

## Thorny Issues - Ten Years On WHAT NEXT?

It is hard to believe that it is coming up to the tenth year since we hosted the first Thorny Issues Conference; what is harder to believe is that there continues to be thorny issues to discuss. Should not a lot of the issues have been addressed by now?

At the time of the first event, the Minister was Bronwyn Bishop; we further have had Ministers Kevin Andrews, Julie Bishop, Santo Santoro, Christopher Pyne and the current Justine Elliot. If anyone does not believe that aged care is a hot political item it is time to reconsider that notion.

The aged care industry has changed dramatically over the last decade with some positive changes; new buildings, greater use of technology and, and? Changes have happened but not everything is seen as positive.

But that depends through whose eyes you look at the problem. We have always centred Thorny Issues around practitioners who have to work the coal face on a daily basis. We try and look at issues from that perspective.

Many other conferences look at and reflect on issues from different points

of view, often more financially based. Finances are important, but so is ensuring a knowledgeable, skilled and happy workforce.

It is sometimes hard for CEOs, board members and proprietors to appreciate the daily issues and pressures that must be met in order to ensure compliance and good customer care.

We still get a chuckle from the odd CEO who believes that everything is fine and that there are no major issues. Hello.

Thorny Issues have always looked at current issues from a DON, Care Manager or Site Manager perspective, attempting to provide practical solutions to pressing problems or concerns and this year is no exception.

As a result of feedback from last year we have reduced the number of presenters and increased the time for each topic to allow for more discussion and expressions of

concern and hopefully even some suggestions or solutions.

Our first presenter, Meg Klecko, holds a legal degree and will be discussing Clinical Governance.

Meg has extensive experience in Nursing Management in both

the acute and aged sector in Queensland and South Australia and presents a practical and compelling argument on this important area.

The Nurses Board of South Australia CEO/Registrar, Alyson Smith, will explain and discuss the implications of the Nursing and Midwifery Practices Act 2008 and its possible effects on you.

Much is starting to be said about the need for pay parity for aged care nurses to equal those in the acute sector and this issue will be highlighted by ANF Branch Secretary, Elizabeth Debars and Professional Officer Di Wickett who will

look at Aged Care Directions from the ANF perspective.

The ANF has started a national campaign to address this issue and a recent comment on ABC television news would seem that the Minister not only agrees but has indicated that current aged care funding is sufficient to cover the increases.

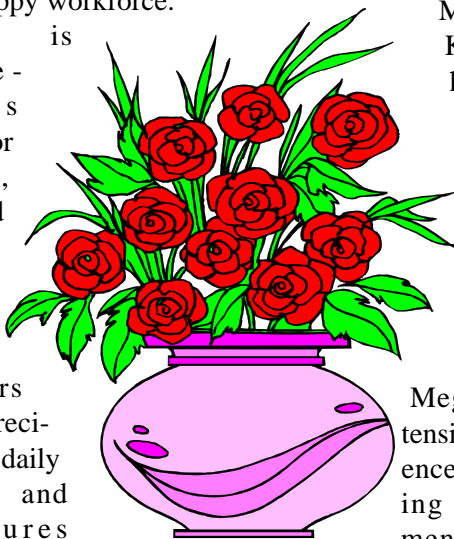
Finally and for the first time Carla Baron will be presenting at a Thorny Issues Conference.

Previously we have made a point of not being involved but due to many requests Carla will present an enlightening session, The Art of Self-Defence - When an Agency visit starts to go wrong.

We would dearly love to have the pleasure of your company, be it for the tenth time or the first.

Thorny Issues is an ideal opportunity to; meet up with old friends, strengthen networks and to assess the latest in equipment and supplies in a relaxed environment.

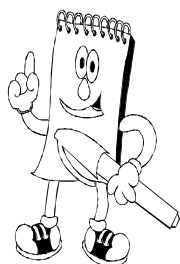
The mood is casual, the food, we are always informed is good and plentiful and there is free parking. What more could you want? See you there.



# Getting Value for Your Money (VFM)

by Neil Baron

Would you like to have something you have written or said published? Simply mail, fax or e-mail us a copy with your details and we will try to make it happen.



