island health

January 2024

DID YOU KNOW...

Between the Lines

Long-Term Care Program Newsletter

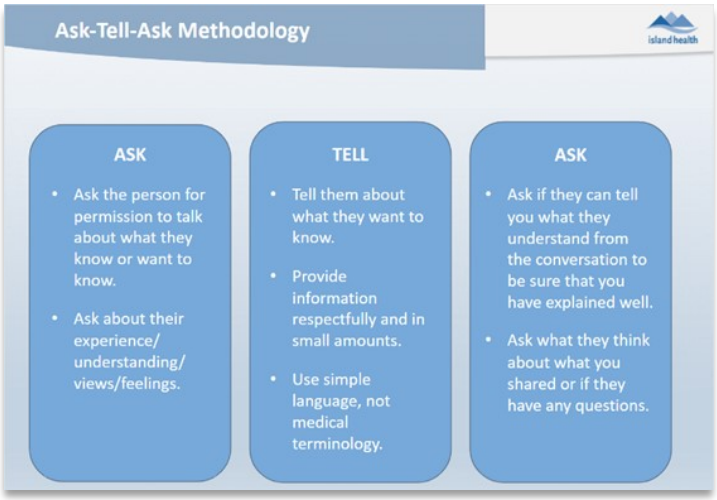
Clinical Documentation and RAI updates to keep your practice current

Library Services provides many services. Virtual services are available on the intranet and include resources like ebooks, statistics databases, and academic journals. For literature searches for work related projects or inquiries, librarians are available by email. Staff can also access CNA exam resources, mobile apps, research tutorials, and more.

In this Issue

Communication Enhancing Education

As health care workers, we often encounter challenging situations that can lead to sensitive conversations. Having these conversations doesn't come naturally for many of us- they take skill and practice. Good news! Seniors Health has created a 45 minute learning module: *Essential Conversations: Sensitive Questions and Messages in Health Care*. This course supports learners to build confidence in communicating with residents and families, using the "Ask-Tell-Ask" interviewing skill. When used, this can enhance the conversation and prepare the person for readiness, willingness, and ability to act on information or advice.



This module is a prerequisite for the PIECES HCA Care Coach program, but all Long-term Care (LTC) team members are encouraged to complete it. Check it out!

Clinical Documentation

As of November 27th, 2023 the Priory is "live" with Clinical Documentation ("Clin Doc") in PowerChart, the Electronic Health Record (EHR).

Clinical Documentation includes the Interdisciplinary Plans of Care (IPOCs), clinician progress notes (chart annotations and clinical notes), PowerForms, nursing and HCA tasks and much more.

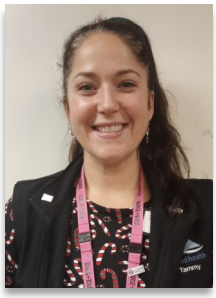
The IHealth Clinical Informatics team, LTC CNEs and staff from previously activated sites provided data migration ("cutover") support to assist in transferring information from the paper chart into the EHR.

Education sessions were provided for all care team members. PowerCoaches will be providing ongoing "elbow to elbow" support for EHR learning needs after the IHealth activation team moves to the next care home.

Many Workstations on Wheels (WOWs) were added to provide ample computers for staff to chart in a timely manner.

Mentorship Quote:

"Clin Doc is a valuable tool! It is amazing to be able to trend results, organize the documentation and to provide accurate and timely resident focused care. I am so excited for this tool to come to the Priory and assist with our daily care."



Tammy Parkinson, LPN, The Priory

Violence Prevention and PowerChart for Activated Sites

In PowerChart, there are several key documentation items required to identify and manage a resident's risk of violence. The Communicating & Assessing Risk of Violence process is available on the intranet.

When a resident is admitted, the Risk of Violence Screening Tool PowerForm is completed through an admission task. If the tool indicates a potential risk for violence, the clinician will be prompted to complete the Violent Behaviour Assessment Consideration Tool (VBACT). If there is a moderate to high VBACT score (on admission and at any time) a Behavioural Care Plan is required. The Behavioural Care Plan PowerForm can be found in the Ad Hoc folder on the tool bar. The Behavioural Care Plan has many sections (i.e risk factors, stressors, care planning interventions), as well as a free text section where you can enter resident specific information.

We are also required to read out the Safety Communication Board at the beginning of each shift. PowerChart has the ability to run a Violence Alert Report that can be included in the Safety Communication Board. This only includes information from the Stressors-Caregiver Approach and Caregiver Approach that flows from the Behavioural Care Plan. Each of these two sections has an "Other" section that, when selected, opens a text box where the clinician can enter important information to populate to the Violence Alert Report.

