

# CRT Update

Monthly news from the Community Resource Team



Issue #011 | June 2023

**Welcome to the CRT Update** – a Community Health Services (CHS) newsletter written and distributed by the Community Resource Team (CRT).

If you have questions about any items in the CRT Update:

1. Ask your Coordinator or Leader for further clarification.
2. Ask your leadership to contact CRT: [chs.crt@islandhealth.ca](mailto:chs.crt@islandhealth.ca).

## Feature Article

### Updated Safety Requirements: PPE in Community Health Services

CHS has updated the personal protective equipment (PPE) required when at risk of exposure to blood and body fluids (BBF).

This change does not impact the frequency of PPE use, but it does impact the type of PPE worn when there is a risk of BBF exposure.

[Read about this change.](#)



**We would like to acknowledge the excellent client- and family-centred care that Community Health Workers, clinicians, and leadership are providing within the community. Although change can be challenging, we recognize the positive impacts this updated requirement will have on staff safety. We appreciate your eagerness to continue to align with best practices.**

### **Attention Respite Portal Users! New Respite Referral Process**

The new [Facility Respite Referral process](#) document includes a respite-specific file naming convention and portal upload instructions.

Though similar to the LTC process, key differences address client documents that require annual updates, and uploading documents as separate files. Note that file names should reflect the document completion date, not the submission date. This document is published on the [Facility Respite intranet page](#).

## Deadline Approaching! RAI-HC Annual Competency Evaluation due July 31<sup>st</sup>, 2023

All active Island Health RAI-HC Assessors must complete the 2023 RAI-HC annual competency evaluation by July 31<sup>st</sup>.

To complete the evaluation:

- Follow the [RAI-HC Annual Competency QRG](#).
- Reference resources from the [CHS RAI resource page](#).
- Ensure that you have met [MoH Best Practice Standard](#) of a minimum of 10 assessments per year. If not, develop a work plan with your leadership to fulfill this requirement.
- Provide the Relias certificate of completion to your Community Service Coordinator or Leader.

Optional: Assessors may complete a practice evaluation in Relias to prepare for the annual competency—email [CHS.CRT@islandhealth.ca](mailto:CHS.CRT@islandhealth.ca) if interested.

---

## Status Report:

### OT & PT Role Enhancement

Huge thanks to all CHS clinicians and leadership who attended the May town hall sessions and contributed valuable feedback and solutions. As we continue to gather feedback, here's what's next:

- Testing referral management in Paris and service activity changes at Saanich and Duncan CHS until end of June.
- Consulting with partners in Access, Liaison, and Restorative Health for solutions to identified pain points.
- Creation of advisory committee made up of leadership and clinicians.
- CRT Rehab visiting sites throughout June to develop a plan for OT and PT Communities of Practice (begins Fall 2023).

Ministry of Health Alerts

Education Calendar

Update Archive

## Financial Assessments Monthly Tip

Temporary Rate Reduction  
(TRR) Resources

**Did you know?** The [TRR intranet page](#) contains everything you need to know about the time-limited reduced rate for CHS clients experiencing [serious financial hardship](#) that may prevent access to subsidized services.

Included is the valuable [MoH TRR Policy Interpretation Manual](#), plus other resources that help determine eligibility and support client applications.

## Reminder: Signatures to Replace Verbal Consent for Client Financials

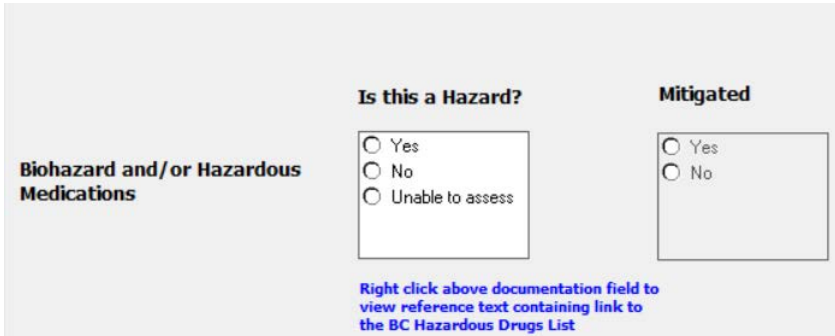
Effective July 1, 2023, verbal consent will no longer be valid for obtaining financial information from the CRA. Written consent must be obtained for Sections A and E when completing the [Financial Profile and Calculations \(HLTH 1.6\) form](#).

Please review your clients with existing financial assessments completed since July 2020 and where consent was only obtained verbally, obtain wet signatures for Sections A and E on HLTH 1.6 forms.

