College of Gerontology Nursing NZNO

Tōpūtanga Tapuhi Kaitiaki o Aotearoa

NEW ZEALAND NURSES ORGANISATION

Your committee now consists of

Regan Gilchrist – Chair

Kim Brooks – Treasurer, Membership

Sarah McIntosh – Secretary

Aloha Sison – Committee Member, Social Media

Bridget Richards – Committee Member

Lou Fowler – Committee Member

Basil Kuriakose – Committee Member

Alice Street – Committee Member

Marg Bigsby – Professional Nursing Advisor, NZNO

We last met in Rotorua in October and will meet again in February.

College of Gerontology Nursing Member Newsletter

November 2026

A Message from the Chair

It is a privilege to introduce myself as the new Chair for the College, having previously being a committee member and Secretary.

Gerontology nursing is a rewarding, complex and increasingly important area of nursing practice. As our population ages and the needs of older people continue to evolve, the contribution of nurses working in this setting has never been more significant. Our profession brings together clinical expertise, leadership, advocacy and a commitment to ensuring older people receive care that is safe, compassionate, culturally responsive and person centered.

The College has an important role in representing you all as gerontology nurses and being involved in the conversations that matter most.

I would particularly like to acknowledge **Bridget Richards**, our outgoing Chair, and express my sincere appreciation for her leadership, commitment and service to the College. Bridget has made a valuable contribution, and I am delighted that Bridget is staying on the committee, allowing us to benefit from her experience and knowledge.

It has been a busy time for the Committee as we are in the thick of conference planning, while still contributing to many working groups that have an impact on our sector.

I encourage our members to stay connected with the College, share their ideas and experiences. A strong professional College is built through participation and engagement of its members.

We hope you enjoy this edition with numerous articles around things impacting on gerontology nursing, as well as catching up with what the Committee has been doing.

Together, we have an opportunity to strengthen the profile of gerontology nursing, influence the future and ensure that the voices of nurses working in this special space are heard.

I look forward to the journey ahead and to working alongside you.

Warm regards,

Regan Gilchrist

Chair – College of Gerontology Nursing, NZNO

Your College at Work – Committee Update

It has been a busy time for the College of Gerontology Nursing National Committee. We continue to work on behalf of our members, supporting the development, recognition and advancement of gerontology nursing across New Zealand.

Over recent months, the Committee has progressed a number of activities focused on professional advocacy, education and the future direction of the College.

Leadership and Committee

Following a period of transition, we are pleased to share that Regan has taken on the role of Chair of the College. We also welcome **Kim Brooks** as our permanent Treasurer and **Sarah McIntosh** as our incoming Secretary.

At present we have 552 members in our College, and always welcoming more.

External Group Representation

We are fortunate to be part of the wider work NZNO has underway with AgeSafe. Bridget remains our representative on this working group, providing a clinical nursing voice to the work.

We are also involved in an NZACA aged care workforce group – exploring what good care looks like. This is in the early stages so more updates to come next year. Bridget is our representative for this work.

We have also contributed to a large piece of work developing OPCAT guidance for placement in secure care – both ARC guidance and for Health NZ. Regan has supported this work on behalf of the College. This project team has included nursing, medical, allied health, planning and funding as well as legal. The updated guidance is hoping to be released by the end of the year.

Submissions

The College has recently been busy with a variety of submissions we were invited to contribute to. These include:

- Health Practitioners Competence Assurance (HPCA) Act Amendment Bill
- Pharmac consultation on the review of the Exceptional Circumstances Framework
- Drug Overdose Legislation Bill
- Nursing Council review of the Nurse Prescriber and Nurse Practitioner standards

Conference Planning

The Committee is busy planning our next conference, scheduled for October next year in Rotorua. This conference will provide an important opportunity for nurses to come together, share knowledge, showcase practice innovations and celebrate the contribution of gerontology nursing.

Further updates on the conference programme, speakers and registration will be shared next year as our planning is finalised.

FEATURE ARTICLE: THE FUTURE OF AGED CARE IN AOTEAROA NEW ZEALAND

A system at a turning point: What does the proposed reform mean for gerontology nursing?

New Zealand's aged care sector is facing a significant period of change. An ageing population, increasing clinical complexity, workforce shortages, financial pressures and growing demand for residential and community-based services are placing considerable pressure on the existing system.

