

## Leisure Conference - Clearing the Air

*"I don't want the residents wasting their time watching television all day"*

Comment of an aged care facility DON reported by a student at a TAFE lecture  
*The team observed residents in the large lounge are sitting and watching television or 'snoozing' during the day, with minimal social interactions.*

Statement in an Standards and Accreditation Agency report on a facility found non-compliant in 3.7 Leisure interests and activities

How dare residents waste their time watching television when they should be doing activities. It is a bad reflection on the facility. After all there are activities happening and the facility is paying those activity people to do something with them.

If that sentiment sounds familiar, then it is past time that your facility looks at what we mean by '**...of interest to them.**'

Leisure is something that we would all like more of, yet we are often at pains to explain what we mean and how best we do it when it relates to others.

In aged care we constantly comment on the fact that this is the residents' home and that they are able to have a good quality of life. Yet this notion is at times and in some facilities skewed to meet needs other than those of the resident.

Accreditation demands, documentation for RCS, over documentation and lack of sufficient budgets for adequate staffing levels all contribute to reduced or diminished meeting of leisure needs.

We often see activity calendars displayed in facilities that seem to forget that Saturdays and Sundays exist and that the world does

not come to an end after 4:00 or 5:00 p.m.

Oh, oh, I can hear the retort now. We don't do that, we care.

Yes care is important, but we have to accept that people need more than just care if they are to have a good quality of life.

Yet some like to have the residents do what they think would be good for them as if the resident does not have a say in the activity.

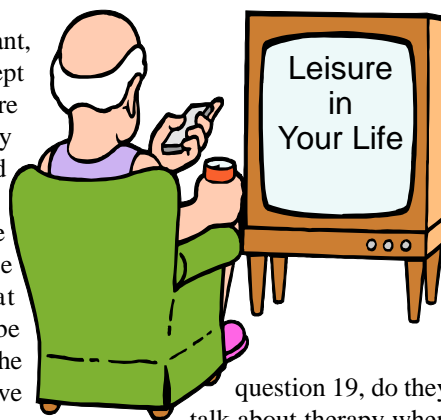
Totally confused, yet? Well we hope that this exciting day, *Clearing the Air about Leisure in Aged Care* on June 24th 2004 will start to reduce or eliminate some of the confusion that exists around the idea of leisure and lifestyle.

Topics that will be discussed include:

### Documentation

What to write and for whom appears to be the big questions that are repeatedly asked in this regard. When asked, many leisure coordinators or Diversional Therapists indicate that they are frustrated over trying to meet the needs of different 'masters'.

Do they do the documentation to coincide with care plans, do they try and get RCS funding through



question 19, do they talk about therapy when they mean leisure, or group activity to ensure that accreditation requirements are met.

What goals need to be achieved and how much 1:1 time is sufficient are also issues that keep coming up.

To some staff quality of life equates with clinical care; bathing, skin care, pain management etc. Training focus and budget is directed to care while leisure is seen as something to keep residents occupied between care activities.

### Activities

The word 'activities' is used in a myriad of contexts and often relates to elements of care; activities of daily

living and care activities, i.e. wound management.

### Leisure

Leisure is more than activity measurable by quantity. Pure leisure is a precious commodity that might be seen as an indulgence, something for us such as enjoying a good book, gardening on the weekend or watching a favourite television program. It is that little something that makes the toil of the week bearable. It is about fulfilling individual needs.

It must be made crystal clear that if we talk about 'therapy' we are not talking about leisure.

The *Collins Concise Dictionary* defines therapy as: **the treatment of physical, mental or social disorders or disease.**

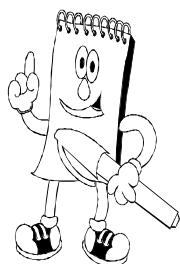
Yet the current rage in some facilities appears to be to label every activity going as therapy under the mistaken belief that they can earn money through the RCS. This is wrong and will be a major focus of the day.

**There is already huge interest in the day and it must be pointed out that with limited seating, it will be first in best dressed.**

# Delegation and Education

by Carla 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



**N & C Baron  
& Associates**

ABN 35 041 713 303

PO Box 687  
Mitcham SA 5062

Ph. (08) 8276 9763  
Fax. (08) 8277 0300

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

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At the January **Medication Management in Residential Aged Care** day facilitated by N & C Baron & Associates a question was asked concerning who should provide education to Enrolled Nurses and Carers being delegated to give medication.

Rob Bonner responded that the ANF did not see the need for special 'education' but rather considered it the responsibility of the individual RN who is delegating the duty.

Delegation requires that the delegator adequately prepares the person who is to carry out the duty. This involves ensuring that they clearly understand what is expected of them, that they are supported and supervised through the process and that they can demonstrate competence to carry out the assigned task.

But what about when the organisation has policies of delegation of particular spheres of duties such as medication administration or wound management?

