island health

November 2024

DID YOU KNOW...

There are annual competencies that are required by LTC Care team members. These requirements are listed on the LTC Support Program Annual Competencies webpage. Individual site leadership may request additional requirements in addition to what is listed on the page. Connect with your site CNE if needing support.

In this Issue

Between the Lines

Long-Term Care Program Newsletter

Clinical Documentation and RAI updates to keep your practice current

Suboxone administration is only sublingual!

Suboxone (buprenorphine-naloxone) is a medication used in the treatment of Opioid Use Disorder (OUD). Suboxone is a partial agonist that works by binding to the opioid receptors in the body to help prevent withdrawal and cravings.

Suboxone is only absorbed by the sublingual route. It is not effective if swallowed or chewed. Suboxone cannot be crushed and administered through an enteral tube.

If given orally or enterally it cannot be absorbed and this can result in withdrawal in two ways:

1) The lack of action on the opioid receptors will lead to serious withdrawal symptoms.

2) If suboxone is given by the approved sub-lingual route after it was previously provided by a contraindicated route (i.e. orally or enterally), and they are also accessing any full agonist opioids (i.e. fentanyl), it can lead to sudden withdrawal symptoms known as precipitated withdrawal.

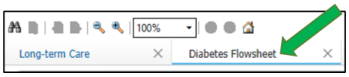
Signs and symptoms of opioid withdrawal are anxiety, irritability, piloerection, runny nose, tearing, restlessness, yawning, body aches, abdominal pain, nausea, vomiting, and diarrhea.

Suboxone tablets should be placed under the tongue until completely dissolved. This can take up to ten minutes. The resident should not eat or drink until the tablet is completely dissolved. Following this, the resident can swish a sip of water around their mouth, then swallow. Do not brush teeth or receive oral care for at least 1 hour following Suboxone administration.

Clinicians in LTC facilities can access the 24 hours, 7 days a week Addiction Medicine Support Line at 778-945-7619 to speak directly to an Addiction Medicine Specialist! If you have any further questions, please email Emily.Jeknavorian@islandhealth.ca

Clinical Documentation

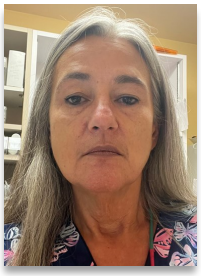
The Diabetes Flowsheet is a useful tool in PowerChart when caring for residents with diabetes. The Diabetes Flowsheet is one of the tabs that can be seen within the Patient Summary. If it is not visible, click the "+" that is found to the right of the other tabs and select the flowsheet from the available options.



Diabetes-related data flows from other parts of PowerChart where it can be viewed simultaneously in one place. This data includes capillary blood glucose, random glucose levels as well as oral hypoglycemics and insulin administered. This can provide a clear picture of blood glucose levels and medications administered at the same time each day, e.g., with breakfast or supper. This can be useful when discussing diabetes management with the care team.

Mentorship Quote:

"Sometimes unstable diabetics come through our doors and we need tools to help manage their glucose levels. The Diabetic Flowsheet is the "Go To Tool". It makes it easy to see trends and evaluate insulin needs. It is a valuable and convenient resource."



Maggie Lines, LPN, Dufferin Place

Preventing Caregiver Burnout: Utilizing Island Health's Telus Health Resources

Caregiver burnout is a prevalent challenge, where emotional, physical, and mental exhaustion can significantly impact those working in health care. Recognizing and addressing burnout is crucial to ensuring the well-being of staff and providing safe and quality care to residents.

Island Health's Employee and Family Assistance Program (EFAP) through Telus Health offers vital resources to help prevent burnout and promote overall wellness through short-term, solution-focused counseling.

Burnout symptoms can manifest as chronic fatigue, detachment from work, irritability, and reduced performance. Early recognition of these signs is essential to prevent escalation.

Use the Seven C's of Stress First Aid for regular self check-ins.

Telus Health offers a range of mental health and wellness tools specifically tailored for caregivers. Telus Health provides confidential counseling services, available via phone or online, to assist staff in managing stress, anxiety, and emotional challenges. Whether seeking one-on-one support or self-care resources, Telus Health is here to support our teams.

