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4 YEAR CERTIFICATION

I am very pleased to mention more facilities achieving

4 year certification.

My compliments and congratulations to:

Rossendale Dementia Care Home and Hospital, Hamilton

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.

INFECTION CONTROL SNIPPETS (Bug Control)

The Hand Hygiene NZ website has some great resources. Visit <http://www.handhygiene.org.nz/> but if you want a bit of fun and only have 5 minutes visit this link from the education part of the Hand Hygiene website. <http://www.npsa.nhs.uk/cleanyourhands/resource-area/wi-five-game>

Wi-Five is a very simple, fun, online game used to raise awareness of the World Health Organization's (WHO) Five Moments for hand hygiene approach. This digital game has cute little people and you have to decide when they need to wash their hands.

Ask all your caregivers to have a go as well, maybe you could offer a prize for the person who has the highest score – warning - it's not as easy as it looks.

Julie Sparks (managing Director) Bug Control NZ Ltd Tel: 64 3 3047027

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.

Jessica

Please use this email address

09jelica@gmail.com

and delete


jelica@woosh.co.nz

Thanks, Jessica

	<div data-bbox="863 145 1002 179" data-label="Section-Header"> <h2>SNIPPETS</h2> </div> <div data-bbox="384 230 799 268" data-label="Section-Header"> <h3>Code of Conduct FREE training</h3> </div> <div data-bbox="384 295 1329 409" data-label="Text"> <p>All nurses need to have their Code of Conduct training completed soon. There are some organisations that provide this training for a price. There is free training!!</p> </div> <div data-bbox="384 450 1418 524" data-label="Text"> <p>Go to http://healthlearn.ac.nz/course/view.php?id=147 “login as a guest” and follow the instructions.</p> </div> <div data-bbox="384 604 502 640" data-label="Section-Header"> <h3>InterRai</h3> </div> <div data-bbox="384 669 1415 864" data-label="Text"> <p>A recurring topic of conversation especially now that the date (1 July) of this becoming compulsory is getting closer. Just to reiterate that using the InterRai care plans is NOT compulsory! You can keep using your own if you choose to do so. If any of the trainers tell you differently then please let me know.</p> </div> <div data-bbox="384 943 600 978" data-label="Section-Header"> <h3>An observation</h3> </div> <div data-bbox="384 1008 1468 1357" data-label="Text"> <p>I might be wrong, and I hope I am. I have become aware of some providers having a financial audit which was triggered as a result of somebody complaining about the on-charges. Even if the complainant had it wrong the audit still happened. I just thought you would like to be aware of this as it is yet another audit that I am sure you can do without. Be very clear in all your correspondence what you are charging for and don't charge for anything that is covered by the subsidy. Practice open disclosure in relation to your information and documentation. If you are not sure what you can charge for, ask! This can prevent many problems.</p> </div> <div data-bbox="384 1424 536 1460" data-label="Section-Header"> <h3>Outbreaks</h3> </div> <div data-bbox="384 1503 1434 1657" data-label="Text"> <p>I have mentioned this before but just a friendly reminder to be aware of. If you have an outbreak and you are in your 6 month spot audit period don't forget to make the DAA aware of the outbreak! One way to remember is to add the DAA and their phone number on your outbreak plan for people to notify!</p> </div> <div data-bbox="384 1722 691 1758" data-label="Section-Header"> <h3>Care Home Handbook</h3> </div> <div data-bbox="384 1800 1461 1879" data-label="Text"> <p>Please find attached a flyer detailing the above handbook. If you are interested in it please let me know as we can order in bulk and then distribute it.</p> </div> <div data-bbox="384 1915 1482 2038" data-label="Text"> <p><i>The Care Home Handbook</i> has one aim: to improve the care and wellbeing of residents in care homes. It informs, reminds and refreshes the reader's knowledge, enabling care homes to meet the essential standards of care required of them.</p> </div>
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When asked how they managed to stay together for 65 years, the woman replied, “we were born in a time where if something was broke, you fixed it... not throw it away.”

