



island health

March 2021

DID YOU KNOW...



The annual Resident Assessment Instrument (RAI)

competency evaluation is due on May 31<sup>st</sup>. This is completed in the [Relias](#) website. You have up to three attempts to complete the competency.

If you require support, reach out to your site [CNE](#).



# Between the Lines

## Long-Term Care Program Newsletter



Clinical Documentation and RAI updates to keep your practice current

### Welcome Health Care Support Workers!



Living through the pandemic isn't easy for residents in Long-term Care (LTC) who have had limited

contact with family and friends. Recognizing how this change affects the well-being of residents, the care and service team dedicates time and attention to bolstering their relationships with residents. Yet, the desire for more help is on everyone's minds especially as the COVID-19 restrictions continue.

To help with these efforts, the B.C. Ministry of Health in partnership with Vancouver Island universities and colleges, and Island Health LTC homes, has funded a new role called the [Health Care Support Worker](#) (HCSW). Under the direction of the nurse clinician, the HCSW engages with residents in a variety of non-

clinical activities. The HCSW is an employee of Island Health. They begin their learning journey at their school. They also complete their onboarding and new employee courses before they arrive at their assigned facility. Each HCSW is connected with a Health Care Aide (HCA) mentor to receive step-by-step coaching to learn LTC standards and requirements. Expect the HCSWs to be present at the care home, over the next several months, interspersed with their schoolwork. When ready, they begin the regular HCA practicum. On graduation, they become another valuable HCA team member.

During their work experience as an HCSW, they will be helping residents with their virtual or window visits, accompanying them to meals, fun activities, and spending time together. They will be joining the health care teams, during huddles, helping to stock supplies, and other non-clinical health care activities.

### In this Issue

Did You Know	1
Welcome HCSWs!	1
Applying Clinical Documentation to Practice	1
A Visit From Naso Norm	2
Test Your Knowledge	2
P.I.E.C.E.S.™ Corner	3
RAI Coding Corner	4
You Asked, We Answered	4
Wound Wise	5

### Applying Clinical Documentation to Practice

After many cycles of review, feedback and redesign, the [Long-term Care Clinical Order Sets](#) are now available on the Intranet- "General" folder. Note that the order sets starting with LTC are the updated versions. The goal of this work is to provide clear, streamlined orders to support clinical management according to current evidence-based practice for people living in LTC. The [Choosing Wisely Canada](#) LTC recommendations informed many of the changes. For example, routine laboratory testing has been removed to reduce the risk of "overtreatment of frail residents nearing the end of life."

The [LTC Diabetes Management](#)

made changes to frequency of blood-glucose monitoring, added criteria for HbA1c monitoring based on the [Clinical Frailty Score](#) and an updated [LTC Hypoglycemia Guideline](#).

The [LTC End-of-Life](#) order set instructs the nurse clinician to consult the provider if more than three PRN doses are required in 24 hours for nausea, anxiety or agitation. This alerts providers early on to changes in condition who can order appropriate medications based on clinical assessment.

The rest of the order sets are being reviewed to align with these changes.



#### Mentorship Quote:

*"The LTC order set group met over six months to debate, discuss, and agree upon the current order sets. Our hope is that we've adapted the order sets to be more concise, reflect current and best practices, and incorporate Choosing Wisely Canada recommendations in LTC"*  
Dr. Margaret Manville,  
LTC Medical Director