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*Utility derived from every purchase or every sum of money spent. VFM is based not only on the minimum purchase price (economy) but also on the maximum efficiency and effectiveness of the purchase.*

<http://www.businessdictionary.com/definition/value-for-money-VFM.html>

'Times are tough and money is tight' appears to be the latest catch cry that is making its way into every aspect of business operation. Therefore it is more important than ever to get the best bang for your buck.

This has led to us hearing an ever increasing number of complaints about facilities questioning VFM from their respective peak bodies.

Most facilities have maintained membership for many years, paying annual premiums and believing that it was a good investment.

Some are starting to question what they are actually getting for their dollars.

It is not the intent of this article to present the pro and cons of membership. You are best placed to decide how your facility is spending the available money but it is a good time to reassess purchases in light of gaining the maximum effectiveness for your facility and therefore your residents.

One excuse that has been used for numerous purchases has been that it doesn't

really cost that much and you never know



when you might need some manner of service.

Indeed, that was my rationale for many years for belonging to an automotive association. Yet I was finding that I didn't use their services, on my vehicle or many of their additional options.

Having a vehicle that is regularly maintained has pretty much eliminated the need to have a call out service. Besides the manufacturer now provides this service if required and therefore is only duplicating something that does not get used.

The ancillary items be they maps, books or whatever were readily available at many outlets and often at lower prices than the advertised member's rate. So in conclusion, for me there was little VFM in remaining a member.

It is always good to do a logical assessment rather than one on sentiment or because we have always done that.

Take the time to analyse what you are paying for and what you are getting. Further, if you do not pay for that service will you in any way be disadvantaged?

Every service has costs factors that someone must pay for; if you are happy to pay for these costs that is fine. If you feel that you might not be getting VFM then you have a legitimate right to question what you are getting for your money.

And if you do ask the question make sure that you are getting an informed and complete answer.

If at the end of your analysis you are getting VFM then continue the service. If not, either ensure that you will get VFM by using enough of the services or perhaps make a serious decision to use that money to gain the services that you need from other sources. At the end of the day it is always important to know that you have received VFM.

# Don't believe everything you hear

by Carla Baron

Facility management and staff are constantly challenged to keep up-to-date with legislation, regulations and current practice.

To do this most subscribe to legislative update services, attend relevant meetings provided by peak bodies and others and keep up through professional associations and publications. All of these are legitimate and knowledgeable sources.

At times however, sources aren't as knowledgeable and reliable. We have recently had a spate of calls to clarify information provided or expected by assessors during visits. Just to put the record straight on some of the common misconceptions out there.

1. Creams need to be discarded/ disposed of within six months after opening.

NOT TRUE - the expiry date of creams is indicated on the crimped edge of the tube and unless you have good reason to believe that that cream has been contaminated it may be kept until the expiry date.

2. DDA patches must be signed with all other multi-dose medication.

NOT TRUE but worse blatantly incorrect. Packaged multi-dose medications are signed on the sheet provided for this; this signing does not cover or include any medication that is not part of that pack including such things as insulin, eye drops, puffers and nebulizers and patches.

3. When a low care facility has a large number of high care residents, they become by default a high care facility and must provide services to all residents as if they are high care.

NOT TRUE - provision of care and services to residents is not based on whether the facility is high or low care but on the individual resident's high or low care status

4. A registered nurse must sign off all specialized nursing care plans even for low care residents.

NOT TRUE - check your Residential Care Manual, chapter 12; Specified Care and Services, section 2.4 for low care residents

and 3.8 for high care residents.

5. A facility requires a license for all schedule 4 & schedule 8 drugs even if they are dispensed on prescription to a resident.

NOT TRUE - a license is required only for impress drugs held without a script for an individual resident

6. RNs require special training to credential care workers.

NOT TRUE - registered nurses as part of their role are expected to support, assist and ensure that unlicensed care workers can accept delegated activities. Each RN determines their own professional scope and skill; many choose to delegate credentialing activities or partner with educators but this is a choice not a requirement.

Hope this clarifies the situation for many of you.

