

The Baron Report

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Post Accreditation Blues

Is this all there is? Where to from here?

For many the 'dreaded task' has been completed and the results are in. Statistically most of you should be feeling happy and proud; it appears that the majority of facilities have received three year accreditation. Congratulations for a job well done!

So are you feeling happy, ready to jump tall buildings with a single bound or perhaps are you feeling a bit flat?

If it is the latter, then you are in good company. Reports that we are hearing seem to indicate that many people are more than just a little tired.

We wish to mention that there have been some retirements after their facility's reviews. We applaud the dedication shown in making sure the hard work was done before they left and hope that they will truly enjoy their well-earned retirement.

With retirements also come replacements and we would like to say welcome to all the new people entering the industry. Many have come from the acute sector and are experiencing a bit of a culture shock but will settle in.

Some have left positions not to retire but rather to try different endeavours, to these people we say 'good on ya' and may

you enjoy your new life.

But lets get back to the stayers, those of you who will be starting to look forward to the work that needs to be done for the future.

What should you be doing now?



Firstly a bit of a rest or a break should be mandatory. A time to unwind, get to know the family, friends and neighbours again. Revisit your garden and check out the new growth.

BEWARE!

We are talking about a short period of rest and relaxation, not a slackening of the program you have worked so hard to get into place.

A major issue that many have discussed with us is their *non-continuous improvement system*.

When it came to preparing for this round of Accreditation and people began looking that their continuous improvement system over the period, what they discovered was that it was not as continuous as they believed.

In other words, although the system was in place, it hadn't been sufficiently used or maintained for a period of time.

The result was either having to go back to square one and start all over again or to resuscitate the old system with staff re-education and motivation.

Now that you are feeling relaxed and revitalised it is time for you to develop or redefine a plan for coping with the future.

Don't let your system fall into disrepair again. Some simple steps should help:

1. Assign a person or group (if you have a QI Committee) to maintain the momentum
2. Hold regular meetings with these people and ensure that all other staff, resident and

management meetings discuss Continuous Improvement as a priority.

3. Review your audit and survey systems. What are you trying to achieve through these reviews? If you are auditing only for compliance that is all you will get.

If you want to improve, you need to develop further strategies.

4. Determine to use a person external to your facility to cast an objective eye over your system and results from time to time. No one, even with the best of intentions, can see themselves objectively all of the time.

This may be someone from a sister organisation to whom you can return the favor or you may hire a consultant for this purpose.

5. Develop a method to keep residents and staff motivated through awareness of your successes.

It is all too easy to just see the work ahead and not appreciate how much has been achieved. This may be done through your newsletters, meetings or Brag Books.

Consider having the occasional party to celebrate an accomplishment that you have been working towards.

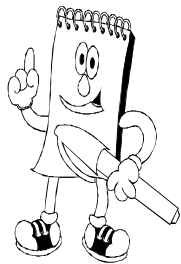
Learn from your past mistakes - start now to be ready for **Round 3**.

People Management

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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There is no such thing as having too much knowledge, regardless of the subject or topic area.

If we are succeeding we are learning something each and everyday.

The acquisition of knowledge is not limited only to formal processes. We learn from talking to others, watching TV and reading the local paper. While all of these increase our knowledge bank, we sometimes need to question the relevance of these new found 'treasures'.

One area that has repeatedly been discussed as requiring more knowledge by persons in managerial roles in aged care is that of 'people management', although it is not often called that. It is most often seen as what we do, our daily routines and something we have control over.

Usually it is only an area that comes up in discussions after there has been a problem or difficulty. Even then it can be hard for people to admit that it is an area of concern because no

one likes to admit that they don't have a good grasp of the concepts.

Yet if there is a problem and you handle it badly, inappropriately or



with a negative result, no one will thank you for a less than impressive effort. If you are a manager, you should have a good knowledge of this area.

So what is the solution?

Firstly take the time to fully investigate the area to analyse how equipped you are to deal with these matters. Be critical and very honest with you assessment, no point in fooling yourself or for that matter others as to your abilities.

Do a cost/benefit analysis. Take a sheet of

paper, draw a line down the middle, mark the left side costs and the right benefits.

Under costs address any issues that could be detrimental to your successful management of staff. Under the benefits place all your attributes and skills that will ensure you are able to produce a positive result.

