# Accessible transcript: Frailty care guides launch 2023 questions and answers

Video link: <https://www.youtube.com/watch?v=dviZCMrUACo>

**Visual:** **The video begins with an image of a slide from a PowerPoint. On the left side is a blue and orange tessellated pattern made up of the Te Tāhū Hauora logo. The logo is a stylised version of a wharenui in a triangle shape, with the tāhū (ridgepole), heke (rafters) and niho taniwha (triangle pattern) beneath. The slide is titled, ‘Questions – Q&A with panel’. In the upper-right corner is a video of Nikki Grae. She has long red hair and wears headphones.**

Audio: [Nikki] Great, thank you so much, Julie, Patumahoe and Mahashweta for that great overview and just really an introduction to how these 2023 edition of the frailty care guides have been improved, enhanced and updated. So, we now have some time for any questions that come through.

**Visual: The video of Nikki Grae fills the screen. Behind her is a background that is mostly dark blue with the Te Tāhū Hauora logo in white in the top right-hand corner.**

Audio: [Nikki] There have been a few questions that we've answered real time because there were people maybe interested in how to access the guides and didn't realise we were going to cover that. So, I might just start with an open question for Julie and Mahashweta to just, and for those individuals that are attending this webinar that maybe haven't really used the 2019 version of the guides, if you want to just talk about the, how we've categorised the guides into different, four different topics. And maybe just review some of the names of the guides. I know, Julie, you did touch on some of them and especially the newer ones, but maybe just reviewing the different guides in terms of the topics covered across the board for the 32 guides.

**Visual: The video of Nikki is replaced by one of Julie Daltrey. She has long dark hair, red-rimmed glasses and a red top. Behind her is the same Zoom background as Nikki.**

Audio: [Julie] Do you want me to start with that one, Mahashweta?

**Visual: The video changes to one of Mahashweta Mistry. She has dark hair tied up, dark-rimmed glasses and long earrings. She has the same Zoom background as Nikki and Julie.**

Audio: [Mahashweta] Yeah, go for it, Julie.

[Julie] Okay.

[Mahashweta] Just hand over.

**Visual: The video switches back to Julie.**

Audio: [Julie] Thank you for the question, Nikki. It was funny. We'd written all of the guides and then suddenly went, oh my goodness, how are people going to be able to find them? We haven't done an index. And then there was the question, okay, so how do you categorise them to make them easy to find? Do you do just a straightforward alphabetical list or do you try and put them together in groups so that people might head into particular places. So, we have kind of grouped them together because we thought that was probably the most simple way to do it. One bunch of very much the clinical stuff around gerontology. So, the urinary tract infections, the constipation management, the real clinical nursey stuff, is all kind of grouped together. We've got a group together around what we've roughly termed legal and ethical kind of issues. So that's that kind of stuff around advanced care planning, end-of-life pathways, the End of Life Care Act [End of Life Choice Act 2019], enduring power of attorney, all that kind of stuff. That kind of stuff you need to know but is not totally practically clinical. Obviously, we've got the mātauranga Māori elements, and that's a standalone with all the links through. So that kind of hub-and-spoke kind of model for that. And there must be something else, Mahashweta, I've missed because I think there are four categories.

**Visual: The video switches to Mahashweta.**

Audio: [Mahashweta] And so just the key concepts, which includes sort of communication, frailty and also our overarching guide of caring for kaumātua is also included in that section.

**Visual: The video switches back to Julie.**

Audio: [Julie] Yeah, thank you.

**Visual: The video switches to Nikki.**

Audio: [Nikki] Great, thank you so much, Julie and Mahashweta. So, each of these guides can be, as Mahashweta mentioned, can be downloaded or accessed electronically individually, or there's even one PDF that you can download the whole lot and be able to save in your computers or where needed. So, a quick question, ‘will there be an opportunity to collaborate or feed back on the use of guides across the sector?’ And then over to Julie, I think there's a form you mentioned earlier.

**Visual: The video switches back to Julie.**

Audio: [Julie] Yeah, certainly. Obviously, they've been developed now. So, at this point, we would like to think we're as polished as we could be, but they'll never be completely polished. So, absolutely please. There's a process on the website for you to feed back for comments on the guides.