Against this backdrop, the release of *A Place to Grow Old: Securing the Future of Aged Care* on 17 August 2026 represents an important milestone for the sector. The report was prepared by the independent Aged Care Ministerial Advisory Group, established by Government in late 2025 to examine the sustainability and effectiveness of New Zealand's aged care system. Chaired by Hon David Cunliffe, the Advisory Group was tasked with examining how aged care is funded, how costs should be shared between individuals and Government, and how services could be better integrated with the wider health system.

The resulting report contains 40 recommendations and proposes substantial structural reform. Its central message is that New Zealand needs a more integrated, sustainable and person-centred approach to supporting older people, both now and into the future.

Why is reform needed?

New Zealand's current aged care system has developed over many years, with different funding arrangements, assessment processes and service structures operating across residential care, home support and wider health services. While many older people receive excellent care, the Advisory Group identified significant challenges with the existing model.

These include:

- Increasing demand for residential and home-based care.
- Shortages in residential care capacity and available beds.
- Increasing complexity of residents' clinical and support needs.
- Workforce recruitment and retention pressures.
- Fragmentation between aged care, primary care and hospital services.
- Financial sustainability for both providers and Government.
- Difficulties navigating services and accessing appropriate support.

The report warns that without significant reform, the existing system will struggle to meet future demand safely, equitably and sustainably. Importantly, this is not simply a discussion about funding more beds or increasing service capacity. It is about reconsidering how care is organised, funded, accessed and delivered.

What are the key recommendations?

1.Moving towards an integrated aged care system

One of the most significant recommendations is a single, integrated aged care system encompassing in-home support, residential aged care, end-of-life care and wider health and social services. The intention is to create connected pathways so older people can access appropriate care as their needs change, with better-coordinated transitions and less duplication. The report also recommends a shared national case-mix framework to identify and respond to the needs of older people across care settings, including those living with dementia. For gerontology nurses, this could mean greater collaboration between residential care, primary care, district nursing, allied health and hospital services.

2. Supporting older people to age well in place

Many older people wish to live independently for as long as possible. The report recommends strengthening home-based services, improving access to support and making assessment more efficient. This includes reconsidering the role of Needs Assessment and Service Coordination (NASC) services, allowing aged care providers to undertake more routine assessments and reassessments while retaining independent oversight and specialist assessments where required. Assessment tools should also better recognize:

- Cultural needs and preferences
- Dementia and cognitive impairment
- Social circumstances and informal support
- Overall wellbeing and individual care requirements

For nurses, this reinforces the importance of holistic assessment: an individual's needs extend well beyond their medical diagnoses.

3. Strengthening residential care capacity

Residential care remains essential, particularly for older people with significant frailty or complex clinical needs, or who can no longer be safely supported at home. The Advisory Group raises concerns about future bed availability and recommends measures to build capacity, including targeted funding to support the development of standard residential beds. For clinical nurses and managers, increasing complexity reinforces the need for appropriately skilled staff, effective clinical governance and strong relationships with the wider health system.

4. Rethinking aged care funding

Funding is one of the most significant and potentially contentious aspects of the report. The Advisory Group proposes changes to how services are funded and how costs are shared between individuals and Government, including:

- A more sustainable approach to funding clinical care
- Greater transparency around the cost of providing services
- Changes to how accommodation and daily living costs are funded

- A more consistent approach to pricing and contracting
- Consideration of how individuals contribute to the costs of their care according to their financial circumstances

The proposed model would give essential clinical care different funding treatment from accommodation and daily living expenses. The Advisory Group's modelling estimates the reforms could avoid growth in taxpayer costs of just over $830 million annually by 2037/38, compared with continuing existing settings and simply increasing funding. However, the changes would require upfront investment and careful implementation. These are recommendations for consideration, not confirmed changes to aged care funding arrangements.

5. Improving regulation, contracting and accountability

The report recommends more consistent national contracting arrangements and regulatory settings that support quality, innovation and integration across service environments. For registered nurses, safe clinical practice, effective documentation, appropriate assessment and strong clinical governance will remain essential, and any regulatory change must continue to protect the rights, safety and wellbeing of older people.

What could this mean for gerontology nursing?

While much of the report focuses on system design and funding, its implications for nursing are substantial. Gerontology nurses are central to aged care delivery and have an important role in ensuring that reform translates into meaningful improvements for older people. Nurses should be actively involved in several areas.