Be honest, critical and probing. Don't move over issues quickly with the idea that they may never happen, they will at some point and you must be ready.

If you feel that you need more knowledge then make the effort to inform yourself. There are a range of courses available which can help, including doing an MBA.

But if time is an issue, may we suggest that you look seriously at the workshop mentioned in the next article, as we believe that it could go a long way in filling in the gaps, in a practical aged care specific way, with people who are dealing with the same problems as you.

Staff Issues Workshop

people is kids stuff.

Not at all, we are simply stating a notion that holds true for so many aspects of life, things are easy if you know what you are doing.

Watch a good tradesman perform a task and they make it look so easy, try it yourself and watch the hours clock up, the less than ideal finish and the lingering dissatisfaction of having to look at an area that you know could have

been done better.

See the accompanying brochure for full details.

August 11 & 12
Balyana Conference
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RCS: Update of the Update

We were delighted recently to catch up with so many of you at our RCS Updates.

Evaluations were extremely positive and we will continue to keep you informed of any changes and of future sessions. It seems that you can never get enough of a good thing.

We have followed up on your questions; information and explanations below will hopefully clarify issues for you.

ATIMELYREMINDER

Neil's analogy of RCS regulation and traffic laws proved very useful in attempting to gain an understanding of why we have changes in compliance.

That is, while we continue to have a 110 speed limit on our highways, the policing may be more or less vigilant and stringent at various times. There may be a targeted blitz on speed or the emphasis may shift to drink driving or seat belt usage.

The current RCS blitz is in relation to frequency of evaluations, particularly with regard to therapy reviews.

It has always been implied that the RCS is non-prescriptive with regard to frequency of reviews because review is a professional decision. Well, as it turns out, this isn't exactly so.

Recent validations have not accepted claims in Q19 if the therapy review is "too infrequent". Since this hasn't been an issue in the past, facility staff have asked "Too infrequent by whose

standards?" and "When did this change?"

Like many of you, we combed through Chapter Five of *The Residential Care Manual* but could find no reference to evaluation frequency.

So, back to our friends in Canberra who reminded us that the definitive reference is the *Documentation & Accountability Manual* and that if we check Chapters Two & Three (last section of each), it does 'suggest' a frequency of every two months.

It was explained to us that they are not strictly demanding

a review every two months if the health professional's decision for an individual is less frequent.

BUT if it is practice that all residents are reviewed every six months or every year that is not an individual professional decision.

Hard to argue with – this has always been the case, just not the focus at any previous time. Similar to the traffic rules - its hard to argue when there is a blitz on wearing seat belts that we were paying attention to the new speed rules so forgot to belt up.

DOUBLE DIPPING BEHAVIOUR QUESTIONS

During one of our sessions, a

participant asked about double dipping for a wandering resident who stands at the end of another resident's bed severely frightening that person; can they double dip Q9 and Q13?

In a nutshell Canberra's response was: you can still double dip IF the behaviors and strategies fulfill RCS requirements.

In this instance, however the onus would be in demonstrating that the risk was 'imminent' not just 'perceived'.

For example; I am deathly afraid of snakes and seeing one in the wild would scare the devil out of me but just seeing it would not necessarily result in harm to me.

The facility would need to show that the resident at the foot of the bed is highly likely to cause harm.

Remember, if this is the case, that your strategy will need to address, not only the RCS but your duty of care to both residents.

MEDICATION OR NOT?

Some are still trying to figure out where the new definition of Medication (as indicated in the revisions in Q17) came from and what it means.

The definition was adopted as a result of an RCS appeal that went to the Administrative Appeals Tribunal which commented on the lack of clarity in the definition. Hence, the new definition as a means of

clarification.

For many, however, the new definition did not, in the first instance clarify at all. Rather most of us did not understand what the Therapeutic Goods Authority standard was. (In fact, pre- the Pan Pharmaceuticals scandal, many didn't even know what the TGA was!)

The reality is that the 'Standard' is a comprehensive document that includes the majority of prescribed medication and has made very little difference in most medication instances.

The best advice we can give is that if you are unsure about any particular drug, contact your pharmacy service; they will certainly be able to advise you.