Please, when you do feed back, like if there's errors, we really want to know about errors because we want to get rid of any of those. And then think about with the feedback that this is going to go across the sector. So, what might work in one particular provider may not work in another provider if it's too detailed level. So just bearing in mind that we're trying to help nurses across the whole sector with, particularly with the emphasis on frailty.

Now just talking to that a little bit, so you see that there is a guide, for example, on diabetes. Now, in no way, shape or form does the guide on diabetes attempt to cover everything on diabetes. The approach we took is what are the absolute key things we need to know about when we're working with frail elders in a residential aged care environment.

So, what are their real risky things? For risk, hypoglycaemia and hyperglycaemia. So, how do we keep them managed with their blood sugars low enough that they don't get hypoglycaemic symptoms, so they don't get really dehydrated. And how do we keep them high enough that they don't go into hypoglycaemia because we know that impacts on cognitive impairment.

So, by no means are those clinical ones meant to cover everything. So, there will be things that are not in there, but please, if there are errors, we absolutely do want to hear about that. In terms of use, what we did find with the other guides was that they tended to get taken and used in policy and procedure in aged residential care. So different providers would take them and either drop them in, into their electronic patient management system, so that nurses could do the work and cut and cross, or take portions and adapt some of their policies and procedures according to the care guides or some simply just referenced.

The other way we found they've been used is auditors will often look at them. Isn't the purpose that we wrote them for, but we do have them out there. So, you may well find auditing bodies suggesting that the sector use them, which is nice. It's nice to have some endorsement. And we also, they have been written with our clinical leadership group at the commission.

So, we have a group of leaders from aged residential care. So, the quality leads that come together more or less quarterly and give us feedback on where we're going with those. So, they have been developed up to this point with the sector through that group and all the people that they contact. And also, we would love feedback through that group too. So that's another way how we're engaging with the sector with them. So, they've not been written in any way standalone from the aged residential care sector.

I hope that answers your question because it's not really precise. I've taken a slight slant on it.

**Visual: The video changes back to Nikki.**

Audio: [Nikki] That's great. Thank you, Julie. Yeah, so I do agree that these guides are used, they're practical guides. So, they are used to be able to have health care professionals who work in aged care really think about how they can implement them and action the information in the guides to best fit how and when they're caring for residents in aged care.

And I think, you know, discussing the guides, the information and having the bicultural lens component is really beneficial and will probably hopefully create some discussion within aged care and across multidisciplinary teams as well.

So please, if you have any questions, we are getting a few questions in now. And I know that these guides are hot off the press. And so, you haven't had a chance to really dive into them yet. But if you did have any overarching questions, it would be great to answer them if you can think of any at this moment. So Ka nui ...

**Visual: The video changes to one of Patumahoe Leaf-Wright. She has short dark hair and is set against the same background as Nikki, Julie and Mahashweta.**

Audio: [Patumahoe] That looks like one for me.

[Nikki] Yes. Do you want to go take that one, Patumahoe?

[Patumahoe] Yeah.

[Nikki] That would be fantastic.

[Patumahoe] Yeah, cool so, a question came through asking, well, first of all saying great mahi and is there a space for learning the mātauranga? Picking up from the dialect that probably this question came from somewhere in Te Waipounamu so ngā mihi nui kia koutou, ki raro ra. So, in terms of learning the mātauranga, we're really, well, I'm really hoping that ... the overarching cultural care guide, so that guide for manaaki kaumātua, which really does provide a whole lot more depth, is going to give you at least the beginning of an understanding.

And, you know, while I would love to say, oh, yeah, you know, it would be great if we could just visit every single person and spend time with every single person and then I would get to walk alongside every single person that was keen to learn and really kind of have the knowledge develop in a more organic learning environment like that, unfortunately, I don't quite have capacity for that. So, I'm really looking at that overarching guide being a place where lots of the concepts are introduced, and I've tried to do a good enough job of explaining them simply so that if you come to them with no previous understanding that you can begin to wrap your head around some of these concepts.