The Behavioural Care Plan can be viewed from the:

1. Resident Summary Page, under "Safety Risk"
2. Results Review, Safety Risk tab
3. Resident Overview
4. Clinical Notes
5. Form Browser

One of the great things about the Behavioural Care Plan is that it crosses encounters. This means if a resident is transferred to acute care or to another Island Health LTC home, staff will be able to access all of the valuable information that has been documented. This will help provide seamless care for the resident during transitions and also promotes safety.

Image of where the Behavioural Care Plan can be located in the Resident Overview, under "Violence Prevention Communication."

For LTC Electronic Health Record Standard Operating Procedures, including Violence Prevention, please visit the website.

Test Your Knowledge

Match each term to the statement that best describes it then check your answers on page 7.

1.	The CAPs manual can help inform the plan of care and can be accessed within Paris.	A. False B. Power-Chart C. Ask-Tell-Ask D. True
2.	The "___-____-___" interviewing skill can help prepare a person for acting on information or advice.	
3.	Island Health is using a new wicking product, Interdry, which will replace DriGo-HP.	
4.	The Priory went "live" on November 27th, 2023 with Clinical Documentation in _____.	

Putting the P.I.E.C.E.S.™ Together

Mr. Tux was diagnosed with Huntington's 13 years ago and moved into a LTC home three years ago. He is passionate about music; when he was able he loved to play guitar and was in a band. He worked as a high school drama teacher but retired after his diagnosis. He has a history of depression, anxiety and requires two-person extensive assistance for ADLs, transfers, and locomotion.

Mr. Tux is experiencing difficulty communicating as his speech is becoming unclear, and it is harder to make himself understood. He uses a tablet to help make his needs known, but has not been using it lately. He is usually continent of bladder but had an incontinent episode recently during an afternoon activity. Since then he has been asking to be toileted repeatedly throughout the day, and is screaming and swearing at staff when they cannot toilet him right away. Often when they do toilet him he does not void. He is now withdrawing from activities and mealtimes in the dining room.

The PIECES HCA Care Coach and Practitioner have organized a PIECES huddle using the 3-Question Template:

Q1 What are the priority concerns; is it a change for the Person?

Screaming and swearing at staff
Increased request for toileting
Unclear speech and difficulty communicating

Q2 What are the RISKS and possible contributing factors? **Think PIECES**

Roaming: **Low Impact, Low Probability**
Imminent Harm: **Low Probability, Low Impact**
Suicide Ideation: **Low Impact, Low Probability**
Kinship Relationship: **High Impact, High Probability**
Self-neglect: **Low Impact, High Probability**

Physical: Disease: depression, anxiety, Huntington's; **Drugs**: Haldol, Tetrabenazine; **Disability:** Unclear speech, difficulty making himself understood; decreased mobility
Intellectual: Cognitive Performance Scale (CPS) 3/6 (previous score 2/6); anosognosia, amnesia, aphasia, apraxia, apathy
Emotional: Depression Rating Scale (DRS): 6/14 (previous score 2/14)
Capabilities: overwhelmed with communication difficulties; underutilizing artistic expression and tablet
Environment: stable environment and daily routine; communal areas being avoided
Social: withdrawing from activities; behaviours potentially impacting relationship with care team

Q3 What are the actions?
- Investigations
- Interactions
- Interventions

Investigations

- Nursing to request medication review and screen for UTI - negative
- BSO-DOS – revealed daily verbal & vocal expressions of risk
- SW to discuss unmet emotional needs related to disease progression – found Mr. Tux grieving decline, and anxious about communication losses affecting ability to make urgent needs known
- OT to assess communication – found tablet set up was complicated

Interactions

- Reduce environmental distractions, offer yes/no choices, use tablet, and allow time to respond
- Be honest, empathetic, and provide validation when Mr. Tux becomes frustrated

Interventions

- **Nursing and Care staff:** set up toileting schedule and post it in room to provide predictable routine
- **OT**: simplify communication app to align with current abilities; provide troubleshooting education for staff
- **SW:** plan weekly check in
- **Activities:** to arrange for music therapy and/or performers to come to site, HCSWs spend one-on-one time exploring musical content on tablet

Outcome: Mr. Tux has returned to group activities and meals, and is rarely asking for toileting outside of the toileting schedule. At the weekly check in with SW he has expressed that he is more confident in expressing needs with the simplified tablet. He is enjoying the one-on-one time watching guitar videos with the HCSWs, and remembering the time he spent playing in his band! A repeat BSO-DOS revealed no verbal & vocal responsiveness, his latest CPS is 2/6 and DRS is back to 2/14.

P. I. E. C. E. S.
C O R N E R

Yes, it's Back – the CAPs Manual Returns to Paris!