Telus Health also provides resources for developing habits that combat burnout. These include stress management techniques like mindfulness exercises, effective communication strategies, and work-life balance tips. The platform offers curated articles, self-assessment tools, and wellness programs to support a holistic approach to well-being. It also includes perks such as discounts on travel.

Cultivating joy in caregiving can counteract burnout. Reflect on the meaningful connections made with residents and their families, share gratitude, focus on personal strengths, and celebrate successes. Creating a mantra that reflects your commitment to caregiving can also help maintain motivation.

Frequent breaks and connecting with fellow caregivers for peer support are vital. Utilizing Telus Health's guidance on effective time management and boundary-setting can further aid in preventing burnout by ensuring that personal time is protected.

Employees are encouraged to explore Telus Health services on the intranet and take proactive steps to care for themselves as they care for others.

Please review the Frequently Asked Questions form and if you are needing further assistance accessing resources, visit TELUS Health One or call 1-844-935-4758. You can also reach out via email at wellness@islandhealth.ca.

Test Your Knowledge

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

1.	Suboxone is only absorbed by the sublingual route.	A. False B. joy C. Pressure offloading D. True
2.	_____ _____ is key to managing a diabetic foot wound.	
3.	PEG can be mixed with a starch-based thickener for residents with dysphagia.	
4.	Cultivating ___ in caregiving can counteract burnout.	

Putting the P.I.E.C.E.S.™ Together

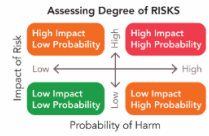
Cleo has lived in the LTC home for five years. She is actively involved in activities; her favourite is baking and she often requests recipes she remembers from childhood. She has no children and her only family is a recently widowed sister who moved back to the area from Quebec a month ago. She takes Cleo out every day after lunch. Cleo has moderate cognitive impairment, Type 2 diabetes, and is a high fall risk. In the last two weeks, night staff have noted that she is getting up frequently at night and is found wandering in the hallways, often incontinent. The day staff have also noticed that she is not as engaged in activities – they take her to the kitchen for baking but soon after find her wandering back to the unit. 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?

- Wandering the hallways at night; new incontinence; withdrawal from activities

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

- **R**oaming: roaming at night
- **I**mminent Harm: falls, frailty
- **S**uicide Ideation: not identified
- **K**inship Relationship: not identified
- **S**elf-neglect: withdrawal from activities



- **Physical:** Type 2 diabetes, possible delirium or UTI
- **Intellectual:** moderate cognitive impairment, CPS: 3/6 (no change since last assessment)
- **Emotional:** DRS: 0/14 (no change since last assessment)
- **Capabilities:** able to set goals (baking)
- **Environment:** no recent changes
- **Social:** usually very engaged in the facility, recent reconnection with sister

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

Investigations

- CAM screen for possible delirium: negative
- BSO-DOS: revealed waking four or five times per night. She settles after going to the toilet. During the day she is also leaving kitchen activities to find a toilet.
- An HCA noted that she is needing her water refilled five or six times per shift.
- Cleo's sister was asked if she noticed changes: "Well, she is sometimes reluctant to go out, but when I remind her we are heading to our favourite candy shop she really perks up! Quite a sweet tooth my sister has!" The RN asked if she knows Cleo is diabetic, she says: "Whaaaat? I've been buying her loads of candy every day! Her bottom drawer is packed with it!"
- Provider ordered blood glucose checks QID for three days which revealed blood sugars much higher than her admission baseline.

Interactions

- Care team to include Cleo in choosing snacks and treat choices that she enjoys and are safe

Interventions

- Dietitian to meet with sister and talk about low sugar treat options that are safer for Cleo
- Cleo's sister and the care team swap out the stash of candy in her drawer for no-sugar candies
- Provider to review current anti-hyperglycemic medications and adjust as needed
- Bed alarm on at night so care team can assist with toileting until nocturia resolves; routine toileting before bringing her to the kitchen for baking activities during the day