Clinical leadership and decision-making. As older people present with increasingly complex needs, skilled nursing assessment, clinical judgement and timely intervention will become ever more important. Future models of care must recognize the expertise required to manage frailty, multimorbidity, dementia, acute deterioration and end-of-life care.

Workforce development. A sustainable system requires a capable, supported and appropriately educated workforce. Investment in nursing education, clinical supervision, professional development and leadership pathways will be essential. Gerontology nursing should be recognized as a specialist and rewarding area of practice, rather than simply a destination for nurses later in their careers.

Interdisciplinary collaboration. More integrated care pathways will require stronger relationships between registered nurses, general practitioners, nurse practitioners, allied health professionals, pharmacists, hospitals and community services. Gerontology nurses are well positioned to support this collaboration and advocate for continuity of care.

Person-centered and culturally responsive practice. The report's emphasis on holistic care reinforces the importance of recognizing each older person's identity, preferences, values, cultural needs and relationships. For Māori, Pacific peoples and other communities, services must be responsive to cultural needs and support equitable access to appropriate care.

Professional advocacy. Gerontology nurses need a voice in discussions about service delivery, funding, workforce capability and quality standards. Nurses working directly with older people have valuable insight into what works, where the gaps are and what needs to change.

What happens next?

The release of the report does not mean its recommendations have become Government policy. On 17 August 2026, Associate Health Minister Casey Costello welcomed the report and confirmed that the Ministry of Health would work with other government agencies to develop advice on the recommendations. Government will need to consider the

proposals, decide which changes to progress and establish an implementation pathway, so the coming months will be important for the sector.

The College's perspective: An opportunity to shape the future

For the College of Gerontology Nursing, this report is an important opportunity to contribute to national conversations about the future of aged care. As the needs of older people evolve, gerontology nurses must be recognized as key contributors to system design, clinical leadership, education, research and policy development. The College has an important role in advocating for a system that values specialist nursing knowledge, supports a skilled workforce and ensures older people receive safe, equitable and compassionate care.

We should ask not only how the aged care system can become more sustainable, but how it can become better for the people who depend on it and the professionals who deliver it. The future of aged care is about the quality of care, the people who provide it and the expertise required to support older people to live with dignity, choice and wellbeing.

Questions for our members

As we consider the proposed reforms, we invite members to reflect on the following:

1. What changes would make the greatest difference to the quality of care delivered to older people?
2. How can gerontology nurses have a stronger voice in national aged care policy and decision-making?
3. What investment is needed to strengthen nursing education, clinical leadership and workforce capability?
4. How can we improve integration between residential care, primary care, hospitals and community services?
5. What should the College prioritise when advocating for the future of gerontology nursing?

We welcome members' perspectives and encourage discussion as the sector considers this important opportunity for change.



Further reading

Aged Care Ministerial Advisory Group (2026). *A Place to Grow Old: Securing the Future of Aged Care*. Ministry of Health, Wellington.

Clinical Practice Feature: Recognizing Deterioration Earlier

Recognizing when an older person is becoming acutely unwell is one of gerontology nursing's most important responsibilities, but deterioration is often subtle and atypical, particularly with frailty, cognitive impairment and multiple chronic conditions. The Deterioration Early Warning System (DEWS), developed specifically for aged residential care in Aotearoa New Zealand, provides a structured approach to identifying, assessing and responding to acute deterioration.



Why was DEWS developed?

Older people do not always show the expected signs of acute illness: an infection may not cause a significant fever. Early indicators can include new confusion, reduced appetite or fluid intake, fatigue or reduced mobility, new or worsening pain, continence changes, altered behavior or withdrawal, or a sense that the resident is "not themselves". These are easily overlooked or attributed to an existing diagnosis or ageing. DEWS was developed with the New Zealand sector. A 2024 feasibility study in five facilities supported its use, and the Health Quality & Safety Commission has recommended its adoption.

The three DEWS tools

Quick-DEWS (healthcare assistants): helps HCAs, who spend the most time with residents, to notice changes from a resident's usual presentation and escalate concerns promptly to a registered nurse.

DEWS-RN (registered nurses): supports structured clinical assessment, combining clinical indicators with vital signs to guide urgency and response. It supports, but does not replace, professional judgement.