And then I think from there, I would say that the best guide for, or source of knowledge for how you really get your head around this is work with the people that you're providing this care to. So, the kaumātua that you're caring for and their whānau and the whānau that you're working with are probably going to be the biggest resources that are naturally occurring for you guys. So, it's really that they're designed so that you can have the confidence to start these conversations and explore some of these things as ways of caring for our kaumātua and their whānau, and I would hope that that would just open up a new level of relationship between caregivers and their whānau to further explore what that looks like, because again, I can't teach mātauranga that is going to be necessarily, or tikanga, that is going to be applicable to everybody or applicable because it varies from region to region. So, it really is going to be about making sure you've explored that to the best of your ability in depth with the kaumātua and whānau that you're caring for. Does that answer the question?

**Visual: The video changes back to Julie.**

Audio: [Julie] Yes, thank you Patu. I thought I might just add a couple of things …

**Visual: The video changes back to Patumahoe.**

Patumahoe: Go for it.

**Visual: The video changes back to Julie.**

Audio: [Julie] … because when we were developing these tools, we held a hui just to get some feedback and make sure that Patu wasn't doing this in any way, just alone by herself. So, this really has been, again, a joint effort on the Māori development too. But what we discovered in that hui was that some of the care providers actually have specialist Māori roles as resources for their facilities. And that is a growing piece of resource, for want of a better word, in the sector. So, some of the expertise is being deliberately employed to provide support.

We also found a couple of facilities that were just expert, you know? And even though they were expert in what they were doing, they were still taking these guides and using it as a tool to help teach people in their facility, even though they were expert in what they were doing. So, there is some resource out there, we do acknowledge that it's not huge amounts of resource. And hence the reason we were so keen to take this bicultural lens, really, and make sure we had it in the care guides.

**Visual: The video changes back to Patumahoe.**

Audio: [Patumahoe] Yeah, and I think the next comment that's come through is about a hui space for kōrero. So, yeah, certainly, oh, goodness, I do not have the authority to speak on all of Māori-dom. And I became very aware of how green I was in this space. So, we did consult with as many of the rangatira and the tino tohunga that work in this space that we could gather together and had really robust kōrero. And so, I'm hoping that when you see the overarching guide that things might fall into place a little bit better. Certainly in that hui it was easier for the experts that we'd asked to consult on us or consult with us, for us, on the cultural side. It was certainly easier for them to make sense of how it was all going to fit and how that would work once they saw the guides themselves. So, go and have a look, please.

**Visual: The video changes to Nikki.**

Audio: [Nikki] Excellent, thank you Patumahoe and Julie for those comments. Also, I know that Patumahoe, you did mention, and I think Mahashweta, you mentioned it as well as just the additional aspect of the pronunciation of kupu. Could you just maybe touch on that in terms of, this is a new function as well, in terms of hovering over the PDF or the web version, it'll take you to a way to listen to how to pronounce kupu.

[Patumahoe] You want to go on Mahashweta?

**Visual: The video changes to Mahashweta.**

Audio: [Mahashweta] Yeah, sure. So just embedded within each of the guides, there'll be links directly that you can click on that will take you to Te Aka Māori dictionary, and that would just also outline correct pronunciation of the word. But also, if there wasn't even a link to Te Aka as well, Patumahoe has also gone through all the guides, and any, has also added her own voice recording to some of them. I'll just have to throw that in there because it's her sort of ongoing legacy. But yeah, so there's also that as well. So, they're just embedded it in all of the guides. So that will just help you in terms of when you're reading through it, and you just want to know the correct pronunciation, you can just click on that and it will automatically take you to pronunciation.

**Visual: The video changes to Patumahoe.**

Audio: [Patumahoe] Yeah, well covered. Yeah. Yeah. So it's really about, you know, if we're, if we're, if I'm saying in these guides that I would encourage you to use some kupu Māori because they might help make broaching particular subjects a little bit less intimidating, I guess, that it would be remiss of me to not then support you with whatever tools we have available to make sure that when you use those kupu that they're going to be used appropriately, which has a lot to do with pronunciation. Yeah. So those links are in there. Another comment has come through.