## A Visit From Naso Norm



Marina Lange, LTC Interim Clinical Nurse Specialist with Naso Norm

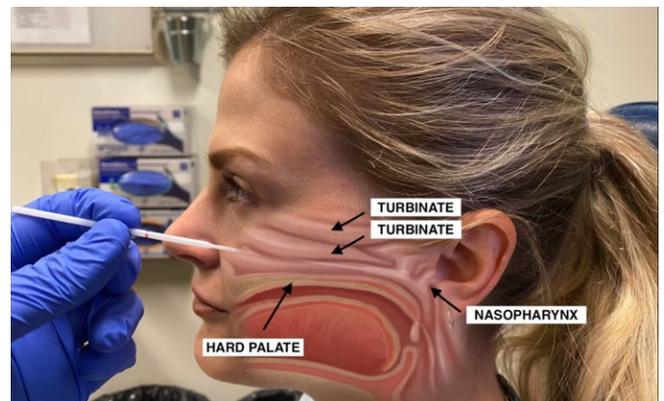
In previous years, nasopharyngeal swab collection was a skill that wasn't required very often and was only within the RN scope of practice. With the COVID-19 pandemic, nasopharyngeal swab collection has become a regular occurring task. LPNs (as per the May 2020 [PHO order](#)), who are able to demonstrate knowledge and competence to perform the Screening Activity in a manner that is safe for both the client and the LPN, can now also perform this skill.

To support the nurses, the Clinical Nurse Educators and COVID-19 Resource coaches across the Island have been providing education and practice opportunities at their care home sites. [Naso Norm](#) is one of the task trainers available to borrow from the Centre for Interprofessional Clinical Simulation Learning ([CICSL](#)).

This simulation device provides the opportunity to practice nasopharyngeal swab [collection](#). This trainer simulates the collection of samples from the nasal cavity and pharynx, and provides blue coloring on the swab when the individual has collected the sample properly. The shapes of the left and right nasal cavities are different, so two different angles of insertion can be practiced.

This trainer is lent out in combination with the [Nasopharyngeal Swab Observation Tool](#). This tool is used to assist in the [assessment](#) of the individual performing the skill, providing opportunity to comment on areas for improvement, behaviours to celebrate, and/or instances to discuss.

To date, the Naso Norm trainers have been sent to 14 different sites. Sites include Island Health, affiliates, and private facilities and span from Victoria to Port Alberni. Our number of requests are growing on a daily basis. Currently we have another 10 sites booked to train with Naso Norm.



If he comes to your site, be sure to have a visit with Naso Norm!



## Test Your Knowledge

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

1.	The new End of Life Clinical Order Set for LTC instructs the nurse clinician to consult the provider if more than 3 PRN doses are administered within 24 hours for nausea, anxiety or agitation.	A. residents
2.	BCCNM's Scope of Practice for LPNs states they are authorized to perform rectal disimpaction. Therefore, LPNs across Island Health are able to perform this activity.	B. matrix
3.	The primary focus of the new HCSW role is to connect and engage with _____, to establish person-centred, caring relationships that support their overall well-being.	C. False
4.	Biofilms are complex, microbial communities, often containing a mixture of bacteria and/or fungi, that secrete a polysaccharide _____ that can provide protection from antibiotics.	D. True

## Putting the P.I.E.C.E.S.<sup>TM</sup> Together

Betty Turner is an 82-year-old woman with [Behavioural Variant Frontotemporal Dementia](#) who has lived in the care home for four years. Recently, she has expressed signs of distress such as frequent calling out and repetitive verbalizations, especially at night. Due to COVID-19 visitation restrictions, Betty has been missing the company of her family and often states that she is lonely. At times she expresses anger, yelling “Why am I always alone?!”



The team uses the [P.I.E.C.E.S.<sup>TM</sup> 3 Question Template](#) to guide their assessment.

### 1. What has changed?

Betty has been calling out frequently, expressing anger and distress. Significantly decreased visits from family.

