Webinar: Care Guide for Health Care Assistants

Video transcript

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| Ahiahi mārie koutou te whānau | Peace be with you the family this afternoon |
| Tīmata tā tātou hui i roto i te… ngā kupu o te inoi te matua, nō reira mihi atu ki a koutou | We will begin our meeting within the words of the prayer to God, so, salutations |
| E te Atua Kaha Rawa, te tīmatanga me te whakamutunga o ngā mea katoa | Almighty God, the beginning and the end of all things |
| E tū ake mātou i roto i te aroha e inoi atu ana mō tō manaakitanga, tō tiakitanga i runga i tēnei hui | We stand here with love to pray for your kindness and protection upon this meeting |
| kia whakatūturu ia mā mātou whakaaro kia noho tahi ai i runga i te rangimārie | to ensure our thoughts are united and we’re meet with peaceful intentions |
| i runga i te mahi tahitanga, i runga i te kotahitanga, nō reira e te Matua | to work together, to be united, therefore, to you God, |
| ka tukua tā mātou aroha ki a koe mō ake tonu atu, ake, ake, ake, āmine. | we extend our love to you for ever and ever amen. |
| Ā tīhei mauri ora, āe, ka huri aku mihi ki a koutou te whānau, ā, ko tēnei kaupapa | Behold the breath of life, yes, I turn to greet you the family and this event |
| ā, mō ngā hauora o ō tātou nei kaumātua, e mihi atu ki a koutou, tēnā koutou, tēnā koutou, tēnā koutou | pertaining to the health of our elders, greetings to you all |
| Āe, tēnei wā ki te whakawātea, ki te whakaoho a tā tātou nei taonga, ā, te Care Guide mō ngā kaumātua, | Yes, it’s time to clear the way and awaken our treasure the Care Guide for our elders. |
| e mihi ana ki a koutou mō ā koutou nei mahi ā koutou nei whakaaro ki roto i te, i te kaupapa nei | salutations to you all for your efforts and planning of this project |
| nō reira, kāore i takaroa i taku kōrero i tēnei wā, tēnei anō hoki ki te mihi atu ki a koutou, tēnā koutou, tēnā koutou, ā, kia ora tātou katoa | therefore, I won’t prolong my greeting except to say welcome and good health to all |
| Te Aroha, te Whakapono, me te Rangimārie tātou, tātou e  Mauri ora | Love, Faith and Happiness to us all  May life prevail |

**Nikki Grae**

Kia ora. Kia ora koutou katoa. Thank you so much for opening the webinar today, Jim and Doug. And welcome, everyone.

So thank you all for attending today's webinar. Ko Nikki Grae tōku ingoa. I am a senior manager at Te Tāhū Hauora Health Quality & Safety Commission and would like to welcome all of you to this webinar where we will be providing an overview of an exciting new national resource called the Care Guide for Health Care Assistants.

So today's session will include how the concept of the National Care Guide arose, the fantastic work that preceded this guide and who developed the draft National Guide, and then an overview of the guide, including the te ao Māori perspective, and introducing the kaupapa of the whakataukī and the tohu designed specifically for this guide.

We will provide a brief overview of the layout of the guide and a list of the 20 topics covered.

We will share information on how to access the guide, and then we'll have some time for a short Q&A session.

So, throughout the webinar attendees can ask questions by directly typing them into the Q&A function at the top of your screen.

At the end of the webinar, we will play a short trailer highlighting an exciting video series on Māori cultural concepts that we will also be publishing and promoting across the sector soon.

I'd like to also mention that we are recording this webinar which will be updated and uploaded to the Tāhū Hauora Health Quality & Safety Commission website for viewing later.

So, next slide please.

Now I'd like to introduce the presenters for today's webinar.

Carol Pilcher is a gerontology nurse practitioner with Te Whatu Ora Waitematā, where she shares the clinical lead role for the gerontology nursing service.

Based at North Shore Hospital, she provides care across multiple settings, including the community, residential aged care, and an outpatient clinic.

With 28 years of experience in gerontology, Carol spent a decade as the gerontology nurse specialist before being a nurse practitioner in 2014.

Her professional interests lie in dementia, neurological conditions, professional supervision, and in supporting and educating registered nurses working in both residential and primary care settings.

