Between the Lines

Long-Term Care Program Newsletter

Clinical Documentation and RAI updates to keep your practice current

island health

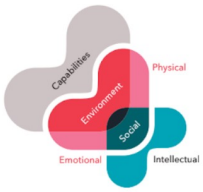
July 2021

DID YOU KNOW...

Did you know that the P.I.E.C.E.S™ curriculum has been updated? Previously, it was a two and a half day course but it has been shortened to two days.

The P.I.E.C.E.S™ logo has also been updated. When this education is offered next, we will let you know!

Stay tuned!



In this Issue

Quality Framework in Long-term Care

Quality is and always will be a priority across the continuum of care in every healthcare organization. Specifically in Long-term care, it is about both quality of care and quality of life such as "Geoff wants warm eggs for breakfast." Residents living in care homes require complex care including social and emotional needs. While our Long-term care program provides care and services to help residents live out the last phase of their lives with dignity and respect, how it is delivered can vary.

The Quality Assurance and Contract Monitoring (QACM) team will be working with many different stakeholders to help develop policies, maintain and uphold the standards of care, develop continuous quality improvement initiatives, be a resource for and monitor overall quality based on four global indicators: Resident/Family, Care Team, Care Home, Clinical. Targeted metrics will provide a baseline for our QACM team to work from, in collaboration with site operators to improve quality of care and most importantly, the quality of life for the residents and families we serve.

The contract monitoring piece of this team will work closely with our Affiliate partners to help align with our Quality Framework so that together, all care homes on Vancouver Island are standardized on quality deliverables.

We wish to thank Jae-Yon Jones, Director, Quality Assurance and Contract Monitoring, Long-term Care for submitting this article.

Applying Clinical Documentation to Practice

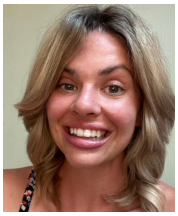
Dufferin Place and The Summit are the only two Long-Term Care (LTC) homes that use the fully activated version of PowerChart, Island Health's Electric Health Record (EHR). PowerChart is "a recording and reporting tool enabling health documentation, communication, scheduling, ordering and standardization, and decision making. It contains the collective electronic medical records of a resident or population of residents."

In the coming year, some LTC homes will start using the fully activated PowerChart. To learn more about use of the EHR there is now a section of the Long-Term Care Program Support website dedicated to this, including links to accessing learning resources.

Watch for this coming change at your care home!

Mentorship Quote:

"It's exciting to see the potential of having different disciplines able to interact on an online platform. For once, we can all read each other's writing!"



Kaylee Norn, LPN
The Summit

Pain Assessment Tools - Making the Right Choice

Accurate and objective pain assessment is a foundation stone of optimal pain management. However, this is not so straight-forward for people with moderate to severe dementia who have cognitive or linguistic impairments. These impairments may lead to both under-treatment of pain and over-treatment of behaviours with antipsychotic medications. Therefore, it is important to choose and use a suitable pain assessment tool in order to provide proper treatment for people with dementia.

Where pain is reported or suspected, a secondary assessment is selected and completed based on the cognitive ability of the resident.

The use of the Cognitive Performance Scale (CPS) provides a useful rule of thumb:

- Residents with CPS scores of 0-2 can typically self-report pain
- Residents with CPS scores 3-6 have considerable difficulties with the self-report of pain

In other words, a cognitive capacity score can guide your choice of pain assessment tools. A quick look at a resident's most recent RAI-MDS 2.0 CPS score shows a validated MMSE equivalent.

CPS Score	Description	MMSE Equivalent Average
0	Intact	25
1	Borderline Intact	22
2	Mild Impairment	19
3	Moderate Impairment	15
4	Moderate/Severe Impairment	7
5	Severe Impairment	5
6	Very Severe Impairment	1

A CPS of 3 or less may guide the use of a self-report scale such as "0 to 10"also known as the Numeric Pain Scale, or the Wong-Baker FACES Pain Rating Scale.