SBARR-DEWS (communication and escalation): a structured way to convey assessment findings and recommendations to primary or secondary healthcare providers, supporting timely decisions.

National implementation

The first cohort began in April 2026 across 122 aged residential care facilities, covering about one-quarter of residents. Rollout is phased to suit different resident management systems, digital capability and organisational readiness, with a second cohort planned from October 2026 and activity continuing into 2027. The Commission is also working with system vendors on digital integration.

What does this mean for clinical leaders?

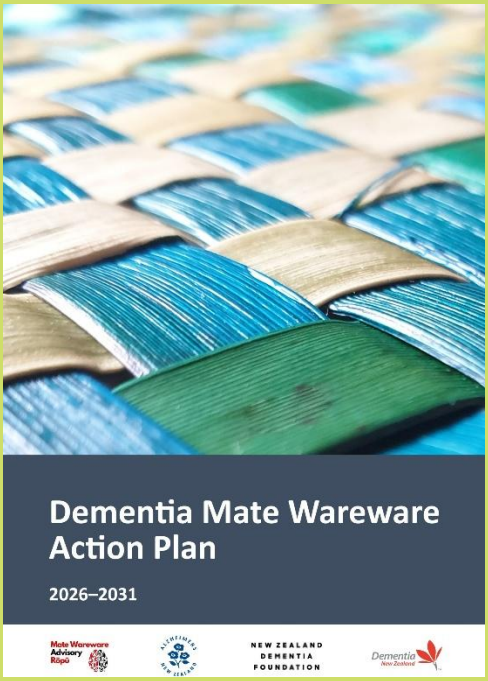
Successful implementation needs structured education, workforce engagement and quality improvement. Clinical leaders should ensure HCAs understand the importance of reporting early changes, educate RNs in structured assessment and escalation, establish clear escalation pathways, review how DEWS fits with existing policies and goals of care, and monitor implementation for improvement. Its effectiveness depends on the whole team understanding their responsibilities.

DEWS is an opportunity to strengthen a culture of early recognition and intervention, and it highlights the contribution of HCAs to resident safety. Knowing the resident and responding to change remain fundamental to gerontology nursing.

Key message: early recognition, effective communication and timely clinical intervention can make a meaningful difference to the outcomes and experiences of older people.

Written by Sarah McIntosh | Secretary | Nurse Practitioner – Te Whatu Ora, Lakes

Attendance at the National Memory Clinic Network Meeting



Dementia is a significant global public health challenge and an increasing priority for health systems worldwide. In Aotearoa New Zealand, nearly 83,000 people were living with Dementia in 2025, with this number projected to double over the next 25 years. Approximately three New Zealanders develop Dementia every hour. These figures highlight the growing demand for timely assessment, accurate diagnosis and access to appropriate treatment, support and ongoing care for people living with Dementia and their whānau.

Timely diagnosis is particularly important given the evolving landscape of Dementia treatment, including the emergence of disease-modifying therapies for Alzheimer's disease. Early identification of cognitive impairment, including Mild Cognitive Impairment (MCI) and early-stage Alzheimer's disease, is becoming increasingly important to support appropriate clinical assessment, treatment options and forward planning.

Recognising this growing need, the New Zealand Dementia Mate Wareware Action Plan 2026–2031 identifies timely and accurate diagnosis and comprehensive management planning as one of its five priority actions. Memory clinics play an important role in delivering specialised multidisciplinary assessment and management of cognitive disorders. However, historically, memory clinic services across New Zealand have experienced considerable variation in service delivery, structure, workforce capacity and resourcing. These challenges highlight the need for greater national collaboration, consistency and investment in specialised Dementia services.

As part of an initiative to establish New Zealand's first national Dementia registry, a nationwide Memory Clinic Network was formed in mid-2026, bringing together the nine memory clinics currently operating across the country. I had the opportunity to attend the National Memory Clinic Network Meeting, which provided a valuable opportunity to connect with clinicians and specialists from across Aotearoa New Zealand, share clinical experiences and contribute to discussions about the future direction of memory services nationally.

A significant priority arising from the network's work is the development of a national registry of people diagnosed with Dementia and Mild Cognitive Impairment. The intention is to establish a clearer understanding of the epidemiology, prevalence and incidence of cognitive impairment across Aotearoa, including regional variations and the populations most affected. Currently, the absence of comprehensive national data makes it difficult to accurately quantify the burden of disease, understand service demand and adequately plan for future healthcare needs.