File a copy in Section 7 of the Single Client Record (SCR) and document in PowerChart that a wet signature has been obtained.

## Updated: SSAP PowerForm

To support staff safety and align with the provincial Exposure Control Program, the “Biohazard and/or Medications” section of the SSAP PowerForm now includes reference text with a hyperlink to the [BC Hazardous Drugs List](#). As of June 21<sup>st</sup>, 2023, the SSAP PowerForm will now include the following:



**Biohazard and/or Hazardous Medications**

**Is this a Hazard?**

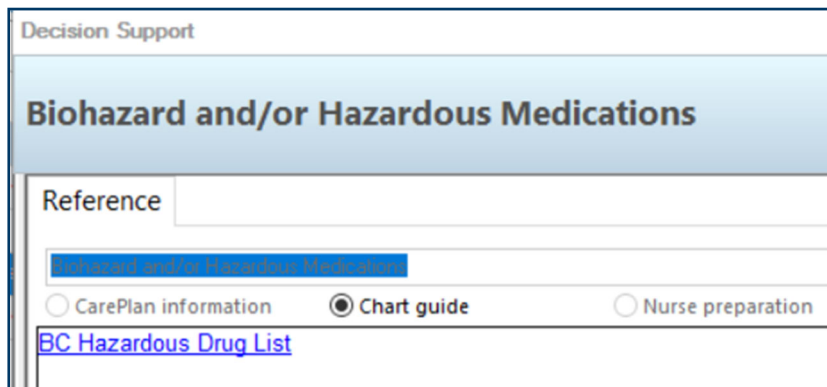
Yes  
 No  
 Unable to assess

**Mitigated**

Yes  
 No

Right click above documentation field to view reference text containing link to the BC Hazardous Drugs List

Blue reference text reads: “Right click above documentation field to view reference text containing link to the BC Hazardous Drugs List”



Decision Support

**Biohazard and/or Hazardous Medications**

Reference

[Biohazard and/or Hazardous Medications](#)

CarePlan information  Chart guide  Nurse preparation

[BC Hazardous Drug List](#)

## Deadline Approaching! LPN Education Requirements

Reminder that the deadline to complete the [Autonomous Practice for Licenses Practical Nurses](#) curriculum is June 30<sup>th</sup>. This education is required for LPNs and is recommended for RNs and RPNs.

This curriculum was created to meet additional education requirements in response to the BC Government’s revised [Nurses \(Licensed Practical\) Regulation](#) in 2015 which authorized LPNs to make a nursing diagnosis *without* an order. The completion of this education meets both British Columbia College of Nurses & Midwives and Island Health practice requirements and supports LPNs to practice at full scope.

Building a solid knowledge foundation enhances team effectiveness, quality outcomes, and care experiences, while enabling LPNs to practice with autonomy which increases team flexibility and efficiency.

## Coming Soon: ALC Reporting Improvements

Hospital Liaison Case Managers and Hospital LTC/AL Assessors can expect improved reporting to the Ministry of Health via the introduction of the code ALC-AL, and a change in timing for application of the code ALC-AAPP.

Stay tuned for further communication regarding the roll out of this upcoming change, including new and updated resources to guide practice, and education sessions.

## Process Change: Home Support Short Notice Cancellation

The Home Support Short Notice Cancellation (SNC) process is changing, with a proposed go-live date of **June 27, 2023**.

What’s new? Clients with a zero per diem will no longer be charged for SNCs. In the case of a short notice cancellation, schedulers will check the client’s per diem rate in Procura, send a dated note to the Home Support Nurse indicating “no charge” and attempt to reschedule the CHW.

Stay tuned for email communications with a quick reference guide for Schedulers and the updated guideline for the new SNC process.

## [The CRT Intranet Page Is Now Live!](#)

Visit the new [CRT intranet page](#) to find more information about CRT and how to request support from the team.



## Say Hi to the RAI!

Monthly Tips for the RAI-HC

**Did You Know:** The Pain CAP trigger is a valuable indicator of pain levels. This CAP triggers two groups of people for specialized follow-up based on the severity of reported pain. Pages 102-109 of the [CAPS Manual](#) provide chronic pain information, including further assessment guidelines, the WHO LADDER, and non-pharmacological interventions to assist in care planning. Pain management should involve an interdisciplinary approach, working with the client and family or caregiver.

## Practice Support by the Numbers

CRT resource mailbox queries received and responded to in May 2023

**199**

Month  
Total

**65**

Clinical  
Nursing

**111**

Subsidized  
Services

**23**

Allied  
Health

**690**

2023 Total  
So Far



## Community Resource Team

Strengthening Practice through Education