

# What's The Point?

November  
2015

Wing 5 is now open! The much anticipated event occurred earlier in October with some residents moving into the new wing on Monday October 19th. And it's not just the residents who have moved around. New offices mean the Marita (Director of Nursing) is now located in the new wing along with various other personnel who have moved over to the new area. The main reception for Woods Point has not changed.

However the main entrance for the new wing is located at the end of the visitors car park.

Pictured right is Marita, waiting to welcome you to our new Wing.

The area includes meeting rooms, staff room, lounge and dining areas for the residents, 33 residents rooms and Doctors rooms. A new car park has been built and extensive gardens have been developed around the new building.

We are very proud of the new building and hope that the Residents and their families enjoy the addition to our facility.



## Tegan's Enchanted Beauty Waxing

Tegan's next visit will be Friday 27th November  
If you don't already have an appointment please see reception.

## Hair Appointments

Mondays, Wednesdays  
and Thursdays

Appointments can be made directly with

Kylie or by leaving your name with reception.

Resident and Representatives meetings are held monthly.

The meetings are held on the first Thursday of the month at 10.30 in the main dining room.

All residents and their family representatives are invited to attend these meetings.

Thursday Nov 5th



*"Happy Hour" is hosted in the main lounge every Friday at 3pm.*



*Come along and listen to some music, enjoy a sherry, beer, wine, shandy or a soft drink & have a chat with the other residents!*



Podiatrist Visit  
November 16th



## Walks

Wednesday was a beautiful sunny day at Woods Point after exercises the residents were taken for their walk out in the fresh air and the warm sun. The fountain was flowing and the flowers were in full bloom.

Exercises and walks are scheduled everyday (providing the weather is co-operative).

Please meet in the main lounge each morning from 10am to join in.



## Joyce Gang



The Joyce Gang have again entertained Woods Point Residents with their country and western music. Residents were clapping and singing out loud to songs like “Have you ever been lonely”, Pub with no beer”, “From a jack to a king” and “Cheating heart”.

# More pictures from our extension



*Woods Point Aged Care  
Resident Christmas Party*

*Join us in the Wing 5  
lounge for our  
Cocktail Evening  
On Thursday  
December 10th*

*Between 5 and 7 pm*

*Visitors \$10 per adult, children free!*



## When someone you love stops eating and drinking - By Carol Bayley, Ph.D.

Sometimes toward the end of a very serious illness, or when a person has become very old and frail, that person's decline in health may include the inability or the unwillingness to eat food or drink fluids. This lack of desire to eat (or the inability to keep food down) can be a natural consequence of the body beginning to shut down its systems to prepare for death. At the same time, medical science has devised ways to get around the "problem" by using fiber optic tubing for the easy delivery of artificial food and fluids. This situation is a classic one in medical ethics: just because a

treatment is possible, is it a good thing to do? This Ethics in Medicine will respond to some commonly asked questions about artificial nutrition and hydration. Before one can make an ethical decision about such a subject, one needs a clear understanding of the facts.

**Question:** What is artificial nutrition and hydration?

**Answer:** Normally, we all take in food and fluids through our mouths, chewing the food and then swallowing it down into the stomach. Artificial nutrition and hydration are medical interventions to provide nutrients and water to a person who is unable to take in

food through the mouth, or is unable to swallow. The main purpose of this treatment is to be a temporary means of providing nutrition and hydration following surgery when the person is unable to take food in the normal way, or to bypass a non-functioning part of the digestive system in an otherwise relatively healthy person.

One way of providing nutrition and hydration is through a nasogastric (NG) tube. This is a small flexible tube that is inserted through the nose, down the throat to the stomach. It's intended for only short periods of time and besides pro-

## When someone you love stops eating and drinking

viding nourishment, it can also be used to provide medication. NG tubes can be very uncomfortable both physically and emotionally, and often cause fluid overload, aspiration, ulcers, sore throat or vomiting when employed for longer periods.

A second way of providing nutrition and hydration is through a peg tube. Intended for long term use, a small tube is inserted through an incision in the abdomen so that nutrition can be provided directly to the stomach. A peg tube requires surgery to insert and can cause some ulceration of the stomach. It can be a

site for infections and may not always work properly. A person with a peg tube can also develop an overload of fluids in the system and may experience constant diarrhea.