RAI 2.0

After an extended hiatus, the CAPs manual can once again be accessed within Paris. Remember, the triggered Clinical Assessment Protocols (CAPs) are items that help clinicians focus on a resident's function and quality of life in specific areas. Clinicians can use the CAPs manual to help them create and/or update a comprehensive and individualized resident-centred plan of care.

How to Access the CAPs manual in Paris

Step 1 – In Paris, with a resident's Full or Quarterly assessment open, click the CAPs tab at the bottom of your screen

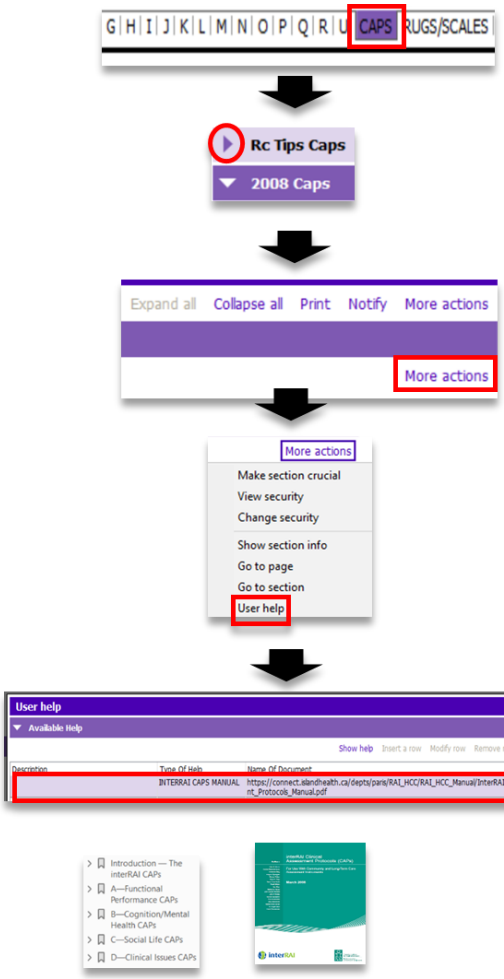
Step 2 – Next, go to the top of the screen and click on the triangle to the left of the words **"Rc Tips Caps".**

Step 3 – The row will expand and the words 'More actions' will display on the far right side of the screen, click on them.

Step 4 – A drop down menu will open, select 'User help'

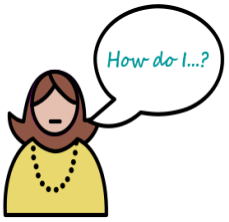
Step 5 – A box opens with a row entitled INTERRAI CAPS MANUAL – **Double-click** the row.

Step 6 – Voila! A new window opens displaying the **CAPs manual**, with a Table of Contents on the left-hand side.



CODING CORNER

You Asked, We Answered



***An HCA Asks*:** What concerns should I report to the nurse when I am assisting a resident with their meal?

***A Dietitian Answers*:** There are many signs and symptoms that could indicate a swallowing problem. Observe the resident carefully and report to the nurse if you observe any of the following:

- facial weakness or slurred speech
- poor tongue control/ tongue thrusting
- spitting food from the mouth
- struggling behaviour or difficulty starting to swallow
- multiple swallows for each bite
- prolonged chewing or eating time
- oral/nasal regurgitation
- throat clearing, coughing or choking during or after eating
- complaints of food getting stuck
- hoarse, gurgly, wet sounding voice
- food remaining in the mouth after swallowing
- drooling or excessive secretions

To comment, contribute, suggest or ask a question, send an email to LTC.Newsletter@islandhealth.ca

Let's Talk about Moisture Associated Skin Damage (MASD)

Wound Wise

An important part of skin health is maintaining just the right amount of moisture, so that the skin can stretch without tearing. Skin folds, contractures, and braces are just some of the places where moisture can get trapped, which can lead to skin breakdown, pain, itch, and infection. Intertrigo is caused by moisture trapped between two skin surfaces.

How can I prevent moisture-associated skin damage?
Skin hygiene is an important step in preventing MASD. Areas at risk of MASD should be cleansed at least daily with a clean, soft cloth moistened with warm water and a pH-balanced, no rinse foam cleanser. Some care homes have specially formulated disposable no-rinse wipes. Pat the skin dry or allow the skin to air dry, to minimize damaging friction. Then, place a wicking fabric into the area, to help protect the skin from too much moisture.

Island Health is using a new wicking product, DriGo-HP! This will replace Interdry.

What: DriGo-HP is a wicking fabric with hydrogen peroxide to inhibit growth of fungus and bacteria at skin-to-skin contact areas (skin folds) as well as under braces, between contracted fingers or toes—anywhere there is a warm, moist environment. Sometimes MASD starts as a break in the skin that looks like a linear 'crack' – especially at the base of skin folds.