	SNIPPETS CONT'D
<p>When nothing goes right....go left.</p>	<p>Document control</p> <p>To ensure that your quality system documentation is formally identified, issued and controlled in order to enhance, support, and clarify the functions and responsibilities of all staff in the required daily resident care management procedures it is important to have a good process in place.</p> <p>All manual documents should have clear identification on them i.e name of document, issue number, date of issue and page number and be formally authorised (this can be done through an index total statement).</p> <p>There should be sufficient working documents/forms available to staff for daily use. This will prevent staff using the original.</p> <p>All documents should be reviewed at least every two years or when there are internal or legislative changes.</p> <p>There is a designated person or position authorised to issue new policies or make changes.</p> <p>Identify in your document control policy how many handwritten changes are allowed before a document/policy need to be re-issued.</p> <p>It is a good idea to maintain a review and amendment log as this makes the ongoing reviews and changes made very auditable.</p> <p>Remove obsolete documentation and don't forget to also replace the copies of policies that are kept in other areas. This could easily be achieved if you maintain a "distribution" list.</p> <p>State your "retention of documentation" process.</p> <p>As per as per Health (Retention of Health Information) Regulations 1996</p> <p>Unless the context otherwise requires, minimum retention period, in relation to health information that relates to an identifiable individual, means a period of 10 years beginning on the day after the date shown in the health information as the most recent date on which a provider provided services to that individual.</p>
	<p>HCHA conference</p> <p>28-30 April 2015, Rendezvous Grand Hotel, Auckland</p> <p>The Home and Community Health Association Conference 2015 will explore the challenges and opportunities of changes occurring in home and community services – as a result of consumer and cultural needs, demographics and choices; and as a result of strategy around workforce, community supports and integration.</p> <p>We will include consumer and carer perspectives and look at what is going on overseas, as well as at home.</p> <p>A copy of the draft programme is available on: http://www.hcha.org.nz/conference-2015/programme/ Check out the conference website: http://www.hcha.org.nz/conference-2015</p>

	<p style="text-align: center;">Conversations that Count Day – National Advance Care Planning Awareness Day</p>
<p>One of the hardest decisions you'll ever face in life is choosing whether to walk away or try harder.</p>	<p><i>"Start the conversation"</i></p> <p>The National Advance Care Planning Cooperative has organised a second Conversations That Count awareness day on 16 April 2015. We would welcome your organisation's support by engaging your staff and patients in these conversations and by providing broad access to the resources that have been produced.</p> <p>The key to Advance Care Planning is conversation. Conversations in the community; between patients and their families; between clinicians and patients. Conversations about what matters to you, how you would like to live your life, and how that might impact your care and treatment choices in the future, particularly as you approach the end of your life. The campaign is designed and run largely on goodwill with very limited locally accessed funding. We were thrilled with the success of the campaign last year and that we managed to get media coverage in the major papers. We were also incredibly well supported by many passionate healthcare workers (from DHBs, NGOs and primary care providers across the country) who helped promote the day.</p>
<p>Virtual bouquet this month For the National Advance Care Planning Cooperative</p> 	<p>We are appealing to you to work alongside us by doing some or all of the following:</p> <ol style="list-style-type: none"> 1. Pull together a campaign task group 2. Contact your communication's department and ask for their help to promote the day internally and to engage with your local media 3. Book your hospital or facilities notice board and use it to display the Conversation that Count Posters and postcards for the week of the 12th of April 4. Organize to present to some local community groups in the weeks leading up to the 16th of April. Please ensure you have appropriate organisational approvals and your communication team's involvement 5. Organise to get your team and other teams to set aside a little time on the day to come together for a "Morning tea with ACP" to watch one of the ACP films or to talk about their experiences with having conversations with patients and families or about what is holding them back – more about that in our next news blast 6. Talk to your manager about funding for printing posters and postcards. By early March we will have printer-ready versions of the poster and postcards for you to use to get your own stock for distribution in your organisation and community. Indicative pricing based on last years campaign was approximately \$2000 for 5000 postcards, and \$320 for 20 posters 7. Work with your Planning and Funding team to approach some local retirement villages and see if they are happy to have the Conversations that Count post cards distributed to their residents 8. Talk to your colleagues about ACP. Do they know what it is? Have they had a 'Conversation that Counts' with their whanau? 9. Does your organization have a publication or newsletter? Can you supply them with an article about Conversations that Count and/or ACP for them to publish? A blurb to use or adapt can be found here 10. Talk to GPs and other healthcare professionals about the day so they are aware they may be an increase in enquiries <p>If you have any other great ideas of ways to promote Conversations that Count Day we would really appreciate it if you would share it with others either on the Conversations that Count Facebook page or by emailing leighma@adhb.govt.nz.</p> <p>For more information, please contact Jolene Larsen (jolenel@adhb.govt.nz), Coordinator - Advance Care Planning</p>