**Question:** Isn't providing food and fluids considered the basis of good care? If someone refuses to eat or can no longer eat because of illness, shouldn't a feeding tube be started?

**Answer:** One of the most basic instincts we have as human beings is to provide nourishment for ourselves and for others. We are able to build up strength and sustain life either by orally feeding and drinking, or,

when appropriate, through NG or peg tubes. When someone can no longer take in food through the mouth (e.g., a person with advanced Alzheimer's disease, a serious stroke, advanced cancer, etc.), we need to carefully weigh the burdens and benefits of having a feeding tube inserted. Sometimes the burden (of discomfort, of surgery to insert the feeding tube, of possible infection, etc.) outweighs any benefit the person might derive from it, particularly when the person's ability to experience any benefit is shrinking. When a person has a deteriorating condition and a feeding tube is

## When someone you love stops eating and drinking

inserted, it is important to reevaluate the burdens and benefits periodically.

If someone refuses to eat, we need to find out why. It could be something as simple as not liking the food that is being served, or needing help in eating. It is also possible that the person could be in the early stages of the dying process, where the desire for food and water begins to decrease because the body is beginning to shut down.

**Question:** I have heard that once a feeding tube has been started, it can't be stopped. Is that true?

**Answer:** No. Feeding tubes are like any other medical

intervention and can be stopped if they are not benefiting the

person. What is important is that we do what the person finds beneficial. Ordinarily, we would know that best by asking the person. Sometimes, if a person is no longer able to communicate, we have to go on what he or she made has clear to us in the past. Stopping the use of a feeding tube is just as acceptable as not starting one in the first place.

**Question:** But isn't that starving a person?

**Answer:** No. Remember, the person is not dying because she is not eating. She has stopped eating because

she is dying. Starving is an emotionally loaded word that usually refers to someone who wants food and would eat it if he had some. But a person who has stopped eating and drinking has actually simply begun the natural process of dying. These persons rarely feel hungry and sometimes even the smell or thought of food is nauseating.

**Question:** What sort of care is provided to someone who has stopped eating and drinking?

**Answer:** Someone who refuses to eat or can no longer eat and has decided not to have a feeding tube inserted might well be referred to a

## When someone you love stops eating and drinking

hospice program. Hospice cares for people who have a limited life expectancy, and who want to live as fully as they can until the end of their life. Hospice nurses are experts at pain management and symptom control. The hospice team of social workers, chaplains, home health aides and volunteers provides physical, emotional and spiritual support not only to the person being cared for, but also to family members.

Social workers and discharge planners who work in nursing homes, home care agencies and hospitals can ordinarily help a patient or a family make con-

tact with a hospice.

**Question:** How long does it take a person to die once he or she has stopped eating?

**Answer:** The answer to this question depends on the person's condition. An old, frail or ill person who stops taking in calories and fluids may only linger for a few days, gradually falling deeper and deeper into sleep. A person whose body is stronger may take two or even three weeks to deteriorate to the point of coma. But these two or three weeks may be much more comfortable for the person, if labored breathing, diarrhea or nausea have been

the side effects of eating and drinking.

We noted above that the question of artificial nutrition and hydration illustrates a classic situation in medical ethics. Just because a treatment is available, is it a good thing to do? The short answer is no. The mere existence of a medical intervention, such as artificial nutrition and hydration, for a particular condition is never reason enough to undertake it. Every treatment, this one included, has benefits and burdens to a patient, and every intervention must be weighed with those benefits and burdens in mind.

## Kinder Dress-up Day

Residents were incredibly happy when the Kinder kids paid a visit on their recent dress up day.



## 2015 Residents' Footy Tipping Competition

With the AFL Season ending on the First Saturday in October, we regret we were unable to include the results of this year's Footy Tipping Competition in the October Newsletter.

So we now belatedly (and hopefully better late than never) announce the successful tipsters for Season 2015 were as follows:

- ▽ First Place: Ernie Ryan with 141 correct tips:
- ▽ Second Place: Nancy Wheeler with 139, and
- ▽ Third Place: Alice Lindhe with 138.