On the other hand, a resident with a CPS score of 3 or greater may necessitate the use of a scale such as the PAINAD or the Abbey Pain Scale. These assessment tools can be administered by a healthcare professional using observation skills taking into considerations elements such as facial expressions, activity/body movement, vocalization, and consolability.

As a general rule, always start with asking the resident about their pain. **Self-reporting is the gold standard. If the resident states they are having pain, we treat it!**

Test Your Knowledge

Match each term to the statement that best describes it then check your answers on page 4.

1.	Dufferin Place and the Summit are the only sites that use the fully activated version of Powerchart (Electronic Health Record).	A. False
2.	Ulcer care is captured in this section of the RAI assessment.	B. Abbey Pain Scale
3.	In March 2021 Bill C-14 replaced Bill C-7.	C. M5e
4.	This PAIN assessment tool considers factors such as vocalizations and activity/body movement.	D. True

Moving Towards Cultural Safety

Recent news about the discoveries of the remains of children buried at multiple residential schools across Canada came as a surprise to many settlers of Canada, yet a painful reminder for Indigenous communities. This is just one example of the systemic racism that negatively impacts the health and well being of Indigenous persons to this day.

A report released in November 2020 - "In Plain Site: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care" details the current state of wide spread anti-Indigenous racism and discrimination in the health care setting that continues to cause harm to Indigenous people. For settlers of Canada, these realizations can bring up uncomfortable feelings such as guilt, defensiveness or helplessness. For many Indigenous people, this is a constant lived reality.

Educating ourselves and others about the history of colonization and how systemic racism continues to affect Indigenous communities is one action we can take that reflects our responsibility as healthcare workers to advocate for, and commit to, providing culturally safe care.

Culturally safe care is described as "both a process and an outcome based upon respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care."

There are several courses accessed through the Learning Hub such as San'yas Indigenous Cultural Safety: Core Health Training, For the Next Seven Generations – for the Children module or the Indigenous Cultural Safety (ICS) Collaborative Learning Series Webinars.

To learn about the Indigenous territory that you live on including the culture, language and history of the land, view the interactive map at The First Peoples' Map of BC.

The National Centre for Truth and Reconciliation features stories and records that are a shared history of Canada.

Introducing Our New Clinical Nurse Educator!

Please welcome ***Brent Clayton*** as our new full-time Clinical Nurse Educator at Yucalta and Cumberland Lodge! Brent graduated from North Island College with a Bachelor of Science in Nursing in 2007. He also holds Canadian Nurses Association (CNA) certification in both Gerontology and Psychiatric Nursing.

Brent started his nursing career in Senior's Mental Health doing community outreach before becoming a Clinical Coordinator with the Senior's Health Program in Island Health. For the last five years, he was the Clinical Coordinator with Community Adult Mental Health and Substance Use in the Comox Valley.

Brent is passionate about quality care for seniors. He believes in a person-centred holistic approach to care delivery. Brent lives in Comox with his wife and two children. He is an avid golfer and reader.

Welcome **Brent**!

RAI Coding Corner

RAI 2.0

For this month's newsletter, we would like to feature some RAI eQueries related to wound care to clarify some common questions.

Question: If a resident has an open wound, is this coded as a Stage 2 ulcer in **M1** (Ulcers, due to any cause)?

Answer: Not all open wounds are ulcers. It is important that you explore the etiology of the wound and identify whether the area is an ulcer, abrasion, open lesion, rash, skin tear or cut. If the wound is not an ulcer it would be included in **M4** (Other Skin Problems or Lesions Present).

Question: If a person is receiving ulcer care, that is **M5e** is checked, can any other **M5** elements be checked as well?

Answer: All specific interventions used in treating the ulcer (the actual wound), are captured in **M5e** (Ulcer Care) and are not coded again under **M5g** (Application of dressings [with or without topical medications] other than to feet), or **M5h** (Applications of ointments or medications [except to feet]). See the CIHI Tip box below.