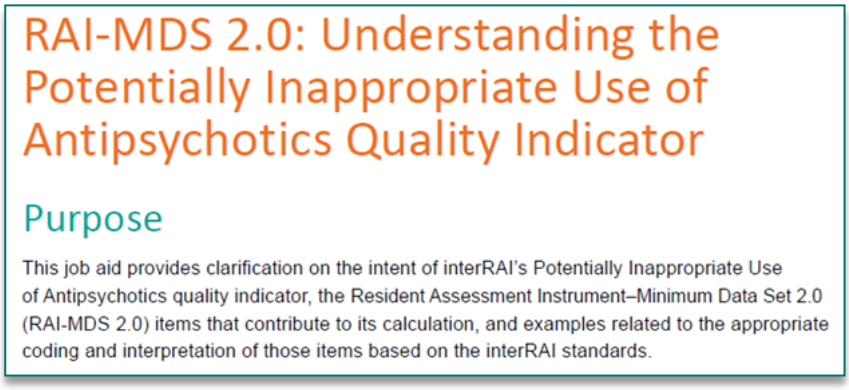
Outcome: At Cleo's care conference a month later, the care team reports that Cleo is back to sleeping well at night, she has not been found wandering the halls or looking for a bathroom for some time. She is back to attending the baking activities as usual, and the activities staff are helping to adjust her favourite recipes to reduce sugar. Cleo's sister still takes her out every day, but they have found a new sugar-free candy store and are embracing moderation! Repeat blood glucose check for 3 days revealed blood sugars back to her baseline.

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

A New Job Aid for the *Antipsychotic Quality Indicator*

RAI 2.0

As was hinted in the May 2024 LTC Newsletter, there is now an additional resource to help RAI assessors better understand the *Potentially Inappropriate Use of Antipsychotic Quality Indicator (QI)* – ***a new Job Aid.*** The new job aid can be found on our LTC website here – it's the first one on the list!


RAI-MDS 2.0: Understanding the Potentially Inappropriate Use of Antipsychotics Quality Indicator

Purpose

This job aid provides clarification on the intent of interRAI's Potentially Inappropriate Use of Antipsychotics quality indicator, the Resident Assessment Instrument–Minimum Data Set 2.0 (RAI-MDS 2.0) items that contribute to its calculation, and examples related to the appropriate coding and interpretation of those items based on the interRAI standards.

- **Potentially Inappropriate Use of Antipsychotics**
- Worsening Pressure Ulcers
- Falls in the Last 30 Days
- Daily Physical Restraint Use
- Worsening Pain Rate
- Has Stage 2 to 4 Pressure Ulcer

As you may know, Island Health directors and leaders (and many others too!) are looking more closely at QIs. These are one type of Output from completed RAI assessments (abridged list below), that help care teams to update individualized resident plans of care.

In particular, the *Potentially Inappropriate Use of Antipsychotics QI* is receiving close attention as historically, many residents receive antipsychotic medication to 'manage' their responsive behaviours. This is **not** best practice, antipsychotics should not be used as a first line approach. These medications should not be considered until a holistic assessment (such as P.I.E.C.E.S.™) has been completed and non-pharmacological interventions are exhausted.

The job new aid also contains a number of examples that will assist RAI assessors in completing RAI assessments. The examples provide realistic LTC scenarios and offers additional detail around the 'inclusion' and 'exclusion' criteria for this important QI.

If you have any questions about this new job aid, or other RAI job aids, please contact your site CNE.

CODING CORNER

You Asked, We Answered

A Nurse asks: What should I mix Polyethylene glycol 3350 (PEG) with for residents with dysphagia who require thickened fluids?

A Clinical Nurse Educator answers: The Institute for Safe Medication Practices Canada (ISMP) has identified that if PEG is mixed with any thickened fluid with a starch-based thickener, it results in a mixture that is thin and watery. This contradicts the intended purpose and places the resident at risk.

To safely administer PEG to residents with dysphagia, mix it with apple sauce. This will maintain a consistent viscosity required for a person with dysphagia. To do so, mix the 17 gram PEG dose in 1 tablespoon of applesauce and administer immediately. Note that PEG requires fluid to be effective. Ensure that the resident receives an additional 250 mL of pre-thickened fluid intake daily per 17 gram dose, separate from PEG administration. See this Memo from Medication Safety for further details.