Next, we have Helen Bowen is a gerontology nurse practitioner with Te Whatu Ora Waitematā, older adult services.

She works in a multidisciplinary team, working with older people with highly complex health needs across primary, secondary, and residential aged care services.

Helen has worked in older adult health for 30 years and has a special interest in delirium, dementia, and rehabilitation services.

And next we also have Mathilda Matthews is a registered nurse for over 17 years and has previous health care assistant experience.

Currently, she works as a clinical nurse educator for three medical wards based at Waitākere Hospital at Te Whatu Ora, with a recent secondment to Māori gerontology nurse specialist.

Over the years, her cultural practices have been shaped and enriched by many people, including her whānau, patients, and colleagues.

Models of health such as Te Whare Tapa Whā by Mason Drury and āta principles developed by Taina Pōhatu have provided valuable guidance in her practice.

Whanaungatanga has been a cornerstone of her approach to nursing care, building meaningful connections and trust with patients and whānau during challenging moments in their health journey.

These relationships have continually deepened her understanding of different cultures, languages, and ways of connecting.

Next slide, please.

I wanted to spend a minute explaining how we got to the point of publishing a national care guide.

So, the idea for a national care guide actually came from individuals working in the ARC sector.

We have an ARC Quality Leads Forum, which includes quality leads from the large ARC providers across the motu that meets a few times per year.

And a discussion originated in one of those quality leads meetings about a year ago.

And the mission was asked to support the development of a national resource using the fantastic caregiver guides developed in the Waitematā region years ago.

There were very specific principles that we followed while developing the national care guide.

The guides were created for health care assistants, by health care assistants, and the gerontology group based on the existing Waitematā Caregiver Guides published in 2010.

We also wanted to ensure alignment with the updated evidence contained in the 2023 RN Frailty Care Guides, but tailor the scope of practice to health care assistants.

The care guide aligns with current evidence and includes the te ao Māori perspective.

Several of the ARC quality leads reviewed the draft guide to ensure it would be fit for purpose as a national resource.

We also wanted to ensure there are both electronic and printable versions.

And we know a lot of health care staff use tablets and other mobile devices.

So do you anticipate that the electronic version will be the main method for accessing the guide?

However, we also understand that some people do like to have a paper copy to refer to.

I'd like to now hand over to Carol to provide a brief history of the caregiver guides that were developed in the Waitematā region.

Over to you, Carol.

**Carol Pilcher**

Thank you, Nikki. Next slide, thank you.

“Nā tō rourou, nā taku rourou ka ora ai te iwi.”

“With your food basket and my food basket, the people will thrive.”

This proverb highlights the power of sharing and cooperation.

When each person brings what they have to the table, like their basket, everyone benefits and the community as a whole becomes stronger and healthier.

Working together and combining resources leads to success and wellbeing for all.

And this is how the Care Guide for Health Care Assistants were developed.

A collaborative effort by so many.

Kia ora koutou.

Today I have the privilege of speaking on behalf of the Waitematā gerontology nursing team, our wound care nurse specialists and the dedicated staff across residential aged care facilities within the Waitematā catchment area.

You know, this is a significant milestone and a wonderful celebration.

The launch of the Care Guide for Health Care Assistants.

This important resource has been the result of a truly collaborative effort between so many people.

What a journey it has been and let me share that journey with you.

Next slide, thank you.

Let me give you a little bit of a background.

So in 2007, the residential aged care integration programme, or RACIP for short, this was established by Dr Michael Boyd, nurse practitioner.

And it's a collaborative initiative between the gerontology nursing service and 73 residential aged care facilities within the Waitematā region.

The programme's primary goal has been to strengthen collaboration in order to improve the quality of nursing care for residents, while also enhancing job satisfaction and supporting staff in residential aged care.

You know, I've been part of this programme since its inception, 18 years, and I'm still so passionate about the RACIP programme today as I was in 2007.

And speaking on behalf of our service, our team, we value and appreciate our relationship with our residential aged care colleagues.

Next slide, thank you.

So you may recall the first care guides.

These were developed in 2010 by the RACIP group, and they consisted of six posters.

They were such a popular resource.