The proposed registry has the potential to provide a critical evidence base for national advocacy, service planning and funding decisions. By establishing a clearer picture of the number of people affected by Dementia and MCI, the registry will help demonstrate the demand for specialised services, identify gaps in current service provision and strengthen the case for sustainable investment in specialist workforce capacity and improved models of care. Ultimately, this evidence

will support advocacy for appropriate funding and resources to improve the quality, accessibility and coordination of Dementia care across New Zealand.

As a Gerontology Nurse Practitioner working within the Lakes region, attending this meeting was particularly valuable in strengthening my understanding of national priorities, emerging models of care and opportunities for service development. It also provided an opportunity to reflect on our existing regional pathways and consider how greater collaboration, shared learning and improved data collection could strengthen our local memory services.

A key focus of my professional practice is improving equitable access to high-quality, culturally responsive and person-centred care for older people, particularly Māori and their whānau. I am committed to ensuring that Dementia services are grounded in Te Ao Māori and uphold the principles of Te Tiriti o Waitangi. This includes recognising the importance of equitable access, meaningful partnership with tāngata whaiora and whānau, and supporting services that respond to the cultural, social and health needs of our communities.

I value the opportunity to contribute to national conversations, strengthen professional networks and advocate for continued development and investment in memory services. The knowledge, connections and shared vision gained through attending this meeting will help inform my ongoing practice and contribute to service development within the Lakes region. Ultimately, my aspiration is to translate these national priorities into meaningful improvements in local service delivery, ensuring people living with Dementia and MCI, and their whānau, have access to timely diagnosis, appropriate specialised care and ongoing support within their own community.

National Māori Nurses Hui-ā-Tau 2026: Ngā Tini Whetū – A Māori Journey to Excellence

Written by Sarah McIntosh | Secretary – College of Gerontology Nursing | Nurse Practitioner – Health New Zealand, Lakes



I attended the National Māori Nurses Hui-ā-Tau 2026, themed Ngā Tini Whetū – A Māori Journey to Excellence, hosted by Te Tai Hauāuru in Palmerston North from 14–16 October 2026. The hui brought together Māori nurses from across Aotearoa, providing a valuable opportunity for whakawhanaungatanga, professional development, knowledge sharing and collective reflection on the future of Māori nursing.

I also had the privilege of being part of Te Pūtōi a Hinepiripiri, a rōpū of senior Māori nurses from Te Arawa who hosted the inaugural Hui-ā-Tau at Tangatarua Marae in Rotorua in 2023. It was particularly meaningful to attend this year's hui and reflect on how this kaupapa has continued to grow, bringing Māori nurses together from across the motu. An important focus of the hui is fostering tuakana–teina relationships, strengthening connections between experienced and emerging Māori nurses, sharing knowledge and supporting the development and growth of our Māori nursing workforce. Being part of the rōpū that helped establish this kaupapa has reinforced the importance of creating opportunities for mentorship, leadership development and succession planning to ensure the future strength of Māori nursing.

The keynote speakers delivered thought-provoking and inspiring presentations that highlighted the importance of kaupapa Māori, cultural identity, leadership and advancing Māori health. Whaea Linda Thompson shared the history of

Te Kaunihera o Ngā Neehi Māori o Aotearoa and the inception of the kaupapa. Established in October 1983, Te Kaunihera was founded as the only national nursing body mandated by iwi to represent Māori on health issues. Its establishment was driven by the need to increase Māori participation in the nursing profession and strengthen the representation of Māori nurses across primary, secondary and tertiary healthcare, including nursing education. This presentation provided valuable insight into the foundations, history and legacy of Māori nursing leadership, and the importance of continuing the work of those who established the kaupapa.

An important aspect of this kōrero was understanding the enduring vision of Te Kaunihera: Waerea Te Ara Ki Te Ora – Clearing the way towards total wellbeing. Its purpose extends beyond professional representation, encompassing the promotion of culturally safe nursing practice, leadership in research and health service development, recognition of traditional healing, and the recruitment, retention and development of Māori nurses. Its values of Tino Rangatiratanga, Mana Māori, and Māori Nurses and Nursing reinforce the importance of Māori self-determination, Māori identity and the collective advancement of our profession. This resonated strongly with the responsibility we hold as Māori nurses to use our knowledge, skills and positions of influence to improve health and wellbeing outcomes for our people.