Want to know more? At this year's Thorny Issues - August 27 – Carla will be presenting *The Art of Self-Defense - when an external visit starts*

## Performance Appraisal Kit upgrades now available.

In response to recent industry changes and your valuable feedback, N & C Baron & Associates are pleased to provide a Performance Appraisal Kit upgrade.

The new kits include new appraisal formats for:

- Volunteers
- 'Projects Coordinator' - suitable for Occupational Health & Safety Coordinators and Quality Officers as well as those people who may take on other projects

■ Other appraisals have been changed to reflect current industry circumstances such as: legislative change from RCS to ACFI

■ Change of title from Activity Officer/Diversional Therapist to Lifestyle and Activities Staff in recognition of new guidelines of the Diversional Therapy Association

In all cases, additional space has been provided through out the appraisal to provide greater opportunity for comments where either the person

being appraised or the appraiser chooses.

But the best news is that the basic format that has received such positive comments and results remains the same!

Order you upgrade now – only \$39.95. Use the accompanying form or go on line to:

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

# A Time to Complain

by Carla Baron

*"No point in complaining, nobody listens anyway."*

Although this common cliché may too often be true, if you choose to follow this mantra, you may well do yourself and others a great disservice.

I was horrified recently when a colleague made this comment to me regarding ACFI.

Certainly, for the past few years, it was generally felt that the case about RCS problems was well and truly made and that people should 'just get on with it' and not waste time going over old ground.

BUT, the ACFI is a new system, currently under trial and scrutiny. To choose not to speak up now would be a grave error and do the whole industry a disservice!

Let us make clear here that we are talking about concrete credible

complaints — not whingeing among ourselves over coffee. Whingeing may get frustration off your chest but will generally have little or no impact beyond perhaps further lowering the morale of those around you.

Complaints to be effective need to be clear.

What exactly is the problem? For example, it is not enough to be saying the problem between low and high care is a hassle.

What needs to be delineated is the real impact of this problem: 1. there are still mixed messages between the different Commonwealth officers about the status of bonds 2. a resident who is designated high care because of complex care needs may be funded poorly because they have

few ADL or behavior issues but still requires all the high care specified services (eg continence products, dressings for complex wounds, etc), the costs of which may outweigh the ACFI payment.

These are complaints that give the reader a real indication of the problem in a manner that enables them to further research and/or consider resolution.

It is also helpful, where possible to provide a solution. It is really no different than what managers tell their own staff – "don't just tell me what's wrong, tell me what we might do to address the problem."

So who to complain to? With regard the example we have used with ACFI, you may wish to find

out who is on the advisory committee and get the information to them, or use your peak body, or other professional bodies. Or better yet, let all of them know so there can be combined voices of righteous protest.

For example, the ANF is particularly interested in this issue and complaints to either the South Australian office or the national office (Lee Thomas is on the advisory committee) will not only be taken very seriously but will be welcomed.

Whingeing and ineffective complaining certainly has little value and minimal place in our industry. However concrete and well-voiced complaints to the right people can help both you and the industry.

## Class of 2008

### Certificate IV in Service Coordination (Ageing and Disability)

In March, the first Aged Care Management Course participants met to celebrate their graduation. Eight of the twelve were present with relatives and friends to celebrate their achievement and accept their Certificates from Elizabeth Debars.

This nationally recognised certificate represents for graduates not just improved aged care knowledge and flexibility but according to most, an increased level of job confidence and satisfaction.

"Surpassed my expectations." "Got the certificate & got the (new) job"

Congratulations to:

Rowan Boyer, Anne Hilliard, Stuart Jillings, Desley McKinlay, Robert Miller, Sarah Press, Susan Reynolds, Maureen Scharenberg, Dagmar Vaselli, Kelly Walker, and Andrew Webster.

A great group and a standard that this year's group is maintaining, over a third of the way through the course.

Looking to enhance your own career future?

This course will be presented next year at Diploma level. Watch for details later this year or contact us to put your name on the mailing list for this information.



Back- Neil Baron, Robert Miller, Andrew Webster, Sarah Press, Desley McKinlay, Carla Baron

Front - Elizabeth Debars, Dagmar Vaselli, Maureen Scharenberg, Kelly Walker

Missing - Rowan Boyer, Anne Hilliard, Stuart Jillings, Susan Reynolds