island health

November 2023

DID YOU KNOW...

Shelly Barnes is our newest Clinical Practice Educator for Wound/ Ostomy/Continence! Shelly will cover wound care consults for the South Island and Erin Ballard for Central and North Island.
Along with this work, Erin and Shelly will continue to provide education such as the Learning series webinars and leading a monthly Skin and Wound Community of Practice.
If interested in joining, email ltcwoc-consult@islandhealth.ca.

Between the Lines

Long-Term Care Program Newsletter

Clinical Documentation and RAI updates to keep your practice current

In this Issue

MRSA in Long-Term Care (LTC)

Methicillin Resistant Staphylococcus Aureus (MRSA) are strains of Staphylococcus aureus bacteria that can live on the skin and are resistant to multiple antibiotics. Approximately 20-30% of people are colonized with MRSA without clinical symptoms of infection. For those with a healthy immune system and intact skin, this often is not a problem. However, people who are immune compromised or have skin breakdown may be at greater risk for infection.

If MRSA invades the skin or deeper tissue and multiplies, this can lead to localized or systemic infection. Due to the nature of antibiotic resistant organisms (ARO) like MRSA, treatment of such infections can be difficult.

What precautions do we need to follow for a resident infected or colonized with MRSA in LTC? The MRSA Patient Guideline includes a summary of LTC requirements on page 5, here are some examples:

Residents colonized with MRSA	Residents infected with MRSA
• Do not require a dedicated commode; can access shared bathrooms • May wear their own clothes • Have no restrictions on attending activities or programs and can go to the dining room • Must perform hand hygiene prior to outings or activities (may require assistance)	• Are placed on additional precautions for personal care and must have a dedicated commode/toilet for duration of infection • MRN will consult with IPAC to perform a formal risk assessment and develop a plan of care

Clinical Documentation

The iMAP Wellness Assessment / Administration Record tool converts qualitative symptoms into quantitative data, aiding nursing decision-making concerning alcohol administration.

The Wellness Assessment has two components: the Withdrawal Assessment and the Intoxication Assessment. The Withdrawal Assessment consists of six questions. If a resident scores 14+ on this section, a PRN dose of alcohol should be administered.

If one or more indicators from the five questions in the Intoxication Assessment are checked, the regularly scheduled dose should be held. If either assessment meets the threshold score then reassessment should occur in one hour.

For further information please watch the iMAP Administration and Documentation webinar on iMAP documentation, accessible via the LTC program support page, under education.

Mentorship Quote:

"The iMAP wellness assessment helps ensure signs and symptoms of intoxication and withdrawal aren't missed. I like having a clear process for assessing and documenting, ensuring I have done my due diligence."

Lana Lekopoy, RN, Dufferin Place

Future PowerChart Activations in LTC!

More south island LTC homes will be going "live" with PowerChart soon! Initial activations will be for Clinical Documentation, with CPOE (Computerized Provider Order Entry) and Bar-code Medication Administration (BCMA) being added at a later date. The Priory is the next planned care home for activation, to be followed by Glengarry and Aberdeen Hospitals. The remaining long-term care homes are planned to be activated over the next 14 months.

Clinical Documentation includes items like Interdisciplinary Plans of Care (IPOCs), miscellaneous nurse and HCA tasks, wound care orders, clinician progress notes (chart annotations and clinical notes), PowerForms such as the Resident Care Team Meeting and Post Fall Evaluation PowerForms, and so much more!

At this time, some of the documentation processes will remain on paper. This includes Best Possible Medication History (BPMH), medication, laboratory, diagnostic, diet orders, and treatments and medication administration.

As more sites are activated, Standard Operating Procedures (SOP) have been developed and enhanced to guide clinicians through various workflows. The eCoach and Cerner Wiki pages provide excellent education resources on different functions in PowerChart. The SOPs include more in depth explanation and rationale on why the steps are important. They also help establish consistency in LTC practice across the Island.

To find the LTC PowerChart SOPs on the Intranet, go to "Our Organization" and click on "Long-term Care Program Support." Once you are on the page, click on "Education and Resources" and go to "Electronic Health Record (EHR)" where you will find links to all of the SOPs that have been published so far. They can also be accessed here: EHR Standard Operating Procedures (SOP) Page.