	WHAT IS MEDI-MAP™ ?
<p>Be thankful for the bad things in life.</p> <p>For they opened your eyes to the good things you weren't paying attention to before!</p>	<p><i>I am probably biased as I love technology, and I can see so many benefits in regards to this system! I had the pleasure to meet Greg and his wife and they are clearly passionate about the programme and safe medication management. But you don't have to take my word for it, check it out for yourself. (and no I don't have shares in the company! Would buy them though as this is the future!!)</i></p> <p>So what is Medi-map™?</p> <p>Medi-map™ is a cloud based solution to medicine charting, medicine administration to patients and reporting.</p> <p>medi-map™ solves the problems with “which is the right chart” and it is up to date, allowing staff to know with confidence they have the right information - saving time, stress and money.</p> <p>medi-map™ links the prescriber, rest home and pharmacy in a shared interface. All users are looking at the same thing. The chart is “live” and continuously updated to ensure accuracy. Any chart changes are automatically notified to the rest home and pharmacy for action and as the prescriber does their job, pharmacy is automatically notified of changes in real time (no more faxing late in the day!)</p> <p>A non-critical medicine is needed to start? It can be delayed to the next medicine pack supply from pharmacy.</p> <p>A non-critical stop? It can be delayed to the next medicine pack resupply.</p> <p>Both of these options save money on medicine cost, repacking charge from pharmacy and prescription surcharge and medicine cost to the tax payer.</p> <p>medi-map™ administration is a device based electronic record of which medicines have (or haven't) been given to residents. It prompts if non-packed regular medicines are missed (eye drops, inhalers etc) gives a snap shot view of all patients given medicines on a particular round and allows a manager an overview at any stage. What this means is less paper, better information resulting in fewer medicine misses, quicker rounds and reporting and a quick overview of what has been given to residents “today”.</p> <p>Staff carry out their jobs more safely, residents medicines are not missed and staff have more time for other duties.</p> <p>Re-ordering PRN medicines?</p> <ul style="list-style-type: none"> - Can be done as you go “live” (no more faxing) <p>Double sign for risk medicines? - Managed within the system</p> <p>Audit reports? Med reports? - Available to Managers / H.O</p> <p>Work / time analysis? - Available in reports</p> <p>3 month review prompt? - At week 10 reminder</p> <p>Prescriptions? - e-Prescription interface coming</p> <p>medi-map™ is a safer way of charting and giving medicine to residents. It is accurate, fast and brings reporting around work done, medicine misses and time to bring efficiency into the rest home environment.</p> <p>Less paper work and more care.</p> <p><i>Check the YouTube clips for more information and better still give Greg a call as he can explain and demonstrate it so much better. The above is an extract from the Medi map™ brochure</i></p> <p>http://youtu.be/rLpCq0TJG7s</p> <p>Greg Garratt, medi-map Ltd PH 0800 298363 Greg Garratt +64 21 470424</p>

