

Between the Lines

Long-Term Care Program Newsletter

Clinical Documentation and RAI updates to keep your practice current

LTC COVID-19 Video Simulation Series

In Canada, up to 30% of procedures, treatments and tests are potentially unnecessary. The [Choosing Wisely Canada](#) campaign advocates for reducing unnecessary tests and treatments in health care. Annual recommendations are made for [Long-Term Care](#) to encourage conversations about appropriate, evidence based treatment plans.



Congratulations to Yucalta Lodge for preparing a second series of COVID-19 video [simulations](#). This was completed in partnership with the Island Health Simulation Educators and Media Services, with funding from [Healthcare Excellence Canada](#).



The two new videos, the [Interprofessional Team Huddle](#) for a suspected COVID-19 resident case

and [How To Disclose](#) to families a potential resident exposure, promotes a peer mentorship approach helping care and service teams keep confident and competent in response to the COVID-19 pandemic.

Beginning last year at the onset of the pandemic, Yucalta Lodge Manager, Jae Yon Jones, in partnership with Medical Director, Dr. Kathleen McFadden, and the care team began their simulation journey by creating the first LTC COVID-19 Response Protocol [video](#) gaining

Provincial and National recognition. The video steers the simulation experience by guiding the care team in response to a suspect and positive COVID-19 resident case, and a palliative resident in care.

Over the last year, more than three hundred care team members have had the COVID-19 simulation experience guided by the Island Health Simulation Educators and presented by the Long-term Care COVID-19 Coaches. Testimonials from participants illustrate how important this experience has been in viewing a simulation video and practicing a response:

“Great to run through the scenario and have valuable questions answered.”

“Is it so valuable to practice this. It feels like we are better prepared and have less stress.”

“Enjoyed the team work and reflection post simulation.”

“I feel a lot more confident and I loved the videos.”

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Applying Clinical Documentation to Practice

Care and service team members stay prepared for a suspect or positive COVID-19 case by being confident and competent with the guidance of the [Long-term Care \(LTC\) COVID-19 Response Protocol](#). Another important tool to review is the [Disclosure of Possible COVID-19 Exposure for Inpatients of Acute Care and Residents or Clients of LTC and MHSU Facilities](#). It offers discussion scripts to guide disclosure conversations with residents and their contacts. The following COVID-19 Exposure Simulation [Video](#) features Lisa Sparling-White, LPN, connecting with a

resident’s daughter. Watch for the following principles guiding the disclosure dialogue:

- Acknowledgement and an apology for the exposure
- Invitation for the person to share their perspective
- Listening to concerns
- Provide known and agreed-upon facts
- Avoid speculation
- Explain resulting changes to the plan of care
- Provide a single point of contact
- Document disclosure in the resident health record

Mentorship Quote:

“Having disclosure communication guidelines alleviates some of the pressures of providing important information and promotes a consistent message when connecting with the resident, family, care and service teams.”



Lisa Sparling-White, LPN, Yucalta Lodge

Bring Stress First Aid to Your Team

Stress is a feeling of emotional or physical tension. It can come from any event or thought that makes you feel frustrated, angry, anxious or unbalanced. The Covid-19 pandemic has created conditions where stressful events and information are coming at us daily including case counts, closures and isolation.

The Stress First Aid model is a self-care and peer-support framework that can help identify and address early signs of stress reactions in ourselves and others in an ongoing way. Central to the model is the Stress Continuum, which is a visual tool for assessing our own and others' stress responses. The second component highlights proven strategies we can take to manage stress and adversity.

Stress Continuum

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
DEFINITION <ul style="list-style-type: none"> Optimal functioning Adaptive growth Wellness FEATURES <ul style="list-style-type: none"> At one's best Well-trained and prepared In control Physically, mentally and spiritually fit Mission-focused Motivated Calm and steady Having fun Behaving ethically 	DEFINITION <ul style="list-style-type: none"> Mild and transient distress or impairment Always goes away Low risk CAUSES <ul style="list-style-type: none"> Any stressor FEATURES <ul style="list-style-type: none"> Feeling irritable, anxious or down Loss of motivation Loss of focus Difficulty sleeping Muscle tension or other physical changes Not having fun 	DEFINITION <ul style="list-style-type: none"> More severe and persistent distress or impairment Leaves an emotional/mental "scar" Higher risk CAUSES <ul style="list-style-type: none"> Life threat LOSS Moral injury Wear and tear FEATURES <ul style="list-style-type: none"> Loss of control Panic, rage or depression No longer feeling like normal self Excessive guilt, shame or blame 	DEFINITION <ul style="list-style-type: none"> Clinical mental disorder Unhealed stress injury causing life impairment TYPES <ul style="list-style-type: none"> PTSD Depression Anxiety Substance abuse FEATURES <ul style="list-style-type: none"> Symptoms persist and worsen over time Severe distress or social or occupational impairment Hopelessness

Making space for conversations about our stress and well-being helps normalize and validate our feelings. Taking action (explore the **7C's**) to engage in activities that reduce the intensity of physiological, emotional, and behavioural stress reactions can help keep us going. Staying connected to ourselves and others can help sustain our hope and compassion.