And you know, I still see occasionally these guides, and quite old now, still see them up on the wall at residential care facilities.

They covered topics like falls and fractures, intake, output, pain, skin integrity, vitals, organs.

And in those days when they were developed, we were less digital.

So I remember our office being filled and filled up with boxes of care guides.

Next slide, please.

The RACIP programme has been successful in so many ways, not only in collaboration, supporting one another, sharing knowledge with our colleagues in residential aged care.

But we've developed a number of resources, valuable resources, over the last 18 years, successfully developed by registered nurses, caregivers.

And these are some of the resources here that I'm reading out.

You might recall the RN Care Guides.

They were very popular.

Caregiver guides, management guides, dementia decision making journey, advanced lung and heart disease.

And we also had a bit of a collaborative effort in helping with the RN frailty care guides as well.

Next slide, thank you.

So first the caregiver guides in 2010.

But you know, in 2019, we realised we had to update these guides.

But where to start?

And our question had to be what do health care assistants want in the way of an educational resource?

You see, it was essential to us that if we were going to develop the resource, gerontology nursing team and the RACIP programme, if we were going to develop a resource, we need to involve individuals for whom that resource was intended, the health care assistants.

And they were the drivers of this resource.

Next slide, please.

So in 2019, our journey began.

Our aim was to build on that foundation laid by the previous guides, particularly recognising that times have changed in residential aged care.

You know, over the last 30 years that I've been involved in residential aged care, there's been significant changes.

Residents entering aged care facilities today often present with greater physical and cognitive frailty.

They have more complex medical conditions, often have multiple medical conditions.

And their care needs are exceptionally high.

And as we all know, health care assistants, they play a critical role in supporting this vulnerable and fragile population.

So they are the primary caregivers who spend the most time with residents and health care assistants develop these very close relationships and deep insights into what their residents’ needs are.

So to maintain a resident's quality of life, to ensure timely, appropriate responses to signs of deteriorating health, we recognise the need for a resource that was comprehensive, but most importantly, tailored specifically for health care assistants.

This resource had to be designed to support health care assistants in delivering informed, effective care across all aspects of their role.

Next slide, thanks.

So it started with focus groups.

Development of the resource kicked off in 2019 with my colleague Janet Parker, nurse practitioner and I having focus groups across the Waitematā region, focus groups in Waitakere, North Shore and Rodney.

You see, we wanted to ensure we had good representation from all our facilities.

And these are the actual dates when we had the focus groups.

And you'll see we had 10 representatives from facilities, Taupaki Gables, Kumeu Village, Ons Dorp, Glenburn BUPA.

They were the first focus group.

Then in August, 11 representatives from Lady Allum, Aria Gardens, Beach Haven, Hugh Green and Patrick Ferry.

And then September 4 from Summerset Falls and Northhaven Hospital.

It was important to recognise that these facilities, they were the focus groups for the very first development of these guides.

And then following the focus groups, over the course of 18 months, 94 health professionals attended six three-hour RACIP work group meetings to further develop and review what we had established in the guides.

And these were clinical nurse managers, registered nurses, health care assistants, hospice, Dementia Auckland, our team, gerontology specialists and practitioners, pharmacists and mental health for older adults.

So with a framework of 18 topics in place, we were able to build on this foundation by drawing on the knowledge, experience and insights shared during this regular RACIP group meetings.

And we developed a good draft of each guide.

Then this draft was handed over to the gerontology nursing team, who dedicated extensive time to refining each guide, reviewing the content, making revisions and editing drafts.

And these guides were also circulated to experts in each of the fields.

So urology, mental health, who further reviewed and fed back to us.

So as you can see, collaboration was the key in designing these guides and a huge amount of work went into developing this resource.

Now I'm going to hand over to Mathilda and Helen, who are going to explain the development of Tikanga Māori Guide.

Thank you.

**Helen Bowen**

Thank you, Carol.

Tēnā koutou katoa.

Ko Ingarangi, Ko Burnley, whakapaparanga mai.

Nō Taranaki au, kei Tāmaki Makaurau, au e noho ana.

He Mātanga Tapuhi, ngā kaitiaki kaumātua o Te Whata Ora Waitematā.

Tēnā koutou katoa.