This we believe requires more in-depth education.

Competence is about skill and knowledge; just

being able to give out pills from a Webster pack is not sufficient.

Those who are delegated duties need to understand some basic underlying principles and they need to know their legal



rights and obligations.

They need to be able to identify the basic requirements of their delegated duties.

They must be able to recognize problems and when mistakes or errors have occurred. They need to know and be able to work within their own scope of practice.

Such education requires a structured approach and is the responsibility of the organisation as much as it is that of the RN.

While all RNs share responsibility for general health care teaching, not all are natural teachers and some

are not as articulate as others.

If an organisation promotes delegation of activities to groups of staff, then it should provide sufficient education programs to prepare its staff.

Many RNs complain that they just don't have the time to teach each EN and Carer individually those skills that are being delegated to all.

For example, medication credentialing education should be provided to all those who will be administering medication.

Having completed the education the EN or Carer, can then receive the individual information, support and supervision from the RN.

The RNs cannot shirk their professional obligation in this regard.

This model that combines structured education with individual professional support ensures not only optimum resident safety but also that the organisation meets its duty of care to its staff members.

Organisations must provide resources to meet the obligations of this challenging area.

## New Self Learning Package - Pain Management

The issue of how to successfully deal with the management of pain is an often perplexing one, yet an area that is critical for resident quality of life.

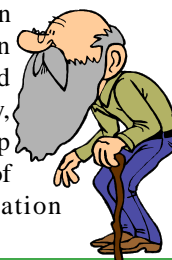
The National Health and Medical Research Centre (NHMRC) has stated that pain management is a basic human right, but how to get it right is the challenge.

This new self learning video package will assist all staff to assess and manage their residents' pain.

Incorporated into the package is a segment with Professor Jenny Abbey, who is recognised as the developer of The Abbey Pain Scale, which introduces staff to an assessment for use with the cognitively impaired and

those unable to verbalise their pain.

At the very low price of \$84.95, no facility should be without this valuable education tool that can be used individually, with a group and as part of an orientation package.



# Personal Carers Conference - Success

Serious issues discussed in a friendly and supportive way was the format of this year's Personal Carer Conference, *Caring for others, neglecting yourself*. Feedback indicates that delegates were very pleased with the event.

Starting the day with grief, some may say, is not conducive to a cheery finish. But it was. Understanding and managing grief is a big concern to everyone in aged care.

Ruth Walter presented a clear and concise framework on grief management for staff who often deal with multiple losses of residents at the same time as they are coping with their own life challenges that may also include loss, i.e. parents.

The topic was then further discussed by a panel of Ruth, Major Howard Smith of the Salvation Army and Carla Baron, with conference participants sharing some of their own experiences.

Unfortunately two carers that were to be part of the panel were unable to attend due to illness.



Sue Fenwick from *'the Misos'* the Liquor and Miscellaneous Workers Union presented a lively interaction on Bullying, its effects on people and strategies to assist facilities to overcome this negative aspect.

Sue highlighted the personal impact that bullying has on an individual and how it can erode a good work environment and make it unpleasant for all.

It was positive to hear many delegates indicate how

lucky they are not to have this problem in their workplace.

Stretch but don't strain was the theme behind Kym Ashby's post lunch presentation. In a friendly, yet persuasive way she presented the benefits of even doing brief and non-strenuous exercises as a means of stress management.

Dr Helen Wright was up next and mesmerised the audience dispelling many of the myths that exist about sleep for young and old.

Again the focus was on carers who face the challenges of shift work, long hours and workplace stress, all of which might impact on their own sleep.

Carla and Neil were privileged to be able to round off the day discussing the positive aspects of care work and the advantages carers have compared to other industries.

Notions of portability and job availability were seen as advantageous and desirable.

Effectively an experienced and qualified carer should be able to get a job in just about any corner of Australia. Further they might even be able to negotiate the hours that suit their lifestyle.

Carers indicated that they enjoyed the opportunity to meet with their colleagues and to hear of what is happening 'around the traps'.

Too often, it seems, there is a dread by senior management that if their staff learn too much then they are a threat to the facility. That is a very outmoded concept and one that any enlightened manager should relegate to the dust bin of history.

The more knowledgeable people are, the better they perform their duties and there is no such as too much knowledge.

We are pleased to commit now to holding a Carers Conference in 2005 and look forward to the challenges that will bring.

## Introducing Tracy Baron

Since commencing with N & C Baron & Associates last year, a lot of people have been interested to know more about Tracy Baron and what exactly her role is.

Adelaide born, she has lived and received her education in Western Australia and Queensland before returning to South Australia. She attended Urrbrae Agricultural High School which allowed her to gain skills in her love of animals and their behaviours and then successfully took that passion further by gaining a Bachelor of Science degree from the

University of Adelaide.