**Visual: The video changes to Nikki.**

Audio: [Nikki] So, Patumahoe, I'll just mention because there's comments and questions coming through, which is fantastic, and lots of people actually looking through the guides as we're talking at the moment, so one comment was thank you awesome work for and so important to have mātauranga Māori guidance included. And just a comment about how it would be great to see some focus from HQSC to support the aged care sector, and couldn't agree more. We have a lot on our programme, and we will be continuing to work with the aged care sector, as Julie alluded to in terms of testing the early warning system for residents’ acute deterioration in aged care over the next year, but absolutely aged care and all the individuals that work in this sector are very important and we're keen to continue working with. So, I think one of the questions in the SurveyMonkey that we will be sending out to all the attendees from this webinar will have some open feedback in terms of potential support that we as an organisation could help support long-term as well.

**Visual: The video changes to Julie.**

Audio: [Julie] Thank you, Nikki. We would love to hear that, like, comments that it's great that we should do some more work and have some more focus. It's absolutely, I couldn't agree more, but it would be really, really nice to hear the detail of that. What is it specifically that the support is most needed in? Because then we can say, okay, look, it's X. Then we can check in with the whole sector and find out if that is a priority. And that gives us much more guidance around what's needed out there. Because certainly we do check in with the clinical leads on a regular basis.

So, if you've got specific stuff, please do put that in the SurveyMonkey. It's really helpful information for us.

**Visual: The video changes back to Nikki.**

Audio: [Nikki] Great. And one of the follow-up comments was just a, from that individual, is a te ao Māori focus. So, specifically looking at how to apply, I think in terms of the guidance that's given. And so absolutely we can look at that and further discuss with our quality leads in terms of what that could look like potentially over time as well.

So, there's a long comment that I will mention because I think it's relating to that we do focus on a te ao Māori worldview and mātauranga Māori in these guides but haven't really touched on other cultures in terms of Pacifica. So, I'll just read the comment and then see if anyone on the panel would like to answer this. So, ‘while I acknowledge the obligations of the Crown in relation to Māori and the bicultural relationship in kaumātua sections are super helpful, I am wondering if there is a missed opportunity to also be inclusive of other cultures such as Pacifica and cultural considerations for elders and their whānau from all cultures, given that only about 3 percent of the total population of Māori are in ARC. Perhaps there is an opportunity to have a frailty care guide specifically for assessment of cultural needs in relation to health that is relevant to all cultures, as this is an important aspect for all elders and their whānau’. So that's quite interesting and quite relevant. Know that currently around potentially 3 percent are Māori, probably will increase over time as well. But just want to see, open it up to any of the panellists in terms of thinking about a frailty care guide in the future. We've got 32 guides out as of now. So, you know, it could be something long-term, but specifically for assessing cultural needs in relation to health that is relevant to all cultures. Any comments or thoughts?

**Visual: The video changes back to Julie.**

Audio: [Julie] I think there's a couple of things I'd like to pick up on out of that and that's really about this percentage thing. Because that may be true that only 3 percent of the total Māori population are in aged residential care, only 5 percent of the older population, people over the age of 65, altogether are in aged residential care. So, it is quite small numbers of people out of our whole population that make it into this really special place.

The proportion of Māori in care is a bit higher than that by comparison to the rest of the people that are in aged residential care, and you just kind of have to wonder if there's a reason for that. Is there something about the way we have designed services, all services of course, but I'm particularly interested in aged residential care, that doesn't appeal to older Māori people and that means our percentages are low.

So that, I have to think about that as well. I think it's one of the things that I think that's one of the reasons that that we've had this little bit of a focus is, is that there's definitely some barriers there that we we’re trying to uncover. In terms of doing something for all cultures, completely open to the idea, completely outside of my sphere of influence. I would not have the first clue about what to do for Indian cultures or Chinese cultures, or ... So, if we were to do something like that, we would definitely have to recruit the specific expertise.