CIHI Tip

Any ulcer care, including the application of medications to an ulcer, is captured in section M5e. Do not include care specific to ulcers in other M5 items.

However, if applicable, other general preventative measures that are used can be captured in **M5**. These include: **M5a** (Pressure relieving devices for chair), **M5b** (Pressure relieving devices for bed), **M5c** (Turning or Repositioning Program), **M5d** (Nutrition or hydration intervention to manage skin problems) and/or **M5i**, (Other preventative or protective skin care).

Remember, the RAI manual is your first resource to assist in answering any coding-related issues. If you still have questions, please feel free to contact your site CNE.

CODING CORNER

You Asked, We Answered

A Nurse Clinician Asks: I heard there were changes to Medical Assistance in Dying (MAiD) legislation in March. What were they?

A Clinical Nurse Educator Answers: In March 2021, Bill C-7 replaced Bill C-14, creating several changes to the criminal code as it relates to MAiD:

- Death no longer needs to be reasonably foreseeable – but in these cases a 90 day reflection period is required.
- The 10 day reflection period when death is reasonably foreseeable is no longer required.
- A client can waive the required final consent to MAiD when it is likely that they will lose capacity prior to the agreed upon date.
- Only one independent witness required to witness for a request for MAiD. This independent witness can be a paid professional, personal or health care worker.

For more information, education and changes to professional standards, visit the MAiD intranet page or email maid@viha.ca.

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

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

Wound Care Documentation in Long-term Care

Wound Wise

If you say 'Yes' to any of the items below, then this article is for you:

✓Are you new to Long-term Care Nursing?

✓Have you been working for sometime but feel unsure as to exactly what your clinical responsibilities are in documenting on resident wounds?

✓Do you feel it's time for a wound care review?

Wound assessment begins with a full head-to-toe examination. All wounds must be assessed, measured and effectively documented.

In terms of what to document for wound assessments, more details are always better.

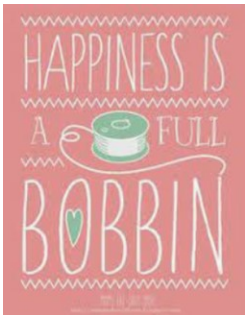
An excellent resource which outlines exactly what nurses need to know to meet their professional practice requirements can be found in this provincial Documentation Guideline: Wound Assessment & Treatment Flow Sheet (WATFS). The guideline is to be used in conjunction with the Wound Assessment & Treatment Flow sheet. This incorporates key elements that must be addressed in the assessment and documentation of all wounds. The flow sheet also serves as a detailed record of the treatment plan and status of the wound at any given point in time. This is aligned with the Island Health Documentation Policy.

Know that when sections of the flow sheet are incomplete, best practice care is jeopardized. Providing excellent wound care means that nurses should be able review a wound care flow sheet and have all of the information they require to determine the anatomical location of the wound, its etiology (if known), the current treatment plan, what has already been done and what needs to be done. Having all the details will help the nurse evaluate whether the current plan of care is effective or whether changes are to be considered.

The CLWK website is a highly recommended provincial web site where you can access assessment and documentation guidelines, education modules and product information sheets. The nursing regulatory body contains documentation standards to guide practice.

Happy Retirement Wishes!

It is with mixed emotions we say goodbye to another educator on our LTC Educator Team. ***Guylaine Forman*** left us on June 25th to pursue new adventures, most likely in the field of quilting. She was an educator in South Island and then moved into guiding sites with wound management.



Encouraging the use of virtual care with wounds became a passion of hers and she is leaving us with the beginnings of newly laid groundwork in using virtual care as a method of reducing geographical distances between clinicians and residents.

We will miss her quiet and steady ability to connect with staff, offer insight into the education world and infect us with her positivity.

We wish Guylaine well and thank her for all her contributions toward improving the quality of care for LTC residents!