Between the Lines

Long-Term Care Program Newsletter

Clinical Documentation and RAI updates to keep your practice current

island health

January 2022

DID YOU KNOW...

Congratulations to *Dave Morris, Dufferin Place HCA,* for receiving a Workplace Culture Champion Celebration of Excellence award! Dave truly excels in his role as a MSIP coach, making Dufferin Place safer, more fun and promoting team cohesiveness. Thank you for all you do Dave!

Enhancing Our Communication Skills

Communication with a person with Alzheimer's dementia requires patience, understanding and active listening skills. Alzheimer's disease accounts for 60-70% of all dementias.

Communication is challenging for people with Alzheimer's disease because they can't always communicate what they want to say. Changes in the ability to communicate can vary and are based on the person and where they are in the disease process. People with Alzheimer's disease may have difficulty finding the right words or use familiar words repeatedly. They can also easily lose their train of thought, have difficulty organizing words logically, revert to speaking a native language, and speak less often.

As individuals lose their ability to speak clearly, they may begin to rely on non-verbal communication. Care givers may depend on facial expressions and physical gestures to read and understand the resident's mood. For example, grabbing at undergarments may indicate they need to use the bathroom.

Consider the four steps to better communicate with persons with dementia:

- Start the interaction in a conversational manner
- Simplify what you say
- Check your approach
- Be supportive!

Happy Alzheimer's Awareness month!

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Applying Clinical Documentation to Practice

Island Health Long-Term Care Program has recently adopted a new communication process to help identify residents who are on Cytotoxic Precautions per the BC Hazardous Drug Exposure Control Program.

This will provide a safer environment for residents, family and care team members while a resident is on cytotoxic precautions.

A cytotoxic alert sticker will be put in place to identify residents who have received medications that fall under the Group I Hazardous Drugs Category.

These stickers will be put on the spine of the resident's chart (non-fully activated sites) or an alert will be added in Power Chart (activated sites), individualized plan of care, bedside ADL and MAR.

A well documented plan of care has to be in place and staff need to be informed of the precautionary period controls (i.e. how to handle bodily fluids or waste materials, what appropriate Personal Protective Equipment (PPE) is to be worn when cytotoxic precautions are in place).

Mentorship Quote:

"Alert systems create safety by providing clear communication of risk. Look after yourselves and as Dr. Bonnie Henry says, be kind, be calm, be safe."

Crystal Star, CNL
Eagle Park Health Care Facility

Quality Planning

In Jae Yon Jone's last submission, the three domains of whole system quality were described. The first domain is quality planning which identifies quality strategy, sets priorities and goals and determines data to measure.

Quality planning is important to map out how to improve the dimensions of quality. The Long-Term Care (LTC) quality framework operationalizes improving these dimensions such as through a newly revamped LTC Quality Council by merging the existing Clinical Practice Council (attended by Affiliate site leaders) and previous LTC Quality Council (attended by Island Health LTC leaders). Strategies to learn and share together as one program though the LTC Quality Council aim to improve various factors affecting quality of life of residents.

The Island Health Board of Directors determined key priorities to focus on that affect residents' quality of life. They are MDS RAI 2.0 quality indicators measuring the potentially inappropriate use of anti-psychotics and worsening pressure ulcers. In the New Year, the LTC Quality Council will establish goals and measurements to work on improving these quality indicators. This will coincide with resident and family experience measurement based on quality of life surveys conducted by the Office of the Seniors' Advocate and Island Health Long-Term Care.

Test Your Knowledge

Match each term to the statement that best describes it then check your answers on page 6.

1.	HCAs cannot disconnect and connect oxygen sources, or initiate and monitor low or high flow and humidified oxygen.	A. False
2.	Use ____ ____ to activate silver nitrate if the tissue it is being applied to is dry.	B. Clinical Assessment Protocol
3.	Alzheimer's disease accounts for 30-40% of all dementias.	C. Sterile Water
4.	A _____ _____ _____, or CAP, is a tool that helps clinicians focus on a resident's function and quality of life in specific areas.	D. True

Using P.I.E.C.E.S.™ in Addressing Communication

Sally Smith is a 87 years old person living with Alzheimer's disease. She has been cursing at care team members when she has difficulty communicating her needs. She is losing her ability to speak clearly (aphasia) and sometimes mixes up her words (apraxia of speech). This causes the care team members to misunderstand what Sally is feeling or needing. Care team members are noticing that Sally is becoming increasingly frustrated and recently hit an HCA during morning care. Sally's husband visits daily and has expressed concern when she becomes agitated.

Knowing that persons living with Alzheimer's often have decreased ability to communicate, the team uses PIECES™ 3-Question Template to avoid making assumptions. They discussed the changes observed and considered the RISKS involved. Using P.I.E.C.E.S™, they began to understand the underlying causes and meaning of Sally's behaviours.