Ernie's name has since been added to the growing number of successful tipsters displayed on the Woods Point Football Tipping Perpetual Trophy which sits on top of the piano in the Main Lounge.

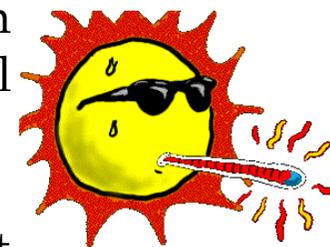
During the Season we had a Weekly Jackpot accruing at \$4 per week for any resident (s) clever enough to pick every winner in a single AFL Round.

Although 8 residents managed to do this at various times during the season, none of them featured in the major prizes.

## Summer is coming

Early signs show that we are going to have another very hot summer. Just a reminder that Woods Point Aged Care Policy is:

In the event of the temperature reaching 32°C the facility will restrict access of all exit doors to prevent any resident leaving the facility unaccompanied. Signage will be placed on all external doors.



We hope that all residents and their representatives will be understanding during these times. The residents health is our number one priority.



Condolences are extended to the families of Aileen Phalp and Edward Bell who passed away during October. Special thoughts are with Aileen's husband Keith who is also a resident at Woods Point.

*A reminder to residents or visitors who smoke to please not leave cigarette butts on the ground.*

## Yarrawonga Show

Some of our residents decided to pay a visit to the Yarrawonga Show.

Thankfully, Corrina (daughter of resident Maria Glavan) was more than happy to take them along to



the show for the day.

Sheila, Shirley and Edi was most impressed with the event and encourage more residents to attend next year,

# Pain Management

Each month we are profiling some of the expected outcomes of the Accreditation Standards. This month we focus on Expected Outcome:

## 2.8 Pain Management

**The expected outcome of 2.8: Pain Management requires that:**

***All Residents' are as free as possible from pain***

**The focus of this expected outcome is 'results for Residents'.**

Management demonstrates its pain management ap-

proach ensures all residents are as free as possible from pain.

Residents/representatives confirm they are satisfied with how their pain is managed.

The Australian Pain society released its recommended management strategies for pain in Resident aged care facilities and identified seven key pain management strategies. They are as follows:

**Identification** – failure to identify pain could be due to cognitive and communicative impairments. The

staff use the pain scales to identify pain for Residents with cognitive impairments.



**Assessment** - Correct diagnosis is vital as different types of pain respond to different treatments.

**Pharmacological treatments** – medications should be tailored and dosage carefully considered. May not always be first strategy implemented.

## Pain Management

### **Psychological-educational approaches**

– Different behavioural therapies can be used to assist with pain management.

**Physical therapies** – exercises, massage and TENS machine as may have been used for you by our physiotherapists Lyndon and Harshill. There are many reasons why activity staff undertake exercises each morning and pain management is one factor considered.

**Complementary and alternative medicine therapies** – such as mas-

sage, Reflexology and Hotteeze pads

**Quality and system issues** – to collect accurate clinical data and development of policies to assist with Resident's pain management.

As you can see from the above strategies there are many factors considered by the Nursing staff when managing your pain. Our staff has attended education sessions to understand and appreciate the impact of pain. The nursing staff understands pain identification and assessment is crucial to ensure your pain

is well managed.

Medication intervention is not always required in all cases to manage pain and some of the above strategies may be implemented to assist with pain control.

Many aged residents have multiple diagnoses, each potentially causing pain in their own right. This means good, comprehensive assessments are crucial and should take into account medical history subjective perception of pain, mobility levels and ongoing communication.

Woods Point has established

## PAIN RATING FACE SCALE



0  
No Hurt



2  
Hurts Little Bit



4  
Hurts Little More



6  
Hurts Even More



8  
Hurts Whole Lot



10  
Hurts Worst

pain assessment, management procedures and documentation in place to ensure we provide all Residents a body as free as possible from pain.

If you are not satisfied with

how your pain is managed please do not hesitate to contact the Registered Nurse or your local GP to discuss further options.

There is a vast range of pain relief available from medica-

tion to massage and exercise, the challenge is to find what works for each individual person. It is often a case of trial and error until finding what works, but what a difference it can make to the quality of life of Resident when the solution is found.

If you would like to know any information about the pain administered strategies that are in place for you or any other information related to Pain Management please do not hesitate to contact your local GP, Pharmacist, Physiotherapist or the Registered Nurse.