So I've already been introduced, but I'm Helen and I work as a nurse practitioner for the old adult service at Waitematā.

And previously I've worked clinically for a long time in residential aged care before this, so these guides are really, really dear to my heart.

It has been my very great privilege working with a group of Māori nurses at Waitematā to support their mahi in developing the Tikanga Māori for Health care Workers Guide.

And I'm going to hand over to Mathilda to talk you through that development.

Tēnā koe, Mathilda.

Tēnā koe Helen.

Tautahi he mihi tēnei ki tō tātou kaihanga.

Nāna nei ngā mea katoa i hanga.

Tuarua ki a Jim, rāua ko Doug.

He mihi tēnei ki a kōrua mō tō karakia i tēnei hui.

Ko wai au?

He uri tenei nō Ngāti Kahu nō Ngāpuhi.

He kaiako tāpuhi nō Te Whatu Ora Waitematā.

Ko Mathilda toku ingoa.

Kia ora koutou katoa.

My name is Mathilda and I've already been introduced, but yes I'm a nurse educator here at Waitematā on medical boards.

It's my privilege to meet with you all today and share on kaupapa that is important to me and my colleagues who have helped do the checking apart for this process.

I'd like to acknowledge that there will be varied understanding here today around concepts I'm sharing.

Some of you may be experts in understanding, for some it may be part of your culture and for others it may be terms you're hearing for the first time.

These concepts are tikanga, tapu, noa and mana.

Next slide.

Māori core concepts in the caregiver guide.

Tikanga can be described as Māori systems, values, customs and practices that guide how people should behave and interact to maintain balance, harmony and respect.

It's deeply rooted in mātauranga Māori or Māori knowledge.

It encompasses the values, ethics and social norms that guide behaviour and interactions among people as well as with the environment and the spiritual world.

In essence, tikanga is about what is right, what is all appropriate, according to Māori cultural traditions and protocols.

Tikanga is important in health care because it ensures that Māori cultural beliefs, values and practices are respected and integrated into the delivery of care.

This leads to more culturally safe, equitable and effective health care outcomes for Māori.

A few reasons why tikanga matters in health care include it promotes cultural safety, it builds trust and engagement, it supports holistic health by using health models like Te Whare Tapa Wha and improves health equity.

Māori face ongoing health disparities and integrating tikanga helps address systemic bias and institutional racism by making services more responsive to Māori needs.

Equity means meeting people where they are and making services meaningful and accessible.

There's also legal and ethical obligations.

Under Te Tiriti o Waitangi, the Treaty of Waitangi, health care providers in Aotearoa New Zealand have obligations to protect Māori health and uphold tino rangatiratanga, self-determination.

Therefore tikanga is part of honouring this commitment.

It's important to note though, tikanga can vary from iwi to iwi, that's tribe to tribe and hapū to hapū, sub-tribe to sub-tribe.

What is appropriate in one community may differ in another.

This is why engaging with kaumātua and their whānau within your facility is invaluable to understand what is important to them in their care.

Tapu noa and mana are fundamental concepts within tikanga Māori and they are key cultural foundations in the caregiver guides.

These concepts are deeply rooted in te ao Māori, the Māori world view, and offer powerful guidance on how to care for Māori kaumātua and others in a way that is respectful, safe and culturally responsive.

Especially when supporting kaumātua or working with sacred aspects of care such as their body, illness, and death.

Tapu.

Tapu refers to something sacred, restricted, or set apart.

It can apply to people, places, objects and situations.

Tapu is a spiritual state connected to protection and respect and it requires certain behaviours to uphold safety and balance.

It often serves as a safety mechanism to protect people, resources and spiritual wellbeing.

The body is tapu.

Treat all parts of the body, especially the head, with care and respect.

The head holds knowledge that you have lots of family stories and whakapapa are all stored here.

Always introduce yourself, say what you want to do and ask for permission before any physical interaction.

This prevents whakamā and builds cultural safety.

Noa is the opposite of tapu.

It's to be free from the distinctions of tapu, it's ordinary, it's unrestricted or neutral.

Noa restores balance and safety after contact with something tapu.

For example, noa is neutral, its elements may include things like kai and water.

Restoring noa, balance.