Why: Antimicrobial wicking fabric can help prevent pain, odour, skin breakdown, and infection.

Who: After a skin assessment and adding it to the plan of care, an HCA or nurse can apply DriGo-HP.

How: Gently wash and pat dry the area, then add a single layer of DriGo-HP. Place one edge of the fabric against the base of the fold. At least 5cm (2 inches) of fabric should be visible and exposed (for moisture to wick away and evaporate), and to see the date (write the date of application on the fabric). The fabric can be taped into place, if needed. It will need to be changed in 5 days (unless visibly soiled).

Do I have to wash the skin folds if we have the DriGo-HP in place?

Yes. DriGo-HP does not replace skin care. During care, remove the DriGo-HP, wash the area with no-rinse foam cleanser, and pat dry. Place the DriGo-HP back into the skin fold (replace if visibly soiled).

Can I fold DriGo-HP?

No. Multiple layers might interfere with the wicking action. Make sure there are no wrinkles either.

Can I use DriGo-HP on wounds?

No. DriGo-HP is not a wound dressing

What if the skin isn't improving, or looks worse?

Contact an LTC NSWOC/SWAN for further support.

PRODUCT CORNER

Reimagining Long-term Care for Person-Centred Care

The Long-term Care Strategic Plan focusses on a mission to have "a vibrant and innovative long-term care community that nurtures and inspires hope, choice and meaning" with a vision of "making every moment matter for each person." The mission and vision are based on our Philosophy of Care that is resident and family-centred. Our core values of connection, learning, integrity and collaboration are fundamental in education, resources and quality improvement work we do to improve quality of care and life for the residents and families. By monitoring quality indicators from the Canadian Institute of Health Information (CIHI) data we then implement quality improvement plans. The general public can find specific quality indicators through this portal: "Your Health Matters." Since January 2023, a priority area of focus provincially has been to decrease the potentially inappropriate use of antipsychotic medications through a federal initiative called Reimagining LTC that was published in an earlier edition of this newsletter.

Antipsychotics are ineffective for most responsive behaviours exhibited by residents living with dementia. Additionally, off label use for this population has the potential for increased safety risks and negative impacts on health and well-being.

In partnership with HealthCare Excellence Canada and Health Quality BC, Island Health LTC has supported 18 homes funded through the Reimagining LTC initiative. Participating homes chose one of two quality improvement programs:

- **P.I.E.C.E.S.™ HCA Care Coach Program** is centred on learning PIECES principles to apply non-pharmacological approaches in collaboration with a PIECES practitioner and the care team; and peer to peer coaching on these principles
- **Resident Assessment Instrument (RAI) Process Improvement Program** is an education pathway for all direct care team members (RAI Outputs– module/class for clinicians; Observation Tool Refresher module for HCAs) to refresh on accurate coding practices and learning the role of the outputs in creating person-centred plans of care.

Initial data and qualitative reports from the project have emphasized the value of non-pharmacological care approaches.

Care Coaches reported their experience:

- 95% felt increased confidence, competence and knowledge; 85% were utilizing best-practice resources (e.g. My Story, BSO-DOS, PAINAD, ABC Charting, and the Violent Behaviours Assessment Consideration Tool); over 90% were participating in interprofessional report and huddles; 70% were participating in plan of care meetings; and over 85% were participating in resident and family conferences.
- Statements made by Care Coaches highlight their feelings of "making a positive impact" through being able to "advocate for residents" and "think a little more outside the box."

Homes who have participated in the RAI process improvement have improved team based approaches and robust plans of care with regular weekly plan of care meetings.

The evidence collected from data and feedback received from this initiative will help frame the next phase to integrate both programs to promote and sustain person-centred care.

Island Health LTC is fully engaged in standardizing and integrating processes that ensure resident-centred care. and we are receiving attention and recognition for this work. This is largely thanks to the leadership of Jae Yon Jones, LTC Quality Director, and the collaborative efforts of the LTC Appropriate Use of Antipsychotics (AUA) Working Group interprofessional team.

What's New on the LTC Program Support Website?

The Long-term Care Program Support Website, is growing! Our newest published pages are:

Employees of the Island Health Long-term Care Program have a responsibility to maintain competence in a number of areas. These competencies may be required by the Ministry of Health, Accreditation Canada, Worksafe BC, or by Island Health and vary by role and/or designation. It is the responsibility of each employee to ensure these requirements are completed every year.
Check out the new Annual Competencies page to find out what you need to do this year!
This page also contains professional development resources for nurses and HCAs.

The Long-term Care Program Support Website is maintained by the LTC CNE Educator Team.
For questions, concerns, or to suggest a topic, send a message to our resource mailbox: LTCeducation@islandhealth.ca

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