 2014  
raising funds for PLUNKET Waitemata  
\$45 per head

Bookings essential. Phone The Brigham Restaurant on 416-7369.

<p style="text-align: center;"><b>"Advice is what we ask for when we already know the answer but wish we didn't."</b></p> <p style="text-align: center;">- Erica Jong</p>	<b>HAND OVER FORMS</b>
	<p>These do not need to be archived if they are only used as a prompt sheet to remind staff to refer to progress reports, short term care plans etc.</p> <p>Apparently there have been instances where data on the hand over form was not transferred to the progress notes, wound care plans, care plans or short term care plans. In that case the hand over form become a clinical record and need to be saved for the appropriate length of time. However the hand over form is not the correct place to document that data as this really need to be in the resident's individual file and not on a form mixed in with the other residents.</p> <p>It pays to review the use of hand over forms and maybe do a spot check to ensure that data is documented in the correct place.</p> <p>Remember that the handover forms need to be disposed off appropriately in a confidential manner. Using a paper shredder would be a good way.</p>
	<b>NEWSLETTERS BACK ISSUES</b>
	<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.</p> <p>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>

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.