After engaging with anything tapu, washing your hands or using cleansing rituals like karakia or sprinkling water.

For example, when I go home and I'm visiting my whānau in a cemetery, that is a tapu area.

And then as I'm coming and leaving that area, I have to noa myself and that's where I sprinkle water on me.

So I can return back to that state of noa.

Mana.

Many people will be familiar with this term mana, strength.

Let me see your muscles.

He tapu tō te tangata, he mana tō te tangata, me whai te huarahi whakamana i te tangata.

People have their own inherent tapu and mana.

We should follow the pathway that is respectful and enhances their mana.

As health workers and caregivers, for everyone's inherent mana, we should respect them and support them and try to help encourage support access in a way that enhances their mana.

A way in doing this is to support them with their autonomy and decision making and working in ways that don't result in kaumātua feeling whakamā, shy or withdrawn.

And lastly, we have the glossary of terms that are in the caregiver guides, or the care guides, sorry.

You will see the glossary of terms.

These have been included to offer a view in ways of doing and being.

They provide an understanding and practical guide of ways of engaging with kaumātua.

Remember, this is a starting point to guiding the care that you give.

Kia ora.

Next slide.

OK, it's my honour and privilege to introduce to you a video clip presented by Tūrei and Manu, who talk about the whakataukī, or metaphor, rā kaupapa panga ka hei ki te marae, an ornament of the marae, and tohu, designed for the caregiver guides.

Ngā mihi ki a kōrua.

Kia ora.

[video plays]

**Helen Bowen (WDHB)**

Kia ora koutou. Thank you. We're going to hand it over to Carol.

**Carol Pilcher (WDHB)**

Thank you Mathilda.

Next slide please.

You know that video clip kind of brings tears to my eyes, because, it just explains so beautifully how we came about the design.

And this is the front sheet as you'll see now of the care guide for health care assistants.

You'll, as Nikki said, have the digital format as well as a format where you can print out.

But if we just go over to the key concepts, mental health and physical health.

Oh no, next previous slide please.

Yeah, thank you.

The key concepts and mental health and physical health.

So if you actually click on those, they'll take you directly to the principles under each one.

So if I was to click on mental health, it would bring out delirium, depression and behaviours of concern.

So I could go straight to that topic.

I'm just going to briefly explain how to navigate your way around these guides.

Next slide, thanks.

The guides, as you can see, have been really thoughtfully categorised into three main sections that support easy navigation and use of this resource.

So you'll see that we've got key concepts and that covers communication, kaumātua and kuia, standards of care, but it also includes the bibliography, which outlines the evidence base underpinning each guide.

Mental health includes important topics such as delirium, dementia, behaviours of concern and sexuality.

And the largest category is the physical health.

And that addresses key issues such as bowel care, constipation, cardiac issues, collapse, acute deterioration, mobility, transverse nutrition.

I won't say them all, but these categories, they reflect the breadth and the depth of the guides because they were designed to be comprehensive and practical in supporting care delivery.

Now, each guide features a consistent set of five key principles represented by colour-coded icons.

And these serve as a visual prompt and they reinforce the core steps that we must always follow when caring for residents.

Observe the resident's health.

Identify any problems or concerns in a timely manner.

Report promptly your findings to the registered nurse.

Act to intervene and address the issue.

Record.

Document clearly in the progress notes.

They are a good reminder of a process that all of us follow.

I follow the same process.

These steps are non-negotiable because if you miss one of them, it could result in an adverse event or you could miss signs that suggest a deterioration in your resident's health status.

Now, don't you love the symbols?

Have you recognised that observe is the eye?

Identify is a magnifying glass.

Investigation.

Report is the voice bubble and the two angled brackets are move forward, proceed, action.

And the last one is a piece of paper and a pencil.

That's your record icon.

Next slide, thanks.

So I'm going to talk through one particular guide with you today just to show you and demonstrate how you can navigate your way around the guide.

So we're going to talk about behaviours of concern guide.

Each guide begins with a front page and a definition.

And you'll see this behaviour of concern, it has an alert.

So let's say that a resident is displaying behaviours of concern.

This alert, because it's kind of serious if someone's got demonstrating behaviours of concern, it's a serious situation and the alert gives you the immediate kind of prompts of what you should do.