	RELAY FOR LIFE
<p>If you are depressed, you are living in the past.</p> <p>If you are anxious, you are living in the future.</p> <p>If you are at peace, you are living in the present.</p> <p>Loa Tzu</p>	<p><i>As volunteer Chair of Relay I see it as my responsibility to make as many people as possible aware of this great event and in the process , if possible, raise some funds.</i></p> <p>What is Relay For Life? Relay For Life is an inspiring community event that gives everyone a chance to celebrate cancer survivors and carers; remember loved ones lost to cancer; and fight back by raising awareness and funds to support the work of the Cancer Society. Relay For Life is for people of all ages and fitness levels - anyone can take part!</p> <p>What happens at Relay For Life? Relay For Life begins with a moving Opening Ceremony, with cancer survivors and carers leading the first lap of the event. Next, team members take to the track. Most walk, while some prefer to jog or run. When they're not on the track, teams enjoy a festive, family-friendly environment with heaps of activities and entertainment. Later in the evening, a Candlelight Ceremony is held to remember love ones affected by cancer. Personally-inscribed candle bags are placed around the track, and their light emits a warm glow throughout Relay venue. Team members continue to walk or jog through the night. In the morning, teams come together for an inspiring Closing Ceremony.</p> <p>Why is Relay For Life held overnight? Team members walk and jog through the night, symbolising the fact that cancer never sleeps. However, people taking part may come and go as they like.</p> <p>When and where are Relays held? Relay For Life events are usually held on weekends throughout the summer and early autumn months. While most Relay For Life events are held at local parks and reserves, some take place at universities, schools, jails and on corporate campuses.</p> <p>Relay For Life in New Zealand Year after year, people of all ages and backgrounds take part in Relay For Life. Teams come from local businesses, clubs, families/whānau, friends, hospitals, marae, schools, churches and service organisations.</p> <p>Relay For Life across the globe (1985-2014) Relay For Life began in 1985, when Dr Gordy Klatt of Tacoma, Washington completed a 24-hour walk/run in recognition of all those affected by cancer. He asked friends and family to walk/run with him and to make a donation to the American Cancer Society. As he circled the track, Dr Klatt thought about how other people could take part. Months later he and friend Pat Flynn organised a volunteer committee to plan the first Relay For Life event. In 1986, 19 teams took part, and an indescribable spirit filled the stadium as teams walked and ran through the night. Since then, Relay For Life has grown into a global movement. In the year ahead, over four million people will take part in 6000+ Relay For Life events in the following countries: Australia, Belgium, Bermuda, Canada, Denmark, France, Guatemala, Honduras, India, Ireland, Jamaica, Japan, Kenya, Luxembourg, Malaysia, the Netherlands, New Zealand, the Philippines, Portugal, South Africa, the United Arab Emirates, the United Kingdom, the United States and Zambia.</p> <p>Get involved and become part of this important event. For more information visit: http://www.relayforlife.org.nz/index</p> <p>If you want to support me and donate, please visit https://aucklandnorth15.everydayhero.com/nz/jessica-buddendijk</p>

<p>One of the hardest decisions you'll ever face in life is choosing whether to walk away or try harder.</p>	<h2>CONGRATULATIONS</h2>
	<p>RANFURLY VILLAGE HOSPITAL WINNERS OF THE 2014 EXCELLENCE IN FOOD</p> <p>Aged Residential Care facilities can have beautiful food that still meets the food and nutrition guidelines for older people. In October, Ranfurly Village Hospital in Auckland was recognised as the supreme winner of the Bidfest Excellence in Food in Care Homes and Hospitals.</p> <p>In January 2014, Ranfurly's foodservice was brought back in house, under the direction of a qualified chef. In a very short time, he oversaw an enthusiastic team making huge improvements to the dining experience of the residents. Under his leadership, the foodservice team has challenged the status quo of the residential care foodservices, by going the extra mile to make meals more individually focused. Residents order their meals using a simple tablet with software developed especially for the purpose. Photographs of menu items make it easier for residents to select their choices. As we know, when menu items are prepared according to accurate numbers, waste and cost are reduced and this has proven to be the experience of Ranfurly foodservice. Residents have a choice at every meal – breakfast is tailor-made for each resident, lunch and dinner offer a choice of two hot meals and six or seven sandwich and salad options. Residents can choose to have their main meal at the time they prefer – midday or evening.</p> <p>Meal service is restaurant quality! Staff members have been trained to serve using restaurant discipline, at beautifully set tables with fresh flowers. Crockery and cutlery are high quality; food is made from fresh ingredients and the meals are colourful, appetizing, and professionally plated, garnished and served with style commensurate with any fine dining restaurant in the country!</p> <p><i>Ref: Sing Bulletin Issue 17</i></p>
	<h2>ACP COOP UPDATE</h2>
	<p>Documentary Atul Gawande's "Being Mortal"</p> <p>We wanted to share the release of Atul Gawande's new documentary "Being Mortal", such a moving reminder for us all about why it is important to spend the time to think about and talk about how we want to live our lives until they end. You can find the video here –</p> <p>http://www.pbs.org/wgbh/pages/frontline/being-mortal/</p> <p>Being mortal-frontline. Frontline follows renowned writer and surgeon Atul Gawande as he explores the relationships doctors have with patients who are nearing the end of life.</p>
	<h2>LEARN ON LINE</h2>
	<p><u>LearnOnline.Health.nz</u> is a vocational training resource hub for New Zealand's community of health practitioners, providing a collaborative approach to educational resources for the health sector. There are a growing number of courses available provided by different organisations for health workers either studying or working in different fields of practice.</p>

<p>Some people are old at 18 and some are young at 90... time is a concept that humans created.</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: www.jelicatips.com No password or membership required.</p> <p>I believe in having the data available to everybody as it is important that as many people as possible get the information and that we help each other as much as possible in this very challenging sector. 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; 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

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

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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.