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

Wound Wise

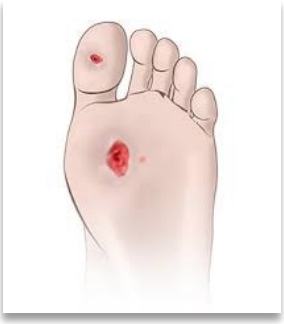
Diabetes affects skin and wounds on the feet in a number of ways, including damage to the nerves, or neuropathy. Autonomic nerves are responsible for sweat and temperature regulation (including the tone and diameter of blood vessels). When these nerves are damaged, skin can become very dry and cracks open; a perfect opportunity for bacteria to get in! If the skin is too wet, and unable to withstand pressure, an injury can develop at bony prominences, or a fungal infection can occur between the toes. Callouses can develop at bony prominences, especially under the ball of the foot. Vasodilation of the arteries can contribute to bone demineralization over time, which leads to higher risk of fracture.

Sensory neuropathy can develop as well, which is often related to wounds on the foot – residents don't feel the injury and therefore do not know they have a wound. Loss of sensation also increases the risk of falls; residents may not be able to feel when they step on an uneven surface. Hyperglycemia disrupts the myelin sheath so that the nerves don't work properly to warn the resident of an injury (i.e. they don't feel pain). Pain is also a sign of infection. Without the protective sensation of pain, infections can develop unnoticed.

Motor neuropathy affects muscles in the foot; for people with diabetes this can look like overlapping toes, or even 'claw toes'. It can also cause the Achilles tendon to contract so they aren't able to move their ankle well. This changes their gait, impairing the use of the calf muscle that moves blood in and out of the foot. This increases the risk of callouses as well.

Diabetes changes blood vessels, causing arterial or venous insufficiency which further complicates wounds on the bottom of the foot or toes. This makes it very difficult to manage these wounds successfully. Pressure offloading is key to managing a diabetic foot wound.

More than 80% of amputations are preceded by a foot ulcer that could be prevented by early assessment and interventions. Signs and symptoms of infection are blunted for residents with diabetes, so watch for more subtle signs, as well as changes in blood glucose levels.



Tegaderm Absorbent Clear Acrylic

Clear acrylic absorbent dressings come in a variety of shapes and sizes, and are a great choice for wounds with a small amount of exudate. The gel pad in the center can absorb drainage while allowing visibility of the wound and periwound skin. These dressings are meant to stay on for up to 28 days, making them ideal for type 1 or type 2 skin tears after bleeding is controlled. Leaving the dressing on for a few weeks allows for optimal temperature regulation and a moist environment which are both vital components for wound healing.

Ensure the gel pad overlaps the wound by 1 cm; do not cut the pad. If exudate is leaking under the border within the first few days, this may not be the appropriate dressing. Ask your SWAN or NSWOC for other suggestions! Do not apply a Tegaderm to an infected wound or scabs/eschar on a lower leg or foot without consulting a wound clinician.

Please reach out with any questions to ltcwocconsult@islandhealth.ca.

PRODUCT CORNER

Welcoming new Quality Resource Leaders!

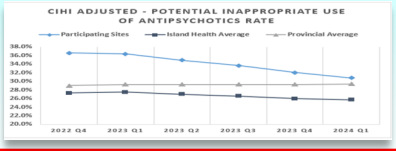
Welcome Kim Anderson as a new Quality Resource Leader! An Island girl born and raised in Victoria, Kim was blessed to have spent lots of time visiting her great grandparents and grandparents in LTC. She entered healthcare as a Health Care Aide, working in LTC for seven years. She then pursued further education to become an LPN. Kim's love of education, connecting with people, and ongoing clinical curiosities quickly found her love of outpatient clinics, where she worked in the pain program, cystoscopy clinic, and wounds. She spent over ten years working at the Lower Leg Wound Clinic, amputee, and urgent vascular clinic. Kim is also an advanced foot care nurse. You can find her out hiking with her fur girl, Rottweiler Brisket, practicing yoga, being a wild scientist in the kitchen, and getting scolded for acquiring too many pottery mugs from the Gulf and San Juan Islands.

Welcome Courtney Pywell as a new Quality Resource Leader! Courtney began her career in LTC 11 years ago, starting as a Health Care Aide. She then completed her nursing diploma in 2020, becoming an LPN. Her passion for learning and growth supported her along her journey to further education including immunization courses, palliative education, and trauma informed practice. Throughout her career she has worked in various health care settings including acute care, community care, palliative care, and as an immunizer at a community mass-immunization clinic. Early in Courtney's career she discovered her love of LTC. Over the years, residents and their families have made a lasting impact on her passion for nursing, which has contributed to her drive in providing the best quality care for all. Through multidisciplinary approaches, she always advocates for best-practice, person-centred and culturally safe care.
Outside of work, she is a proud mom, and is lucky to live in the beautiful Cowichan Valley. Here she spends time in the mountains and by the river, enjoying nature with her family.