So it's a sudden change because the resident is acutely unwell.

And it makes you think, has the situation escalated to the point where the safety of this resident, others or staff is at risk?

So immediate action is required.

Now, I know there's a lot of experienced health care assistants who deal with this every day and you're well knowledgeable about this.

But this guide also helps new health care assistants.

These alerts serve as an important reminder and prompts us to take appropriate action.

As mentioned in the previous slide, each guide includes the five colour-coded icons representing the key principles.

And if you click on the icon, it will take you directly to the information about what that principle involves and what you need to consider and what action you need to take.

So we're still talking about behaviours of concern or BPSD, Behavioural and Psychological Symptoms of Dementia.

And the observe gives you a list of common signs and symptoms you may notice that fall under behaviours of concern.

Now look, these are common signs and symptoms.

It's not exhaustive.

And so if we look at it, you know, the screaming or calling out a person who might be verbally abusive or aggressive.

You know, the resident who thinks other residents are stealing their belongings, you know, showing paranoid thoughts.

So these kind of give you a little bit of a prompt from what the signs and symptoms you need to observe for behaviours of concern.

Next slide, thanks.

Identify the icon with magnifying glass.

So what are the causes of behaviours of concern?

And these can be grouped into three main categories, physical, environmental or task related.

So if we're looking at physical, so for example, uncontrolled pain can make a resident really irritable and agitated.

The environment, you've got an environment that's loud, it's overstimulating.

It can cause a resident to feel really kind of agitated and they might scream and call out for help.

And then you have the task-related person who, you know, certain activities causes them to trigger distress or resistance, such as changing incontinence products.

The action icon, the two brackets.

And this is focusing on an action plan for de-escalation.

So when responding to behaviours of concern, we need to consider the following actions that might help us de-escalate the situation and support the resident.

I think we need to know our residents well.

We need to have knowledge about their preferences, their interests.

This can help sometimes direct attention.

For example, talking about a favourite hobby.

I recently visited this gentleman out in a dementia unit and he loved anything maritime.

And so I was thinking to myself, you know, if this person kind of gets really agitated and irritable, maybe talking about maritime, you know, talking, showing him pictures of boats, maybe that might be able to be a good distraction for him.

We need to acknowledge distress.

We need to show empathy and validate a person's feelings and make them feel that they're heard and supported.

I can see you're upset, Mrs. Smith.

I'd be upset too if I lost my purse.

Let's go and have a look for it.

Identify possible unmet needs.

Check the resident.

Are they thirsty, hungry?

Are they in pain?

You know, are they calling out because they're really uncomfortable sitting in the same position?

And I always think when part of the action is being mindful of our own body language, our voice and our tone, we kind of have to have an approach that's quiet and non-threatening.

Next slide, thank you.

Now record the icon with a little piece of paper and the pencil.

It's all about communication.

This represents the importance of both verbal and written communication.

Verbal communication is sharing relevant information with the resident, with their whānau, with the registered nurse, with your colleagues.

Written communication is ensuring accurate documentation in the progress notes, clearly recording what has been observed, what actions you have taken, what strategies have been effective in reducing or de-escalating the behaviours of concern.

You know, it's like the old adage, if it's not written down, it did not happen.

And this is why recording and writing in the progress notes is so absolutely important, because it's proof, it's accountability, it's clarity, it's a legal document, but it also ensures continuity of care.

And I've just put also in behaviour charts.

They are such a valuable tool.

When you're dealing with behaviours of concern, behaviour charts are absolutely invaluable, because they often identify triggers, patterns and tracking responses over time.

Next slide, please.

We added a new slide.

And so we were privileged, we had our drafts of our 17, 18 guides, and we were so privileged to have the Aged Residential Care ARC Forum from Health Quality & Safety Commission review the guide.

And as part of their valuable feedback, they recommended the inclusion of a guide specifically focused on moving, transferring and transferring, a suggestion we fully embraced.

This guide is equally important as to any of the others, because when considering the daily care and the management of residents, moving and transferring tasks are frequent and critical components.

You know, given the physical frailty of our population, we all must remain vigilant and thoughtful in how we move, transfer and reposition our older adults.