Chey Ratima presented her moving and significant research on Kawa Whakaruruhau, exploring its past, present and future and reinforcing the ongoing importance of cultural safety within healthcare. Desiree Paul shared her heartfelt journey towards becoming a Nurse Prescriber, demonstrating how Rongoā Māori and Western pharmaceuticals can be integrated to provide holistic and culturally grounded care. Professor Te Kani Kingi presented research exploring the detrimental impacts of colonisation on Māori mental health, highlighting the importance of understanding historical and ongoing inequities when working to improve hauora Māori. Brenda Close, Director of Nursing and National Programme Coordinator at Te Whare Wānanga o Awanuiārangi, delivered a powerful presentation on the importance of standing firmly in our whakapapa and recognising how our cultural identity, combined with our clinical knowledge and skills, can be utilised to improve the health and wellbeing of our people.

The hui also provided opportunities for professional development through a dedicated Nurse Practitioner caucus and several clinical streams covering leadership, advanced nursing pathways and advanced clinical practice delivered by Nurse Practitioners. Clinical sessions covered a diverse range of topics, including heart failure management, paediatric ADHD, women's health, paediatric sepsis, polypharmacy, ECG fundamentals, the interface between primary and secondary care, and looking beyond the clinical presentation.

Overall, attending the hui was an incredibly valuable opportunity to strengthen professional connections, engage in meaningful kōrero and expand my clinical knowledge alongside Māori nursing colleagues from across the motu. The presentations reinforced the importance of maintaining a strong connection to our whakapapa, embracing kaupapa Māori within clinical practice and using our advanced nursing knowledge and skills to challenge inequities within the health system.

I left the hui feeling further motivated to contribute to the advancement of Māori nursing and to honour the legacy of those who have paved the way for Māori nurses today. As a Gerontology Nurse Practitioner, these learnings are particularly relevant to my practice and my commitment to providing holistic, culturally safe and whānau-centred care. They reinforce my responsibility to advocate for Māori kaumātua and their whānau, challenge inequities in healthcare delivery, and utilise my clinical expertise and cultural knowledge to improve hauora outcomes for Māori across the Lakes region.

The next National Māori Nurses Hui-ā-Tau will be hosted by our Mataatua Peka in Whakatāne, at Te Whare Wānanga o Awanuiārangi.

Te Kaunihera o Ngā Neehi Māori
National Council of Māori Nurses

Clinical Feature – Dementia care and workforce developments

As the number of people living with dementia continues to grow, so does the need for a skilled and confident workforce equipped to provide high-quality, person-centred care. In response, the Education, Health and Community Industry Skills Board (EHC ISB), in partnership with the New Zealand Dementia Foundation, is developing new dementia skill standards to better reflect the realities of modern dementia care.

The initiative follows a 2025 review of Health and Wellbeing qualifications, which identified gaps in existing training and highlighted the need for clearer pathways for staff wanting to develop specialist dementia care skills.

Why Are New Standards Being Introduced?

Dementia care has evolved significantly, requiring more than an understanding of the condition itself. Effective support involves recognising communication challenges, understanding behavioural and psychological changes, promoting independence, maintaining dignity, and providing culturally safe care.

The proposed Level 3 and Level 4 standards aim to:

- Reflect contemporary dementia care practice.
- Support person- and whānau-centred approaches.
- Promote dignity, mana and cultural safety.
- Align with the Dementia Mate Wareware Action Plan 2026-2031.
- Create clearer workforce development pathways for dementia care.

What Does This Mean for Aged Care?

For aged residential care providers, the new standards present an opportunity to strengthen workforce capability and build greater confidence in supporting residents living with dementia.

Healthcare assistants and support workers are often at the forefront of dementia care and play a crucial role in:

- Recognising changes in behaviour and wellbeing.
- Identifying possible unmet needs such as pain, discomfort or distress.
- Communicating concerns to registered nurses and the wider care team.

The standards aim to provide more consistent education and clearer expectations around dementia-related competencies across the aged care sector.

Building a Dementia-Capable Workforce

Developing dementia expertise goes beyond mandatory training. A truly dementia-capable workforce is supported by a culture of ongoing learning, reflection and person-centred practice.