### 2 . What are the RISKS and possible causes?

- Roaming— No, not a current concern
- Imminent Physical Harm— No
- Suicide Ideation— [IS PATH WARM](#) screening done; angry and distressed; socially disconnected; No risk
- Kinship Relationships, risk of harm— Yes, co-residents and care team members distressed by calling out
- Self-neglect— No, performs personal hygiene with supervision

- Physical— Behavioural Variant Frontotemporal Dementia, [Confusion Assessment Method](#) (CAM) negative for delirium screening
- Intellectual—[Cognitive Performance Scale](#) 3/6, moderate cognitive impairment, long-term memory intact
- Emotional— Expressed loneliness due to missing family visits, [Depression Rating Scale](#) (DRS)= 4/14
- Capabilities— Set up and cueing for ADLs; walks independently without assistive devices
- Environment— In a private room at the end of the hallway
- Social— Less contact with family and friends, co-residents avoiding Betty due to disruptive calling out and expressions of anger and distress

### 3. What is the Action?

Interventions:	Interactions:	Information:
<ul style="list-style-type: none"> <li>• MRN to complete <a href="#">Geriatric Depression Scale</a> (GDS) to screen for depression and inform MRP of results</li> <li>• Initiate <a href="#">Dementia Observation System</a> (DOS) to identify mood and behaviour patterns</li> <li>• When Betty is calling out, check for unmet needs (hunger, thirst, need to toilet, loneliness, comfort etc.)</li> <li>• Consult Recreation Therapist to provide activities that Betty is interested in</li> </ul>	<ul style="list-style-type: none"> <li>• Recreation Therapy to schedule regular virtual visits with Betty’s family and friends</li> <li>• Care team members to check in regularly with Betty and visit when able to</li> <li>• Invite Betty to sit near the nursing station when feeling lonely</li> <li>• Invite Betty to small group movie sessions</li> <li>• Care team to make and play videos of loved ones</li> </ul>	<ul style="list-style-type: none"> <li>• All care team members to review the <a href="#">Disruptive Vocalizations Non-pharmacological Interventions and Management Strategies</a> resource document</li> <li>• All care team members to review <a href="#">Behaviours That Are Not Likely to Respond to Medication</a> resource document</li> </ul>

**Outcome:** Plan of care initiated. Betty enjoys classic movies and is invited to small group movie sessions. Virtual visits with family are increased and staff visit with her in her room more often. Betty no longer calls out nor verbalizes feeling lonely.

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## RAI Coding Corner

### RAI 2.0

### P3 Nursing Rehabilitation/Restorative Care

Rehabilitative and Restorative Care share some similarities, but are not interchangeable. Rehabilitation is person-centred therapy generally initiated soon after acute injury or illness. It is faster paced with signs of progress expected within a shorter time. The rehabilitation therapy team, not the nurses, are responsible for the development of the resident's therapy plans of care (PoC) in Island Health Long-term Care (LTC). They often collaborate with nursing to carry out certain interventions that are within the scope of nursing practice. For example, appropriate positioning and ambulation of a resident post hip fracture. However, the time spent by nursing is not captured in P3; nor is it recorded as therapy time in P1b.

On the other hand, nursing restorative care is slower paced and aims to help individuals practice activities of daily living to restore, compensate for or maintain functional ability lost through chronic disease, disuse or other physiological factors. The overarching goal focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning.

It is a different way of looking at care that is regularly given and may exist either as a LTC program or integrated into the LTC culture.



Restorative care may be considered for a resident who wishes to achieve their stated goals and:

- Formal therapy services are not indicated
- Is currently receiving therapy services
- Has been discharged from a therapy service and restorative interventions would sustain or build on therapy achievements

Nursing may develop a restorative PoC in collaboration with Allied Health following the same process as any other nursing PoC. In terms of RAI coding, the restorative practice must meet the 5 criteria specified in the RAI User's Manual (pg. 200). Code the number of days on which any of the activities in P3 were practiced with nurse assistance for 15 minutes or more within a 24 hour period.

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C O R N E R

## You Asked, We Answered



**A Clinician asks:** As an LPN, is it within my scope of practice to perform rectal disimpaction?

**A Clinical Nurse Educator answers:** Great question! The short answer is yes and no. Rectal disimpaction is an activity set out in [BCCNM's Scope of Practice for Licensed Practical Nurses](#) that LPNs are authorized to perform if employer policy permits, and if the LPN has the competence. It is a restricted activity without orders sub-

ject to these limits and conditions:

- Successful completion of additional education (building on entry-level competencies)
- Carried out following decision support tools

Island Health's LTC Quality Council has determined **LPNs working in LTC are not permitted to perform rectal disimpaction**. Kindly refer to the [Prevention and Treatment of Constipation in Long-term Care 10.3.45G](#).