Understanding each resident's individual capabilities and limitations is vital, because as we know, improper, unplanned techniques such as failing to use appropriate equipment or not following best practice can lead to serious harm for our residents.

But at the same time, you must and I must prioritise our own health and safety in the process.

Next slide, please.

So, these are all the topics.

They're impressive, aren't they?

We've devised an array of the topics, and these are the topics identified and prioritised by the Pioneer Health Care Assistants during that initial focus group.

Their input was invaluable in shaping this resource in both practical and relevant to day-to-day care.

The guides form a comprehensive resource that spans the full spectrum of resident care from head to toe and everything in between.

Each topic addresses a key area that health care assistants regularly encounter in their daily responsibilities.

These guides are intended to serve as a prompt and a reminder.

Now, there'll be many areas that you are familiar with, while others may provide useful opportunities for refreshment and reflection.

As mentioned, every guide includes consistent framework of five key care principles, represented by those colour-coded icons I spoke about.

They act as visual cues and reinforce the essential step that must be followed in delivering care.

Observe the resident.

Mrs. Evans is more tired and sleepy today.

Identify any issues.

Mrs. Evans is having difficulty mobilising.

She's not weight-bearing as well.

Report.

Promptly report to the registered nurse.

Mrs. Evans, I think, is displaying signs that she is not unwell, that she is unwell.

Action.

Intervene.

Use a transfer belt.

Check her urine in case she's got urinary tract infection and monitor those vital signs and record in the progress notes.

These topics are most common in general day-to-day.

It's not an exhaustive list.

And we can't include absolutely everything, but I think they're very comprehensive.

Next slide, please.

We cannot go past this very, very important slide, the acknowledgment slide.

You know, acknowledging others' contributions is so important because it shows respect, appreciation, it builds trust, and it gives credit where credit is due.

I think these guides are an exceptional resource, and I hope you do too.

And they've been an exceptional resource made by so many individuals who generously shared their time, their clinical expertise, their practical knowledge, and most of all, their aroha.

The result is a resource that is not only informative and practical, but it's also deeply reflective of the values that we all uphold in aged care.

Next slide, please.

First, thank you to the pioneers of this resource, the health care assistants who laid the foundation and provided us with the topics that make up the guide.

Thank you to the representatives from residential aged care facilities across our Waitematā region, registered nurses, clinical nurse managers, facility managers, health care assistants who all attended the RACIP group.

Thank you to my colleagues, the Waitematā Gerontology Nursing Service, nurse specialist practitioners, wound care nurse specialists who revised and edited the guide so diligently.

Next slide, please.

Thank you also to the inpatient specialist nurses, allied health, pharmacists, hospice, Dementia Auckland, who all had a hand in providing their expertise and support.

But my heartfelt, our heartfelt thanks must go to the Health Quality & Safety Commission, and in particular, Nikki Grae, Linda Shepherd, Rachael Spooner, Chris Payne from Hive Creative, and the wider team of health professionals.

You know, without their insight, their guidance, their invaluable support of this dedicated team, this initiative may never have come to fruition.

And you know, I'm sincerely grateful for your contribution.

Thank you so much, Health Quality & Safety Commission.

Can't emphasise this enough, guys.

And thank you everyone for being here to celebrate this achievement.

Please go out and use these guides.

I'm going to hand it back over to Nikki now.

Thank you.

**Nikki Grae**

Fantastic. Thank you so much, Carol, Helen and Mathilda for that great explanation.

And thank you so much, Carol, for walking through an example and as these guides would be used in the local setting.

So we're actually out of time for Q&A.

However, I just wanted to ask one question.

I'm going to ask Carol this question, because some people on the call might be wondering how applicable would this guide be for care and health care workers in the disability services sector, particularly for care workers in residential community group homes?

**Carol Pilcher (WDHB)**

Nikki, that's a really, really great question.

Yes, and definitely I would say most, if not all, of these guides will be absolutely applicable to health care workers in the disability service sector.

This is also a vulnerable population.

They've got complex health needs.

Some have significant co-morbidities.

And as we know, some of our adult people also have difficulty communicating their needs.

Therefore, they are reliant on their carers to observe, identify, report, action, and record changes in health status.

These are good prompts for anyone caring for a vulnerable population.