Marita Seamer  
Director of Nursing

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10.00 Exercise/Walks 30 11.00 Golf Putting 1.30 Movie <b>2.00 Scenic Drive</b> <b>2.00 Anglican Church</b> 3.00 Quiz						10.00 Exercise/Walk 10.45 Scrabble 1.30 Movie
10.00 Exercise/Walk 2 11.00 Bobs 1.30 Movie <b>2.00 Scenic Drive</b> <b>2.00 Anglican Church</b> 3.00 Quiz	3 <b>Melbourne Cup Day</b> <b>No Activities Staff</b>	4 10.00 Exercise/Walk 11.00 Bobs 1.30 Coffee & Spectacles 2.30 Bingo	5 9.45 Exercise/Walk <b>10.30 Resident Meeting</b> 11.30 Quiz <b>1.30 Redshift</b> 7.00 Monthly Movie	6 <b>9.40 Men's Shed</b> 10.00 Exercises 11.00 Word Challenge <b>1.00 Blooms Fashion</b> 3.30 Happy Hour	7 <b>No Activities Staff</b>	8 <b>No Activities Staff</b>
10.00 Exercise/Walk 9 11.00 Golf Putting 1.30 Movie <b>2.00 Scenic Drive</b> <b>2.00 Anglican Church</b> 3.00 Quiz	10 <b>10.00 Catholic Mass</b> 10.00 Carpet Bowls 1.30 Reminiscence <b>2.00 Remembrance Day Services</b> 3.00 Quiz	11 10.00 Exercise/Walk <b>10.30 Piano Lady</b> 1.30 Coffee & Spectacles 2.30 Bingo	12 10.00 Exercise/Walk 11.00 Remember When 1.30 Movie <b>2.00 Bundalong Cafe</b> 3.30 Hangman	13 <b>9.40 Men's Shed</b> 11.00 Word Challenge 1.30 Kiosk and Quiz <b>2.00 Meet the kids</b> 3.00 Happy Hour	14 9.45 Exercise/Walk 11.00 Hangman 1.30 Movie	15 9.45 Exercise/Walk 11.00 Activity Quiz 1.30 Movie
10.00 Exercise/Walk 16 11.00 Hangman <b>1.30 David Evans</b> <b>2.00 Anglican Church</b> <b>2.30 Monthly Birthday</b> 4.00 Quiz	17 <b>10.00 Catholic Church</b> 10.00 Carpet Bowls <b>1.30 Cobram Harmoniqs</b> 3.30 Hangman	18 10.00 Exercise/Walk 11.00 Bobs 1.30 Coffee & Spectacles 2.30 Bingo	19 10.00 Exercise/Walk 10.30 Hangman <b>11.00 Uniting Church</b> <b>11.30 Macca's Lunch</b> 2.30 3AW letters 3.30 Quiz	20 <b>9.40 Men's Shed</b> 11.00 Word Challenge 1.30 Kiosk and Quiz <b>2.00 Meet the kids</b> 3.00 Happy Hour	21 9.45 Exercise/Walk 11.00 Stories 1.30 Movie	22 9.45 Exercise/Walk 11.00 Memory Cards 1.30 Movie
10.00 Exercise/Walk 23 11.00 Golf Putting 1.30 Movie <b>2.00 Scenic Drive</b> <b>2.00 Anglican Church</b> 3.00 Quiz	24 <b>10.00 Catholic Church</b> 10.00 Carpet Bowls 1.30 Movie <b>2.00 Shopping</b> 3.30 Quiz	25 10.00 Exercise/Walk <b>10.30 Piano Lady</b> 1.30 Coffee & Spectacles 2.30 Bingo	26 10.00 Exercise/Walk 11.00 Hangman 1.30 Movie <b>2.00 Strawberry Farm</b> 3.30 Quiz	27 <b>9.40 Men's Shed</b> 11.00 Word Challenge 1.30 Kiosk and Quiz <b>2.00 Meet the kids</b> 3.00 Happy Hour	28 9.45 Exercise/Walk 10.30 Quiz 1.30 Movie	29 9.45 Exercise/Walk 10.30 Hangman 1.30 Movie