Appropriate Use of Antipsychotics – Ongoing Improvement

Great news! The Potential Inappropriate Use of Antipsychotics rate has decreased to 25.7% for Island Health in the last quarter! See how we have been doing:

CIHI Adjusted AP Rate	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1
Participating Sites	36.6%	36.4%	34.9%	33.6%	32.0%	30.8%
Island Health Average	27.3%	27.5%	27.0%	26.6%	26.0%	25.7%
Provincial Average	29.0%	29.3%	29.3%	29.3%	29.3%	29.4%



What's New on the LTC Program Support Website?

The Long-term Care Program Support Website is growing! We are frequently adding new content:

	LTC residents are offered Viral Respiratory Illness (VRI) immunizations upon admission and prior to every respiratory season. Check out the newly published COVID & Influenza Education & Resources page for: • Learning Resources for nurses administering vaccines • COVID-19 Immunization Provider order forms, and informed consent resources • Links to the public page for ordering vaccine supply
	The LTC CNE team offers several orientation and ongoing education classes and in-services to support delivery of quality, person-centred care. Check out the newly published Teaching Materials for Educators page for: • Currently available in-service lesson plans that could be delivered at your site – check back for new topics added regularly! • A list of Regional Education offered by the CNEs, and links to the participant materials if applicable **Please note: the facilitator materials of these classes will only be viewable by the CNE team

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

Updates for Leaders

Ministry of Health Communique

Updates to Chapters 5 and 6 of the Home and Community Care Policy Manual – Visitors in Long-term Care (LTC) and Assisted Living (AL): Updates to this policy are effective October 1, 2024, as they relate to managing visitors in publicly subsidized LTC and AL residences.

Chapter 5E focuses on ensuring clients' rights to receive visitors while protecting health and safety in LTC and AL residences. Health authorities are responsible for upholding this balance, as further detailed in Chapter 6M.

Chapter 6M states family, friends, and companions are crucial to a client's care, well-being, and dignity. Visits may be restricted due to health and safety risks. During these times, a designated visitor or essential visitor may continue to visit. Health authorities must ensure service providers manage visits with cultural sensitivity and fairness. Visitors who pose a risk to health or safety may face restrictions, including behavioural violations like threats, intoxication, or non-compliance. Paid companions are allowed under similar conditions as family members, particularly during restricted periods. For further details see the Home and Community Care - Policy Manual

New Long-term Care Project Webpage

As Island Health moves forward with three new LTC homes in Campbell River, Nanaimo/Lantzville and Colwood, it is important that we have clear, accurate, and up-to-date information about the project for the public and interested parties to access.

In late summer 2024, we published a dedicated webpage on the public website. The page contains general information about the three projects and will be updated as the projects advance. Currently, the page contains:

- High-level overviews of the three projects, including site information, number of residents, and the services offered
- Flyover animations of each location
- Information about upcoming public engagement opportunities, career opportunities, and more
- A link to the dedicated email address where people can always send their questions, comments, and/or concerns
- Links to additional information about each project

As a living document, the webpage will grow and evolve in conjunction with the projects.

If you have any questions about or suggestions for the project webpage or questions about the LTC projects, please send them to LTCNewbuilds@islandhealth.ca.

Click the link to access the LTC homes webpage.

The Executive Barbershop- partnering with Island Health LTC sites!

Angela and Brandon, co-owners of The Executive Barbershop, are a hairstylist and barber partnership with over 15 years of experience. They bring their passion for hair care to LTC homes across Vancouver Island. Partnering with Island Health, they specialize in providing personalized haircuts to residents, creating meaningful connections, and brightening lives through their work.

Currently, they support the following 10 owned and operated LTC homes: The Summit, Glengarry, Gorge Road, Saanich Peninsula, The Priory, Aberdeen, Westhaven, Eagle Park, Cairnsmore Place and Dufferin Place.

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