Check out the full package of Stress First Aid Resources [here](#). Watch the [webinar](#), complete the [workbook](#) with your team and plan to integrate some new ways of being and doing into your workflows.

Take care of yourself and each other with Stress First Aid!

We wish to thank Nicole Tremblay, Consultant Staff Experience with Seniors Strategy & Tertiary Mental Health for submitting this article.



Weingold, Richard. (2018). Combat and Operational Stress First Aid: Responder Training Manual 2018.



Test Your Knowledge

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

1.	The deadline to complete this year's RAI competency evaluation is May 31st.	A. Stress First Aid
2.	Antipsychotics are the 1st choice in the treatment of behavioural and psychological symptoms of dementia.	B. Disclosure
3.	_____ is a self-care and peer-support model that can identify and address early signs of stress reactions in ourselves and others.	C. False
4.	The _____ Communication Guidelines is a script created to help deliver important messages about COVID-19 in a way that is both consistent and comprehensive.	D. True

Putting the P.I.E.C.E.S.™ Together

Florence N. is an 87 year-old resident living in Sunny Days care home. She has mild dementia and requires supervision with her Activities of Daily Living (ADLs). Otherwise, she is fairly independent. She is usually very sociable and loves to sit with others and talk about her years as a nurse. She has been enjoying the company of Abigail, a Health Care Support Worker (HSCW) who spends time with her during afternoon tea times. The HSCW has been at the home for almost 2 months now. At the beginning of the week, Florence had a fall with no noted injury. Since then, Abigail has noticed that she has not been coming out of her room to have afternoon teas or visits with her. She has also been quieter and not participating in the activities that she used to enjoy. This has also been noticed by the activity workers and that she has been grimacing when trying to mobilize.



Abigail became worried and brought it up to the nurse. She found out that the other care team members have also noted that Florence is now needing assistance from the HCAs on most of her ADLs and appears to be showing signs of discomfort during care.

The Team, including Abigail, uses the [P.I.E.C.E. S.™ 3 Question Template](#) to guide their assessment.

1. What has changed? Since her most recent fall, Florence is not participating in activities she previously enjoyed.

2 . What are the RISKS and possible causes?

Roaming— No
 Imminent Physical Harm— No
 Suicide Ideation— [IS PATH WARM](#) screening done; no risk
 Kinship Relationships, risk of harm—No
 Self-neglect—No

Physical— Pain Rating [Scale](#) 7/10 during care which has been occurring since her fall
 Intellectual—Cognitive Performance Scale ([CPS](#)) (1/6), borderline intact cognition
 Emotional—Depression Rating Scale ([DRS](#))= 2/14
 Capabilities—Recently, ADL needs have changed requiring more support
 Environment—Resident is usually aware and familiar with her environment
 Social—HCSW has been visiting with resident regularly; Index of Social Engagement ([ISE](#))= was 6/6 and now 2/6 due to lessened participation in social interactions and activities

3. What is the Action? The following strategies are discussed at the team huddle to consider for the plan of care.

Interventions:	Interactions:	Information:
<ul style="list-style-type: none"> Nurse to assess the degree and cause of pain and contact MRP if needed Provide pain management prior to care Encourage resident to continue to be independent with ADLs and assist only as required 	<ul style="list-style-type: none"> Florence loves to talk about being a nurse, encourage these conversations Spend time with resident in the room instead Explore activities that Florence is able to participate in considering her current pain level 	<ul style="list-style-type: none"> SW to complete My Story/social history Nursing clinicians to review use of FACES pain scale learning module

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Outcome: Following revision to the plan of care, Florence’s pain is addressed and she is now able to enjoy socializing with others. Her pain rating has improved to 2/10 during care using the FACES scale.

RAI Coding Corner

RAI 2.0

May 31st is approaching. If you haven't completed your annual RAI competency evaluation, now is the time to do so.