1. **What has changed?**

Sally is having speech difficulties and struggles to articulate needs, resulting in striking out behaviours.

2 . What are the RISKS and possible causes?

Roaming— None identified
Imminent Physical Harm— Yes, could hurt self or others if aggression continues to increase, VBACT score 16/20
Suicide Ideation— IS PATH WARM screening done; some warning signs present; will monitor
Kinship Relationships, risk of harm— Co-residents and staff avoidance due to risk of being hit
Self-neglect— Not observed

Physical— Decreased ability to speak, mixing up words often, advancing Alzheimer's disease
Intellectual—Cognitive Performance Scale = 3/6 (moderate cognitive loss)
Emotional— Depression Rating Scale = 4/14, making negative statements, expressing frustration daily
Capabilities—Requiring more cuing and reminders for completion of ADLs
Environment— Overstimulation occurs when inconsistent care team members are rushed and unfamiliar with care routines
Social— Withdrawing from activities of interest and not interacting with co-residents

3. What is the Action? A plan of care was developed to improve communication in order to address Sally's needs.

Date	Focus	Desired outcomes S.M.A.R.T.	Intervention (Who, What, When) All care team members will:	Evaluation date	Initial
Jan 10/22	Communication	Resident will have decreased expressions of frustration; VBACT score will decrease from high to moderate in two weeks	• Review plan of care for ADL support; to address unmet needs • Start the interaction in a conversational manner; use a calm, slow approach; offer simple choices • Use clear, direct language and gestures to enhance communication • Allow the resident time to communicate needs and respond to requests • Be aware of resident's non-verbal cues such as gestures and facial expressions (i.e. pacing when needing bathroom, frowning when frustrated) • Rec Therapy to invite resident to small group activities of interest	Jan 24/22	KS

Outcome: Sally's ability to express her needs has improved, resulting in decreased responsive behaviours and a lower VBACT score. She is now interacting more with co-residents and care team members. Her husband observes improved mood during visits.

P. I. E. C. E. S. CORNER

What's a Communication CAP?

RAI 2.0

A Clinical Assessment Protocol, or CAP, is a tool that helps clinicians focus on a resident's function and quality of life in specific areas. Clinicians can use CAPs to help them create, and/or revise, a comprehensive, resident-centred, plan of care. There are a total of 19 CAPs which can be potentially 'triggered' upon completion of a RAI-MDS 2.0 full, or quarterly, assessment.

The **goal of the Communication CAP** is two-fold:

- To IMPROVE communication ability; or if this is not possible, then
- To PREVENT avoidable communication decline

The Communication CAP looks at three specific data elements of a completed RAI assessment: **B4, C4 & C6**. The values coded in each of these elements will determine, through a programmed algorithm, whether the CAP will focus on Improvement or Prevention.

B4	COGNITIVE SKILLS FOR DAILY DECISION MAKING	(Made decisions regarding tasks of daily life.) 0. INDEPENDENT - decisions consistent and reasonable 1. MODIFIED INDEPENDENCE - some difficulty in new situations only 2. MODERATELY IMPAIRED - decisions poor; cues or supervision required 3. SEVERELY IMPAIRED - never/rarely made decisions
C4	MAKING SELF UNDERSTOOD	(Expressing information content - however able) 0. UNDERSTOOD 1. USUALLY UNDERSTOOD - difficulty finding words or finishing thoughts 2. SOMETIMES UNDERSTOOD - ability is limited to making concrete requests 3. RARELY OR NEVER UNDERSTOOD
C6	ABILITY TO UNDERSTAND OTHERS	(Understanding verbal information content - however able) 0. UNDERSTANDS 1. USUALLY UNDERSTANDS - may miss some part or intent of message 2. SOMETIMES UNDERSTANDS - responds adequately to simple, direct communication 3. RARELY OR NEVER UNDERSTANDS

An example of a triggered Communication CAP with the potential for improvement is as follows:

5.	Communication ☑	1
	Triggered with potential for improvement	

The CAP should 'trigger' the clinician to find out more – prompting further questions and/or completing additional assessments. For example, is the recent decline in cognition due to a delirium, or infection? Is the resident's hearing appliance working (batteries)? Is the resident's decreased speaking ability a result of a COPD exacerbation, or poor-fitting dentures?

For a more comprehensive discussion about this CAP and the 18 others, the CAPs Manual is an excellent resource and an invaluable tool to have in the care-planning process. Speak to your facility CNE to get your hands on a copy!