Do you have strong "tech skills" and enjoy supporting your colleagues?

We are actively recruiting PowerCoaches (Nurses, HCAs, Allied Health) to help support the new site activations!

If you would like to learn more please contact your site CNE, CNL or Manager!

Test Your Knowledge

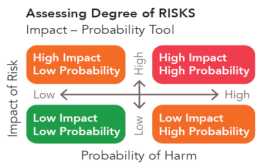
Match each term to the statement that best describes it then check your answers on page 7.

1.	Tegaderm Absorbent Clear Acrylic is used for type one or two skin tears once bleeding has been controlled.	A. False B. Outcome Scales C. person-centred D. True
2.	Family engagement is key to our ability to successfully provide _____-_____ care.	
3.	Residents colonized with MRSA are not allowed in the dining room or to go to activity events.	
4.	The RAI Outputs Education course provides an introduction to _____ _____ and Clinical Assessment Protocols.	

Putting the P.I.E.C.E.S.™ Together

Eddie (he/him) moved into a LTC home two years ago after a head injury and has Type 2 diabetes, a large venous stasis ulcer on the left calf and a history of wound infections. He mobilizes independently in a power wheelchair and leaves the care home daily from about 0800-1500 to spend time with a community of friends who live outside the home.
Over the last three weeks, he has had reoccurring episodes of dizziness, increased heart rate, nausea, and low blood sugar upon returning from the daily outings. He denies taking any substances or alcohol in the community and reports being committed to staying healthy. It has been suggested that outings are shortened until the root of these episodes is determined and addressed, but he declines. The care team with the P.I.E.C.E.S.™ HCA Care Coach have organized a P.I.E.C.E.S.™ huddle using the 3-Question Template:

Q1 What are the priority concerns; is it a change for the Person?	Episodes of dizziness, increased heart rate, nausea, and low blood sugar – new over the last three weeks
Q2 What are the RISKS and possible contributing factors? Think PIECES	Roaming: Low Impact, low probability Imminent Harm: Frailty- High impact, high probability Suicide Ideation: Not identified Kinship Relationships: Not identified Self-neglect: High impact, low probability



- **Physical:** Type 2 diabetes; venous stasis ulcer; decreased mobility; dizziness; nausea; tachycardia
- **Intellectual:** head injury; Cognitive Performance Scale (CPS): 1/6 - lacks insight for complex decision making (anosognosia)
- **Emotional:** Depression Rating Scale (DRS): 0/14; gets irritable when morning routine is disrupted or delayed
- **Capabilities:** manages daily outings independently; directs own care needs for Activities of Daily Living (ADL)
- **Environment:** stable environment and routine in home; care team unaware of routine when out
- **Social:** leaves care home for daily outings; has close relationships in the community

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

Investigations

- Advise MRP and follow up on ordered lab work including swab of wound, complete blood count (CBC), electrolytes, fasting and routine blood glucose (BG)
- Consult Nurse Specialized in Skin, Wound and Continence (NSWOC) to assess wound
- Consult to dietitian to assess Eddie's food choices when outside facility - Eddie reveals that a friend has been trying intermittent fasting, which he thought was a great idea to cure his diabetes! Eddie has not been eating or drinking at all when out

Interactions

- Use language Eddie is familiar with, avoid medical jargon, provide simple and clear printed communication as well as verbal
- Be clear, honest and empathetic, validate Eddie's concerns

Interventions

- **Dietitian:** to teach Eddie how diabetes works and why options that may seem healthy for one person may not be appropriate for everyone; provide grab and go snacks and lunch that Eddie can take out
- **Nursing:** reinforce messaging about importance of snacks and appropriate intake; remind of the signs of hypoglycemia and dehydration before each daily outing

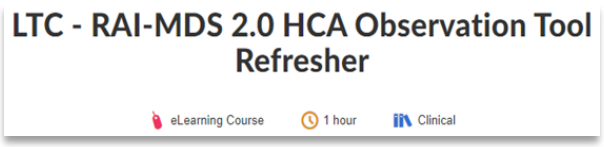
Outcome: NSWOC reports no evidence of infection, and wound is stable since last assessment. Since Eddie has agreed to take a packed lunch and snacks on daily outings, his blood sugars throughout the day have normalized and symptoms of hypoglycemia have resolved. Eddie was concerned about his friend finding out he is not intermittently fasting anymore. He shared the information the dietician provided and his friend now helps remind Eddie to eat his lunch!