So, yes, please use the guides.

I'd be interested in their feedback.

And, you know, there's nothing stopping anyone developing guides, you know, for their sector.

So that was a great question.

Thank you.

**Nikki Grae**

Thank you, Carol.

All right, next slide, please.

So the care guide is now published on the Tāhū Hauora Health Quality & Safety Commission website.

It's also uploaded in addition to the electronic version of the guide.

We have uploaded the video that introduces the kaupapa of the whakataukī and the tahu designed for this guide that we played earlier in the webinar.

So the link to the website is on this slide, but it will also be emailed to everyone that registered for this webinar.

So you don't have to quickly write down the URL address.

We will email this to you after the webinar.

There is an electronic version available that is great for health care professionals using these guides via a digital platform for example, computers, tablets, other mobile devices.

There will also be the two options of a printable version, a colour version and a black and white version for individuals who want to save the colour in their ink or ink in their printers.

So these printable PDF versions will be available in the next week or so.

So those will be coming and we will email everyone once those are available.

We're just doing some final touches to the printable versions.

And we will leave a feedback period open until September 30th.

So we will review the feedback, determine if any amendments are needed and then produce an updated version towards the end of 2025 if required.

So this process will enable us to ensure we capture and incorporate feedback from the people actually using the guide.

Because we are collecting feedback with a potential update of the guides in a few months, I do recommend not printing too many copies of the guide as they could be outdated fairly soon.

We want to promote the use of this guide widely across the ARC sector so we are also creating an A4-sized poster that can be hung on the wall or in a visible area where health care assistants congregate and gather in their facility.

So the promotional poster will contain a QR code so the care guide can actually easily be accessible and accessed on mobile devices.

We will share the poster with ARC facilities very soon.

A recording of this webinar will be published online in the next couple of weeks once we have all of the closed captions uploaded.

And please share this guide with your colleagues across the ARC sector.

So an idea to help health care assistants be more familiar with using these guides is to highlight, for example, highlight at one topic per week in your facility.

This will allow for short discussions about the topic chosen for that week between health care assistants and with other health care professionals working in the facility could help to expand the use of the guide but also better understanding of the topics in general.

Next slide please.

Before we wrap up, I would like to inform you of a separate but complementary resource to the guide that will be coming soon.

So in this video, we are just now finalising a series of six short videos that supports culturally safe and mana enhancing care for Māori kaumātua in aged residential care settings.

Grounded in te ao Māori values and guided by experts in this field, these resources are designed for health care workers and whānau alike.

We have our Māori cultural advisors for this video series was Patumahoe Leaf-Wright who provided the te ao Māori guidance in the RN Frailty Care Guides.

We are going to play a 90-second teaser as a preview to the videos that will be published and shared with the sector soon.

[video plays]

**Nikki Grae**

Thank you for playing that video.

So, I would like to sincerely thank Carol, Helen, and Mathilda for the valuable information that you've shared today.

I would also like to acknowledge and thank the individuals and teams of people who have contributed to the development of the Care Guide and the leaders and health professionals who provided valuable feedback throughout the review process.

All of their dedication and hard work led to the publication of this very important resource that can be used widely across Aotearoa New Zealand.

We'd like to ask you to please complete a very short survey.

There's three questions very quick and it can be accessed by the QR code that you see on the slide here or you can click on the link in the chat that has been provided.

You providing answers to the few brief questions in the survey will help us to improve how we facilitate future webinars.

Also, if you have any questions that were not answered or want to reach out to us regarding this resource or other topics, please email us at arc@hqsc.govt.nz.

And finally, I'd like to thank all of you for your attendance to this webinar and your ongoing efforts and dedication to ensuring the wellbeing and high quality of care for older people living in aged care.

I will now hand over for the closing of the webinar with a karakia.

**Doug Edwards**

Kia ora ano koutou. Just wanted to tautoko the beautiful words of Nikki and thanking everybody for this wonderful kaupapa.

It's like, it's a gem and a treasure for our elderly people, for our kaumātua, in terms of how we care for them in a humanistic holistic way.

[karakia]

**Nikki Grae**

Kia ora. Thank you. Ka kite.

**Doug Edwards**

Ka kite.