- Read through each question
- Read the last sentence a second time to ensure you understand which item you're being asked to code
- Use the RAI manual as a reference
- Remember you can save the questions you've completed and return at another time to continue



Coming Soon

1. Relias is planning a series of phased updates in 2021 and beyond that will transform the user interface to one that is more accessible and user friendly. The first phase of changes will be released on **Friday, May 14**.

This phase will not involve any functional updates, meaning that the site workflow and elements will all remain the same - the only changes that users will see at this time will be aesthetic, including:

- Updated styling and colour of the left-hand navigation pane
- Updated icons and font in the left-hand navigation bar and elsewhere
- Use of a consistent light gray background colour to provide an accessible experience to visually impaired users

2. A Paris upgrade is now being tested that will address a number of issues that exist in the current version. The only change in this upgrade will be the addition of R3c – COVID-19 Status on RAI discharge forms. A communication with details about the go live date and R3c education will be sent to all sites in the coming weeks.

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Introducing Our New Clinical Nurse Educator!



Please welcome **Janelle Doughty** as the new permanent part-time Clinical Nurse Educator at Cairnsmore Place and Chemainus Healthcare Centre!

Janelle graduated from Vancouver Island University with a Bachelor of Science in Nursing in 2011 and holds her CNA Gerontology certification. She is currently working on a Master of

Science in Aging and Health through Queen's University.

Her studies are focused on ethics related to aging, issues around death and dying, and disenfranchised grief.

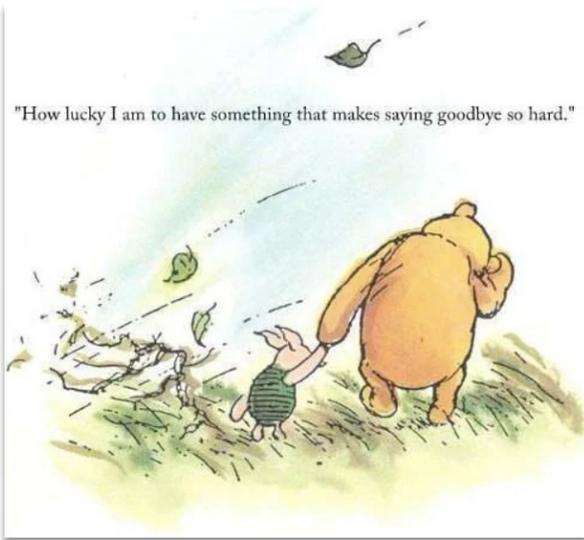
Janelle started her nursing career at Dufferin and Cairnsmore Place, spending the last seven years working at several LTC facilities in Victoria as an RN and CNL. She is looking forward to returning to Central Island to live and work.

Janelle is passionate about Gerontology and is dedicated to LTC. Janelle believes strongly in continuing competence and education for care team members as a means to improve the quality of life of LTC residents. Welcome **Janelle!**

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

Happy Retirement Wishes!



In April, we said “Happy Retirement” to **Helene Wackerman**, our CNE extraordinaire who covered Yucalta Lodge and Cumberland Lodge. Helene has been with the LTC CNE team for many years and forged new paths in education. She is an exemplary example of a true Gerontological nurse.

Helene is a strong advocate for residents, family and staff and always had best practice in the forefront of her mind when developing or delivering education. She is held with high respect within her CNE team and we will miss her quiet wisdom. Problems seemed to get solved quicker with Helene involved in the solution and brainstorming projects were always fun with her input. Unique and creative ideas were sure to be put on the table with Helene. If she faced a challenge her solution was always “a nice long walk in the woods” to come up with a solution.

The CNE team will miss Helene but we know she is moving on to new adventures and will not be idle. Thank-you Helene for your years of service to the residents, family and care team members!!

We will introduce Helene’s replacement, Brent Clayton, in our next edition.

In May, we will be wishing a “Happy Retirement” to **Julia Chatlain**. Julia has been LTC’s RAI Educator for as long as many of us can remember. She is the go-to person for all things related to RAI data as well as related topics such as PARIS and Relias. She is our data submissions person and our data “fixer” and reporter. If you are thinking she loves data, you would be right!



Fanalytic is the word that can describe Julia. Without her, the LTC CNE team would not have achieved their in-depth knowledge of the RAI and the NUAs would not be able to do their jobs. Julia is the person behind so many emails that originate with urgent requests to solve a problem on many topics.

lem on many topics.

We will miss the historical knowledge Julia has and all the tips and tricks she has taught the CNE team over the years. Thank-you Julia for all of your enthusiasm and support!!



We wish both of our retiring colleagues the best in their new adventures!