Dementia continues to be one of the most significant health challenges affecting older people and their families across New Zealand. Recent interRAI data highlights a growing number of people being assessed with dementia, reinforcing the need for early identification, comprehensive assessment and strong support systems for both residents and their whānau.

What Does the Data Tell Us?

interRAI Home Care assessments show a notable increase in recorded dementia diagnoses, rising from 8,804 assessments in 2019/20 to 10,873 in 2024/25. The number of people receiving their first assessment with a dementia diagnosis also increased significantly during this period.

The data also highlights the important role of informal caregivers. People living with dementia received almost twice as much informal support as those without dementia, demonstrating the significant contribution family and whānau make in supporting day-to-day care.

Recognising Diverse Dementia Journeys

While dementia is commonly associated with older age, the data reminds us that it can affect people much earlier in life. Almost one in five people under 55 years of age assessed in aged residential care had a dementia diagnosis.

Young-onset dementia can create unique challenges, with many individuals still working, raising families and managing significant social and financial responsibilities. This reinforces the importance of individualised care that reflects each person's circumstances, preferences and life stage.

The Importance of Early Identification

Recognising cognitive changes early allows for timely assessment, intervention and support. Early identification can help uncover potentially reversible causes, prompt specialist assessment and ensure appropriate care planning.

Assessment tools play an important role in identifying concerns, but they should be used as part of a comprehensive clinical assessment rather than as a standalone diagnosis.

Supporting Whānau and Caregivers

Dementia impacts entire families, not just the person receiving the diagnosis. Research highlighted that many caregivers are at high risk of stress and burnout, emphasising the need to routinely consider caregiver wellbeing alongside resident care.

Practical support may include:

- Providing education about dementia and expected changes.
- Encouraging discussions about support needs.
- Linking families with respite and community services.
- Supporting whānau involvement in care planning and decision-making.
- Promoting social connection and relationship-centred care.

Practice Development Feature: Updated Care Guides for Healthcare Assistants

Palliative care is a growing and essential part of aged residential care, supporting residents to live with comfort, dignity and quality of life while managing life-limiting conditions. Importantly, palliative care is not limited to the final days of life. It focuses on meeting a person's physical, emotional, social, cultural and spiritual needs throughout their care journey.

In 2026, Hospice New Zealand, aged care representatives and the Education, Health and Community Industry Skills Board collaborated to develop three new NZQA-approved Level 4 palliative care skill standards. These form part of a 25-credit Person-centred Palliative Care micro-credential and recognise the important contribution of healthcare assistants and support workers within the multidisciplinary team.

What Do the New Standards Focus On?

The new standards recognise skills in:

- Delivering person-centred palliative care that supports comfort, dignity and individual preferences.
- Supporting whānau and carers to maintain wellbeing throughout the palliative care journey.
- Providing respectful and culturally appropriate care following death.

The standards also reinforce the importance of understanding cultural and spiritual practices, recognising changes in a resident's condition, and communicating concerns appropriately.

Why Is This Important?

Healthcare assistants are often the team members who spend the most time with residents receiving palliative care. They support personal care, comfort, mobility, nutrition, hydration and emotional wellbeing, while often being the first to notice subtle changes in a resident's condition.

These new standards provide greater recognition of the knowledge, skills and compassion required in this role, while creating clearer education pathways for support workers working in aged care.

What Does This Mean for Nurses and Clinical Leaders?

Registered nurses continue to play a key role in supporting and developing healthcare assistants by ensuring they understand:

- The principles of palliative care.
- Their scope of practice and delegated responsibilities.
- How to recognise and report changes in residents' conditions.
- The importance of comfort, dignity and resident choice.
- Supporting whānau through difficult times.
- Cultural and spiritual considerations in care delivery.

Clinical Education Feature: Palliative Care in ARC

Healthcare assistants (HCAs) play a vital role in aged residential care, providing much of the hands-on support that helps residents maintain their independence, dignity and quality of life. As the team members who often spend the most time with residents, they are frequently the first to notice changes in health, behaviour or wellbeing.

In August 2026, the Health Quality & Safety Commission Te Tāhū Hauora released an updated **Care Guide for Health Care Assistants**, offering an important resource to support safe, consistent and person-centred care across aged residential care services.

What's New in the Updated Guide?