P. I. E. C. E. S. CORNER

Two New Learning Hub Courses for Staff in Long-term Care

RAI 2.0

Over the years, many staff members have asked for a 'Refresher' on the RAI Observation Tool (Obs Tool). Well, at last, your wish has come true! This 1-hour, e-module course is available to help learners strengthen their confidence, and improve their accuracy, when completing the Obs Tool. The primary audience for the course is HCAs but all members of the care team will benefit from taking it. To complete the e-module in the Learning Hub, click the following link: LTC - RAI-MDS 2.0 HCA Observation Tool Refresher - LearningHub (phsa.ca) (course #31598)

1. 

Have you ever heard clinicians ask 'Why are we doing the RAI?' This 2-hour, e-module answers that question – and so much more! This course gives an introduction to Outcome Scales and Clinical Assessment Protocols (CAPs) –important RAI Outputs that are often poorly understood. By using simple and well-explained examples, both RAI Outputs are covered in an easy-to-understand manner. Ultimately, the learner is shown how these important outputs can be used to create and develop resident-centred plans of care.
To complete the e-module in the Learning Hub, click the following link:
RAI-Outputs Education: An Introduction for Clinicians Using the RAI-MDS 2.0 - LearningHub (phsa.ca) (course #31529)

2. 

CODING CORNER

You Asked, We Answered

***A Nurse Asks*:** What do I consult an Occupational Therapist (OT) or Physiotherapist (PT) for in LTC?

***An Occupational Therapist Answers*:** Thanks for asking! In LTC Therapy Services, we focus on maintaining function and supporting residents during decline. Common referrals include transfer reassessment, recent falls or near miss falls, mobility aids, and maintaining skin integrity. Our goal is to prevent problems as much as possible.

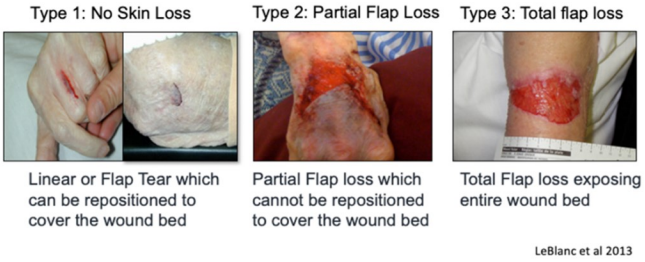
We deal with a lot of equipment and want to know if it is broken, not working as expected, the wrong size, etc. We don't manage ALL equipment, but we can often help. We also want to know if a resident or family is requesting more exercise or mobility equipment. We assess and assign residents to work with our rehabilitation assistants for ambulation and individual exercises, where appropriate. Some homes may have OT, PT, or both disciplines. Please consult to OT or PT at your home for any of the above concerns.

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

Let's Talk About Skin Tears

Wound Wise

Skin tears are wounds caused by shear, friction, or blunt force resulting in separation of skin layers. A skin tear can be partial-thickness (separation of the epidermis from the dermis) or full-thickness (separation of both the epidermis and dermis from underlying structures). Skin tears are categorized into types 1, 2 or 3. Elderly people are at high risk of sustaining skin tears because of age-related skin changes; the layers of the skin are thinner and less elastic.

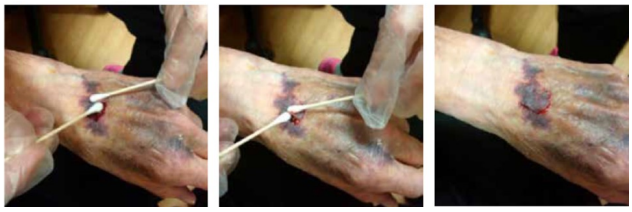


Prevention of skin tears includes moisturizing arms and legs BID, ensuring adequate hydration, practicing gentle handling techniques (slings, sliders, transfer belts for repositioning instead of hands), dressing with long sleeves and pants or using Dermasavers, and implementing falls risk prevention strategies.

Care of skin tears

Step one: achieve hemostasis by covering the wound with an absorbent pad and elevating the limb until the bleeding stops.