**Visual: The video changes to Patumahoe.**

Audio: [Patumahoe] Yeah, and so on that note, you know, while what we have done really reflects a bicultural approach, and that's all because of Te Tiriti o Waitangi, and that's the founding document, that's what we're talking about here, which is why te ao Māori needs to have, you know, equal footing, needs to be explicitly mentioned. That doesn't mean that’s to the detriment of all of the rest of our beautifully culturally diverse population in Aotearoa, like they are amazing people. So just kind of dial it back to our nursing 101. Now, nursing 101 is all about cultural safety. Kawa whakaruruhau is exactly what we're talking about when we're talking specifically about cultural safety when we’re caring for Māori patients or residents and their whānau, but cultural safety applies to anybody else.

And like I said earlier in my kōrero, that is not about necessarily having a bunch of rules that you can apply when we're looking after Indian people, when we're looking after Chinese people, when we're looking after Pacific people, but rather that cultural safety really starts with who we are. We have to know ourselves first. And so, if you've got really, if you've got good culturally safe practice, then we shouldn't really need to write a guide for every single culture because what that does is promote trans-cultural nursing as opposed to culturally safe nursing, which, to be fair, not all Māori are homogenous, not all non-Māori are homogenous, not all Pacific are homogenous, which means that you can take two Pacific peoples, you could write a Pacific guide, but not everything will apply to everybody who's Pacific.

So, it's really kind of dialling back to the core components of cultural safety, which is knowing yourself and then allowing whoever it is that you're engaging with in care to lead you in whatever is going to meet their needs.

So, if there was to be a guide, it might not be, here's a guide for our Chinese whānau, here's a guide for our Pacific whānau, and here's a guide for our Indian whānau, here's a guide for everybody else whānau. It might just be about reaffirming again, what are the principles that underpin cultural safety? Because with good principles of cultural safety and good culturally safe practice, it doesn't actually matter what culture the people that you're looking after come from, because your practice is spot on for anybody. Well, that's the idea anyway.

**Visual: The video changes to Nikki.**

Audio: [Nikki] Fantastic. Thank you so much, Patumahoe and Julie. That's great. And we did receive a couple of comments around this particular question and topic. So, great points. And also, we know that Māori develop health issues years before Europeans, therefore frailty will be evident in their lives earlier.

So, they may not be in ARC, or aged residential care facilities, but are being cared for in community settings. So that just highlights that this information is relevant. It was designed for the aged care sector, but there's definitely relevance to people living with frailty outside of aged care as well. So, thank you for that.

And then also someone had mentioned the CALD, so the, I think it's the Culturally and Linguistically Diverse, resources can also assist to address general cultural competence as well, so someone just added that comment, which is great. And, just to sum up of some positive feedback from another individual, ‘great resource that will be well used. Easy layout to follow, so great mahi’. So, well done, again, Patumahoe and Julie, they absolutely held the pen and led this work and have done a fantastic job. So very excited to be able to promote these resources out there and make sure everyone is aware of them and have that availability.

And then just one more comment maybe, but we are getting down to a little bit more comments. A lot of people again are interested and are currently looking at the guides. And so just, there was a comment about possibly the percentage of Māori in aged care is that traditionally Māori and many other cultures take care of their own and that, that absolutely would make sense as well.

**Visual: The video changes to Julie.**

Audio: [Julie] I would, thank you, whoever put the CALD comment in, that's a really good point and it reminds me that these guides are not, we've already got bigger, so we’ve already got more guides than we had last time around. We're not actually aiming to write a textbook. So, when there are resources like the CALD resources out there, I think our responsibility is to redirect people to the really good resources that are there rather than try and read and repeat everything that's out there. We kind of went into this job hoping that we would actually reduce the frailty care guides, believe it or not, because we had a lot already and we thought, are we duplicating, and could we actually narrow some of these down or even eliminate some of them? And we ended up with more. So, but it is a bit of a risk. We don't want to be everything to everybody. So, thank you for reminding us that there are other really good resources out there.

**Visual: The video changes to Nikki.**

Audio: [Nikki] A really good point and reminder, and we've actually had quite a few comments, more so than questions coming through over the last few minutes so ... And even a comment around, very similar, I don't think that a specific guide for each culture is needed, just more around the principles or a, potentially, an assessment tool, but yeah so it's really just around the principles and similar to Patumahoe, what you were referring to as well.