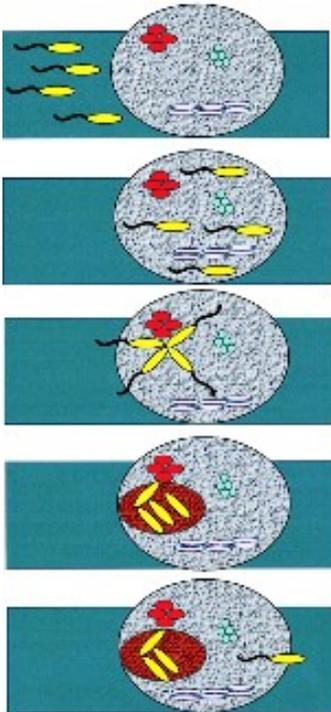


To comment on an article, contribute a suggestion or experience, or ask a question send an email to:

[LTC.Newsletter@viha.ca](mailto:LTC.Newsletter@viha.ca)

## Seeing Biofilm Like the Wind

### Wound Wise



**Biofilms** can have significant impact on wound healing by contributing to bacterial infection, inflammation, and delayed wound healing. Clinicians with knowledge of biofilm effects will be better prepared to reduce their impact on wound healing.

A breach in skin integrity creates an entry point for microorganisms to enter the wound bed. Several different types of species may enter. One cell is called a plankton. Within just minutes they can firmly attach to the surface of the wound where they begin to replicate. It only takes two to four hours for them to build strong communities (aka **colonization**).

Planktonic Cell



Attached Cell



Microcolony



Biofilm



Detached Cell

These clever organisms secrete a thick polysaccharide matrix, which translates to a slimy barrier of sugars and proteins that provide protection for their community; this extra-cellular matrix is also what makes wounds notoriously tolerant to antibiotics, antiseptics, disinfectants and also protects them from the resident's own natural immunities. In just two to four days, biofilm communities can evolve into fully mature biofilm colonies that are extremely **resistant**.

Colonization describes a level of bacterial presence that affects skin cell proliferation and tissue repair but at this stage, microorganisms have not yet invaded the tissues. Infection occurs when the microorganisms penetrate the tissues and have a bioburden sufficient to overwhelm the body's defenses. Signs of localized or systemic infection will manifest.

"Trying to see biofilm with your naked eyes is like trying to **see the wind**; in reality we only see the results of the wind" (Dr. John P. Kennedy). Clinicians should suspect biofilm presence when the wound is failing to heal in spite of optimal care or not responding to antimicrobial interventions. Clinicians may find the mnemonics **NERDS & STONEES**

helpful when assessing wounds and differentiating between:

- superficial infections **non-healing, exudate, red, debris, smell** (think NERDS) or
- deep tissue infections **size increased, temperature, osteomyelitis, new, erythema, exudate, smell** (think STONEES).

For some great examples and pictures, see this [article](#).

Assessment of wounds requires familiarity with tissue types found in [wound bed structures](#) for decision making on the best approach to care for them. Although the entire care team is involved in wound management, registered nurses most often make decisions about wound bed requirements. Biofilms can be effectively treated by a combination of cleansing, debriding when appropriate, applying dressings to block new bacteria from reaching the wound, and the use of antimicrobials to kill the bacteria. The *Wound Management for Nurses-Provincial Curriculum* will give all nurses a good start in acquiring education in this area.

Selecting appropriate wound care dressings is easy once nurses become familiar with the best ones to choose. The [Wound Dressing Selection](#) module has recently been added on the Learning Management System. Resources are plentiful but to help narrow your search, you may want to focus your attention to those available on Island Health's Intranet's [Skin and Wound Care](#) home page.