CODING CORNER

You Asked, We Answered

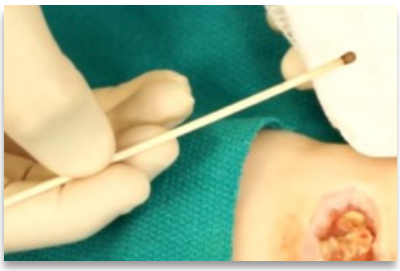
A Member of the Care Team Asks: Can HCAs working in Long-Term Care apply supplemental oxygen?

A Clinical Nurse Educator Answers: Only nurses can initiate oxygen for a resident who does not already use it. However, HCAs often assist residents who use supplemental oxygen.

Island Health Limits and Conditions states ***that HCAs can re-apply oxygen nasal prongs if they become dislodged or fall off. HCAs cannot disconnect and connect oxygen sources, or initiate and monitor low or high flow and humidified oxygen.*** If you are unsure about your role in oxygen therapy speak to your site CNL or CNE.

Silver Nitrate Application

Wound Wise



What is silver nitrate?

Silver nitrate is an antibacterial cautery agent that is available for use in Long-Term Care but there are some important considerations before it is selected or used.

When is silver nitrate indicated?

Silver nitrate is indicated for use for small bleeds, to reduce hypergranulated tissue, to open epibole (rolled wound edges) and to remove granulomas (at stoma-skin edges). A nurse must complete a comprehensive wound assessment to determine the etiology of the wound, contraindications to silver nitrate and appropriateness of the product. Other products may be more appropriate to address the same indications as silver nitrate and should be trialed. Use of silver nitrate requires an order from an NP or Physician, and consultation with an NSWOC or Wound Clinician.

Who can use silver nitrate?

Only RNs who have completed advanced wound care education may apply silver nitrate.

How is silver nitrate applied?

Silver nitrate burns tissue, leaving it a grey colour which will turn white and eventually fall off. Therefore, the periwound skin needs to be protected with No-sting skin prep or petroleum jelly. The burning can be painful for residents, and analgesia may be needed.

Silver nitrate comes on an applicator - if the tissue is dry, you will need to activate the silver nitrate with sterile water. If the tissue is wet, apply the silver nitrate directly. **Never use normal saline** to activate silver nitrate – it causes a chemical reaction that interferes with the effectiveness of the silver nitrate.

Repeated application may be needed for hypergranulated tissue/granuloma; one application is usually enough to control a small bleed. See the CLWK website for the silver nitrate information sheet for further instructions dependent on the indication. You can also ask your Nurse Specialized in Wound/Ostomy & Continence (NSWOC) for more information.

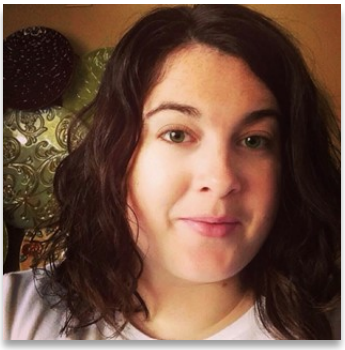
Introducing Our New Clinical Nurse Educators!

Please welcome Ally Fagan as Westhaven's interim Clinical Nurse Educator!

Ally graduated from the University of New Brunswick in 2009. She started her career in the ICU and has practiced critical care nursing for 12 years. Ally had the opportunity to experience travel nursing, which brought her to Vancouver Island. She fell in love with island life and her anticipated six month contract is now going on ten years of island nursing and a recent switch to Long-Term Care and Public Health nursing.

Ally is passionate and excited about learning more about LTC and is committed to being a part of the education team to help our staff provide safe and quality care to our LTC residents.

Ally lives in Port Alberni with her husband Kevin, two Labrador pups Rudy and Gus, and one black cat Piper.



Ally Fagan
Clinical Nurse Educator
Westhaven Long-Term Care

Shelly Barnes
Clinical Nurse Educator
Saanich Peninsula Hospital
Long-Term Care

Please welcome Shelly Barnes as Saanich Peninsula Hospital Long-Term Care's Clinical Nurse Educator!

Shelly was one of the first students in Camosun College's HCA to LPN bridging program. It was as an LPN on Royal 2/7 South that she developed her passion for wound care. Now as an RN and NSWOC (Nurse Specialized in Wounds, Ostomy and Continence) with CNA certification, she enjoys teaching and learning more about skin and wounds, with a special affinity for burn care.

Shelly believes in holistic, resident-centered care; she is always keen to discuss best practice, and new research. She lives in Victoria and volunteers with the Film Festival and the Victoria Symphony – and is crazy for penguins!

To comment on an article, contribute a suggestion or experience, or ask a question send an email to: LTC.Newsletter@islandhealth.ca

Answers to Test Your Knowledge on page 2: (1) D, (2) C, (3) A, (4) B