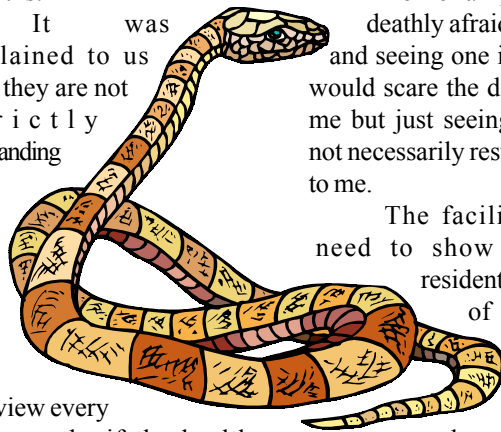
EYE DROPS

One area that has come under scrutiny, however, is eye drops. Some are clearly listed in the TGA publication (ie Antistine-Privine or Naphazoline) but others such as Refresh Eye Drops are not.

It appears that the Industry Advisory Group and the Department are still trying to sort out if eye drops like Refresh will be included in Q17.

At this point, we suggested they would therefore become a nursing procedure in Q18 and that you may wish to claim them there.

Canberra advises that as soon as it is sorted we will all be advised through the *Payment Essentials* publication and new pages for Q17 distributed. Watch for this!



Tales from the Pumpkin Patch

Pumpkin patches are exciting places, or at least ours is. It was unplanned, a result of adding compost to the roses which resulted in a perfusion of pumpkins growing in non-designated areas.

An accident, we have grown (so have the pumpkins) to look at it with much fondness. Unfortunately it has come late in the season and we watch with anticipation if the young growths will be able to reach their full potential. So what you say.

Ah but the whole strategy of successful food satisfaction surveys can be found in the pumpkin patch.

Do we enjoy eating pumpkin? Simple question, yes? No? Confused? Let me explain.

On one of our many evening walks Carla and myself were discussing the poor design and subsequent results we have recently seen

in regards to food satisfaction surveys.

My pronouncement was that they were, in the main, a waste of time. She argued that they were necessary, even if badly done. Back and

forth the words flew. Then the 'p' word was spoken. Pumpkin.

Ask both of us if we like pumpkin and the answer could be yes. It also could be no. Carla loves roast pumpkin, I don't. I love mashed pumpkin, she doesn't. We both enjoy pumpkin soup. We both love pumpkin pie (yes that old

North American favourite).

Ah, pumpkin pie, if you have never tried a delicious home baked pumpkin pie topped with fresh whipped cream, then you haven't lived.

We enjoy halloween and all that it has to do with pumpkins.

So how would we answer this question on a food satisfaction survey, and would our answers help to do anything? Probably not.

So how do we go about getting the information that we need in regards to food?

Firstly ask yourself seriously if you need to do a survey. You might have all the knowledge you need to ensure that residents are getting the meals they want.

Many places are now indicating that their residents

are being 'surveyed to death'. There are many other legitimate strategies that can be used, often with much better results.

We must thank Rowan Layton of Whyalla for this simple and yet effective strategy in order to determine what residents want.

He simply asked them what they dislike, makes a note and then ensures that they don't get what they don't like.

So simple and yet so effective. Another strategy is to simply use our eyes. If residents are fed a pudding and most of them don't eat it, a problem has been identified.

What then needs to be determined is whether the pudding itself is the problem or perhaps the fact that the main serve was too big.

Love the pudding, no room to put it.

Or it might be the thrill of a Port Power win that has made them too excited to eat. No survey will tell you that!



Food Safety Video - Selling like hotcakes

It is our pleasure to thank all of those facilities who have purchased, used and passed on such glowing comments on the recently released *Food Safety Video*.

Orders have been coming in from all States, many from places that quite honestly we never knew existed. It does seem that where there is a gathering of people, there also exists an aged care facility.

A good point to remember, and one that we have strived very hard not to forget.

Often the country facilities feel disadvantaged and unable to have the same level of training as the major cities.

Yet they need to meet the same standards, with the same level of trained staff.

Simple, effective and

easy to use, the video allows all staff members to receive basic training in areas of Personal Hygiene, Temperature Control,

Cross Contamination and the Kitchen Environment and Cleanliness.

It comes complete with an easy to follow self-learning package that enables documentation to demonstrate that this training was undertaken.

The complete price of only \$79.95 has been praised and requests for additional videos following this type of format are being worked on at this time.

We hope to be able to greatly enlarge this type of education in order to provide current training information in formats designed for aged care.