Another question, ‘I like your definition and insights about cultural safety. I wonder how this can be translated to the nursing competencies as we have 1.2 specific for Māori and 1.5 for general cultures’. I'm not sure, Patumahoe and Julie, you might know a little bit more or?

**Visual: The video changes to Patumahoe.**

Audio: [Patumahoe] Yeah, so 1.2 refers to upholding Te Tiriti o Waitangi, the Treaty of Waitangi, in our nursing practice. So yes, that is specifically about working together with Māori patients and Māori whānau, and you're right, 1.5 is about culturally safe practice. So of course, you know, as registered nurses, we all should be practicing along those lines, but watch this space, because the competencies are up for a big overhaul. So, yeah.

**Visual: The video changes back to Nikki.**

Audio: [Nikki] Perfect, fantastic. And just a credit to your wording, Patumahoe, ‘you said it lovely, all kōrero is, with grounded clinical and cultural competency, will enable and ensure good outcomes for the whānau and community we engage with’. So, it's perfect.

Lots of comments, like I said, looks great. Thank you. So, this is a shout out to you, Julie, a shout out to you, Patumahoe. Thank you from us at Te Tāhū Hauora, but also on behalf of the aged residential care sector. I think these are fantastic resources and needed and it just allows a prevention of duplication where we have 600 plus aged care facilities and allows this really valuable resource for individuals that are very, very busy providing that great frontline care to residents and aged care that we can provide this resource for them. So, that is all the questions we have.

However, we are happy to answer questions or discuss the tools and resources with individuals after this webinar. The other thing I wanted to mention also is when we were talking a little bit, especially when Julie mentioned, well if there's any inaccuracies or anything or, or something, some new evidence…

**Visual: The video of Nikki moves into the upper-right corner. The rest of the screen is filled with a slide, in the same format as the beginning of the video. It is titled, ‘Wrap-up, Nikki Grae’.**

Audio: [Nikki] … or something comes out that, right after we publish these guides. Always new evidence comes out, but if there is anything really important that you think is key to update, please get in touch with us.

The other thing is because we have a lot of references in these guides and with those references there are often URL links to websites. Oftentimes, URL links to websites become broken. Because of shifting around of webpages and things by organisations, so just let us know … we're happy to update them; we will always have the frailty care guides on the webpages on Te Tāhū Hauora's website and we'll absolutely update them as needed and as we become aware of any broken links as well.

**Visual: The slide changes to one titled, ‘Acknowledgments’. It has four bullet points below it that Nikki speaks to.**

Audio: [Nikki] So I'd like to thank Julie, Patumahoe and Mahashweta for the valuable information that you shared today. I would also like to acknowledge and thank the individuals and teams who have contributed to the development of the frailty care guides, all of the leaders and clinicians who provided valuable feedback throughout the review process and the communications team at Te Tāhū Hauora. They're behind the scenes with these guides, but they did provide a lot of great editing and finalisation of these guides for us.

So, all of these individuals' dedication and hard work led to the publication of these important resources that can be used widely across Aotearoa New Zealand.

**Visual: The slide changes to one with the following words, ‘For further queries, please reach out to the team via arc@hqsc.govt.nz’.**

Audio: [Nikki] If you have any questions that were not answered or just want to reach out, regarding this work, please email us at the website that is showing now, so arc@hqsc.govt.nz. And finally, I'd like to thank all of you for your ongoing efforts and dedication to ensuring the wellbeing and quality of care for those in your facility. This afternoon, we will be emailing all attendees the link to the guides, just so you have them in case you didn't copy it while it was in the chat function today.

And we will also be sending a link to a brief SurveyMonkey for feedback. So please take a minute to provide your feedback by completing the survey. There's only a few questions in it. And then we'll also include a certificate of attendance in the email as well in case you want to use that for professional development. So, I will now close the session with a karakia so, karakia whakamutunga. Kua mutu a tātou mahi. Ka tae te wā. Mō te whakairi te kete, i te kete kōrero, i te kete whakaaro. Hei tiki atu anō mā tatou. Tauwhirotia mai mātau katoa. Ō mātou hoa, ō mātou whānau. Āio ki te Aorangi. Hui e, tāiki e! Thank you all for attending today's session. Ka kite.

**The video ends.**