A desire to further develop her photography skills has provided the ideal opportunity to be a part of the production and distribution of a range of highly successful self learning training video packages.

To date six have been completed, another four are in production stages and planning is underway for many more.

Tracy has also produced videos specifically to introduce prospective residents and relatives to a facility while minimizing resident disruption and intrusion.

Production work for organisations outside of aged care have also been completed, including a snappy six minute summary of a day in the life of a volunteer for the exciting Zoophoria program run by the Adelaide Zoo.

Although new to the industry she has gained knowledge of Aged Care through private study, attendance at seminars and conferences and successful completion of the Aged Care Auditors Course in May 2003.

Customer services skills learnt in the catering industry has provided a good

grounding for her role as part of our team doing the mundane but necessary things like answering phones, general office duties and the ongoing preparation of handouts, circulars, etc.

She has been able to provide direct support to our customers on such issues as use our computer programs, Calmdoc (care plan) and Stepwiz (education recording).

Look for Tracy the next time you attend one of our sessions and say hello. She knows many of you through telephone contact and looks forward to meeting you face to face.

# REVISED AUDITOR'S COURSE NOW AVAILABLE IN SA

N & C Baron & Associates are pleased to be facilitating an Aged Care Quality Assessor Training Course, August 16<sup>th</sup> – 20<sup>th</sup> 2004 at Balyana Conference Centre.

This course has been revised to meet the new requirements of the Aged Care Standards and Accreditation Agency and, to our knowledge is the only such course offered in SA. In other words this is a major opportunity to complete the course without having to travel interstate incurring all

associated costs. Surprisingly, we are also able to offer the course at an even cheaper rate than interstate courses.

Course coordinator and presenter is Brian Sharp of the Systems 3 Group. Brian has extensive experience in the design and delivery in a range of training courses and has been running the external auditors course since its inception. He has trained hundreds of auditors across Australia.

Those who would like to explore the option of

becoming an auditor with the Agency should make contact with them BEFORE enrolling to familiarize themselves with all of the requirements.

But not everyone who takes the course plans to become an auditor. Many feel that the real value in the course is the confidence it gives them in managing their internal quality activities and understanding and preparing for the Accreditation process.

We get such positive response from graduates of the course that we are becoming convinced that

every facility should have at least one staff member who holds this valuable knowledge.

Acceptances for this course will be strictly on a 'first come – first served' basis, so we urge you that if you are serious to advise us promptly by telephone, e-mail or fax. The receipt of your \$300 deposit will then confirm your booking.

For further information and registration form, contact us by phone 8276 9763 or e-mail [neil@ncbaron.com](mailto:neil@ncbaron.com)

## Current education and training at affordable prices

While training sessions and educational opportunities are critically important, it must be appreciated that learning does take many forms. While common group sessions allow for networking and the ability to learn from others experience, there are often logistic problems and financial cost factors. But these problems should not be an excuse for not ensuring that your staff are adequately skilled to perform their duties.

An alternative to sending some staff members to a session and then relying on them to pass that knowledge to all staff, is to organise an in-house session which can accommodate a greater number at often a lower cost. A win-win situation.

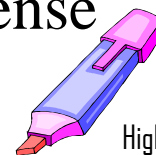
N & C Baron & Associates would be pleased to assist your organisation with your in-house education needs. Simply give us a call and tell us your needs.

### Our current top ten in-house sessions are:

1. Documentation & RCS
2. Customer Service in Aged Care
3. Medication Credentialling
4. Medication Update for RNs
5. Beyond Clinical Care/ Leisure explained
6. Restraint & Quality of Life
7. Performance Management
8. Teamwork & Conflict Management
9. Introduction to Dementia & Behaviour Management
10. Understanding & Reporting - Basic Technical Nursing Procedures

### What is it that your facility needs?

## Dollars and \$ense



Highlight in your diary

**Thursday August 12th 2004**

5th Annual Thorny Issues Conference  
Education Development Centre  
Milner Street Hindmarsh

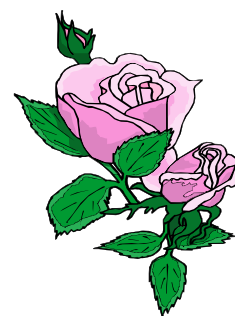
It is hard to believe that this year will see number five of Thorny Issues. Five years on and we seem to have more issues that need discussing that we had for the first event.

A lot of changes and advancements have happened, most have been good and of benefit to residents. Physically the facilities are being updated or rebuilt.

Greater issues of safety and security have been implemented and facilities are now moving towards their third round of Accreditation.

But it must be said that any benefit comes at a cost. In aged care what

we are continually seeing is that cost is often the only factor considered in decision-making.



Too often we are so busy saving cents that we end up wasting dollars.

We are completing planning to make this a day that will allow you to save dollars through a good use of sense.