Step two: once the bleeding has stopped, cleanse the area gently with normal saline (NS) and reapproximate the flap for types 1 and 2 using a NS moistened cotton tipped swab.



Step three: stabilize the bleeding with a temporary hemostatic dressing: a calcium alginate dressing to cover the wound and a secondary dressing.

Step four: check the dressing frequently within the first 24 hours to ensure the bleeding hasn't restarted.

Step five: remove the dressing after 24 hours, and if bleeding is controlled, apply a dressing that can be left in place for a week, such as Mepilex, or Tegaderm Absorbent Clear Acrylic, if longer. Label the dressing to ensure it is removed in the correct direction to preserve the flap.

Skin tears should never be sutured as the affected skin is too fragile for suturing. Steri-strips may be used for type 1 skin tears only, but a dressing that is left on long-term is a better option than applying an adhesive steri-strip to fragile skin.

Tegaderm Absorbent Clear Acrylic

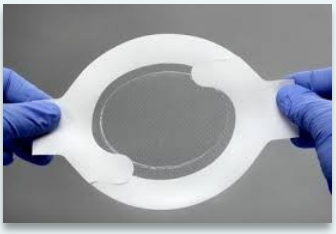
This dressing is a transparent, semi-occlusive, moisture retentive primary dressing for wounds that allows for monitoring of the wound or incision. It is a great choice for type 1 or type 2 skin tears as it can be left on the wound for an extended time, keeping the wound protected and the right temperature maintained for healing. It is waterproof, and can be worn in the shower without a need to change.

Use on: type 1 or 2 skin tears once bleeding has been controlled

Do not use on: wounds with moderate to large amount of exudate; infected wounds

Dressing change frequency: It can be left on for up to three weeks. If it needs to be changed more than once a week, choose a different dressing.

Did you know?: When a dressing is removed, the temperature of the wound drops, and the healing time is set back six hours. Daily dressing changes, set back the wound healing time by 24 hours every week!



PRODUCT CORNER

Family Engagement in Person-Centred Care

Island Health's approach to Long-Term Care encourages residents and their family members to be active partners in the planning of care, in collaboration with the care team. Research and practice experience has demonstrated that family members take on a wide range of roles in LTC homes. This includes hands-on personal care and socioemotional support to their family member. They also contribute to the broader LTC community through leisure activities, social visits and assistance at mealtimes. Through these and other ways of being involved in daily life and decision-making, families, both biological and chosen, are valuable resources for the health and well-being of the residents.

Family engagement is also key to our ability to successfully provide person-centred care. As the Resident and Family Handbook states, "*Our person-centred approach to care recognizes the feelings, wishes, life experience and physical abilities of each resident. We strive to create a home-like setting, to preserve dignity and to promote social interaction. The role of our staff is to help each resident experience comfort and contentment in their long-term care home.*"

To do this well, we greatly value families sharing their knowledge about their loved one's life story, likes and dislikes, cultural practices, unique concerns, meaningful routines, hobbies and other activities. Partnership, trust and communication between the care team, residents and families are fundamental to providing person-centred care and the best possible quality of life and care.

Across the island, 18 LTC homes are participating in Healthcare Excellence Canada's Appropriate Use of Antipsychotics Initiative through the P.I.E.C.E.S™ HCA Care Coach Program and RAI Process Improvement initiatives. Care coaches are working to identify residents who take a potentially inappropriate antipsychotic medication and learn about their individual needs from the resident and family. This way, the care team can put into place person-centred approaches that help the resident feel at ease and safe while the antipsychotic medication is tapered or de-prescribed. Improving resident and family experience and quality of life are the main themes of these initiatives.

From communication boards and newsletters to care conferences and Resident and Family Councils, LTC homes have many formal and informal methods of communicating with and receiving information from families. Local research also tells us about other ways that families like to be engaged. For example, many families appreciate a "who's who" poster to identify the best person to approach with questions or concerns. Fostering an inclusive space where family contributions are encouraged and recognized builds mutual trust and respect. To guide conversations between the care team and families, the P.I.E.C.E.S.™ 3-Question Template is a framework that has been shown to work well. For guidance, LTC home leaders can refer to Health Quality BC or view this recent webinar for additional engagement ideas.

If you would like to discuss ideas to enhance family engagement or person-centred care, please reach out to your local Quality Resource Lead (QRL) at LTCCoach@islandhealth.ca.