The revised guide replaces the original caregiver resource developed in 2010 and incorporates contemporary clinical practice, including a te ao Māori perspective. It now includes 23 clinical and care-related topics relevant to supporting older people.

Three new topics have been added:

- **Infection Prevention and Control** – supporting best practice to reduce infection risks and protect residents, staff and visitors.
- **Medication Management** – reinforcing safe medication-related responsibilities, delegation and reporting processes.
- **Oral Health and Mouth Care** – highlighting the importance of oral health in comfort, nutrition, communication and overall wellbeing.

The guide has also updated terminology, replacing **"Behaviours of Concern"** with **"Changed Behaviours in Dementia"**, reflecting a more person-centred understanding that behaviours may indicate unmet needs, distress, pain or underlying health issues.

Why Is This Important?

The updated guide provides a consistent, evidence-informed foundation for HCA education and practice. It helps healthcare assistants better understand their role, recognise potential concerns and contribute confidently to resident safety and wellbeing.

However, simply providing access to the guide is not enough. The greatest benefits are achieved when organisations actively integrate it into education programmes, daily practice and clinical discussions.

- Reviews of policies and procedures against current best practice guidance.

Interactive discussion and practical application are key to ensuring learning translates into improved care outcomes.

Quality & Safety Feature: Learning from Harm

A recent Health and Disability Commissioner (HDC) decision highlights the critical role registered nurses play in recognising, assessing and responding to acute deterioration in aged residential care.

The case involved a hospital-level care resident whose condition progressively worsened over several days, with symptoms including fever, confusion, vomiting, pain, reduced food and fluid intake, and signs of infection. While some observations were made and medical advice was sought, the HDC found that a comprehensive nursing assessment had not been completed or adequately documented. The provider was found in breach of the Code of Health and Disability Services Consumers' Rights for failing to provide services of an appropriate standard.

Key Learning Points

Observation alone is not enough. When a resident becomes acutely unwell, nurses must complete a thorough assessment that considers the whole clinical picture, not just individual symptoms. This includes vital signs, pain assessment, hydration and nutrition, cognition, infection risks, and relevant health history.

Documentation matters. Clear records should demonstrate clinical reasoning, actions taken, communication with healthcare professionals, and follow-up plans. Documentation provides evidence of the care delivered and the decisions made.

Escalation and communication are essential. Concerns must be raised promptly, relevant information communicated effectively, and requests for medical review followed up. Tools such as ISBAR and STOP AND WATCH can support consistent communication and early recognition of deterioration.

Registered nurse accountability remains central. While healthcare assistants and enrolled nurses play an important role in observing and reporting changes, RNs remain responsible for clinical assessment, decision-making, delegation and oversight when residents deteriorate.

Goals of care still require clinical assessment. Even when a resident has expressed a preference to remain in the facility and avoid hospitalisation, thorough assessment, treatment discussions, and documentation remain essential. Residents and whānau should be involved in decisions about care options wherever possible.

Questions for Reflection

Clinical leaders and teams may wish to consider:

- Are staff confident in completing and documenting comprehensive assessments?
- Are escalation processes and medical support pathways clear?
- Is RN supervision and delegation understood?
- Are communication tools used consistently?
- Are resident goals of care regularly reviewed and accessible?

This case serves as a valuable reminder that early recognition, comprehensive assessment, effective communication and robust clinical leadership are fundamental to providing safe, high-quality care for our residents.

College of Gerontology Nursing NZNO

Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

OLDER PEOPLE | STRONGER NURSES | BRIGHTER TOMORROWS

Save the Date!

College of Gerontology Nursing NZNO
CONFERENCE 2027

THEME

Beyond 65 Shades of Grey

Different Perspectives Brighter Futures

PEOPLE | PRACTICE | POSSIBILITIES

15 & 16 October 2027

Rotorua

He tangata He oranga
PEOPLE THRIVE

Now is a good time to start thinking about your professional development plans!

- Chat to your manager
- Consider how this conference fits your goals and learning
- Remember there is grant funding available and a member can apply

Invest in your learning.
Invest in better care for older people.

MĀ TE MĀTAURANGA
HE ORANGA MŌ NGĀ TĀNGATA
FOR A HEALTHIER TOMORROW

College of Gerontology Nursing
NZNO



Membership

The College currently has 552 members across Aotearoa.

Remind your colleagues that as an NZNO Member they can join up to three Colleges, and we would love for more membership in our College.