What's New on the LTC Program Support Website?

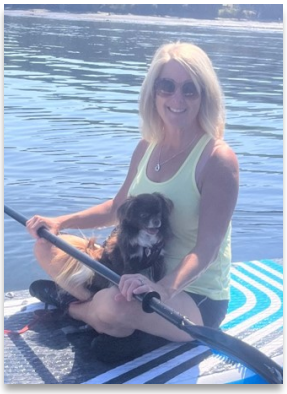
The Long-term Care Program Support Website, is growing! Our newest published pages are:

	Check out the Orientation page for all new, updated orientation passports! These passports are provided to those new to Island Health, and/or new to the LTC program by the site leadership or Clinical Nurse Educator. They contain Learning Hub modules and classroom sessions required by Island Health, Violence Prevention, and the LTC Program. In addition the RN/RPN, LPN, and HCA passports contain resources to guide reflection and self-assessment of practice and plan goals for continuing learning.
	The LTC Licensing and Regulations page reviews the different legislation that guide LTC in Island Health, and lists the sites under the Hospital Act, and under Licensing. For those under Licensing there are additional resources including a Learning Hub module, links to Licensing information sheets, reporting instructions, and reporting decision support tools.
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 new address: LTCeducation@islandhealth.ca	

Introducing Our New Clinical Nurse Educators!

Please welcome Francis (Clare) Fletcher as the new full time Clinical Nurse Educator for the Specialized Population Unit at The Summit. Clare graduated with a Bachelor of Arts and Science in Community Health from Wilfrid Laurier University before completing her Bachelor of Science in Nursing (BScN) at McMaster University. Clare's passion for holistic, trauma-informed nursing care has been a common thread throughout her career. While in Ontario, Clare provided hospice and palliative care to people with concurrent mental health and substance use disorders. When the COVID-19 pandemic hit, Clare worked with Public Health as a Case Manager. In August of 2021 Clare came to BC to visit a friend, and, as the story so often goes, completely fell in love with Vancouver Island. One month later, she packed up her hatchback and moved to Victoria.

Since moving to BC, Clare has worked in Complex Continuing Care as a Clinical Nurse Leader at Mount St. Mary Hospital, and most recently as a Nursing Team Lead with the Pandora Assertive Community Treatment team. In her free time, Clare enjoys spending time on the beach, cold water swimming, thrifting, and cooking. She is looking forward to joining the dynamic CNE team and contributing to the important work of the Summit Specialized Population Unit. Welcome Clare!



Please welcome Kristine Eastman as the new full time CNE for Chemainus and Cairnsmore Place. Kristine has worked in Long Term Care for over 35 years starting as a Resident Care Aid (as they were called back then) at The Priory, Cowichan Lodge and Glengarry Hospital while completing the RN program through Camosun College in 1990. She worked in acute care at Victoria General and Cowichan District hospitals before starting at Cairnsmore Place in 1992 after her twins were born. She spent many years working on the floor (mostly nights) before becoming the Clinical Nurse Leader at Cairnsmore Place once her kids graduated from high school. She has a passion and love for Long-term Care and is looking forward to sharing that passion with the care teams in her new role as Clinical Nurse Educator.

Kristine is a firm believer of balancing work and life. In her spare time she enjoys golfing, glamping and paddle boarding with her husband and mini dog "Molly", as well as visiting with family every chance she can. Welcome Kristine!

Please welcome Janelle Doughty as the new, permanent full time Regional Resource Clinical Nurse Educator for Long-term Care.

Janelle has been working with the LTC CNE team since February 2021 and is excited to take on this new role. She graduated from Vancouver Island University with a Bachelor of Science in Nursing, has CNA Gerontology certification, a Master of Science in Aging and Health, and is currently working on her Provincial Instructor Diploma through Vancouver Community College. She has worked in Island Health LTC care homes for 12 years. Outside of work Janelle enjoys reading, thrifting, and small town living with her husband and strong-willed cat "Jonesy".

Janelle's new role will support the CNE team, site and program leadership, and care teams in LTC through creation and stewardship of regional resources and documents, including ongoing growth of the LTC Program Support Website, regional education curriculums, and standardized resources and tools. Welcome Janelle!

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