

Between the Lines

Long-Term Care Program Newsletter

Enhancing Well-being for Family Caregivers

Vashe and Anasept skin and wound cleansing products are to be used under the direction of a **SWAN** or **NSWOC**. Want to know more? Please review the CLWK website, connect with your site SWAN, or consult the LTC NSWOC at tcwoc-consult@islandhealth.ca



Caregiving can be both rewarding, challenging and can take a toll on the caregiver. Recognizing the unique struggles faced by family caregivers, Island Health's Community Virtual Care team developed the Caregiver Support Program. The program equips family caregivers with skills and resources to optimize their caregiver experience. The program is staffed by a caring and dedicated team of registered social workers with extensive experience working with caregivers and their families. The team is committed to enhancing the resilience and emotional well-being of family caregivers. Using approaches such as virtual visits and telephone support, the program ensures accessibility and convenience and is suitable for caregivers at any stage of the caregiving journey.

The program is time-limited and includes:

1. Brief one-to-one counseling
2. Skill-building classes
3. Peer-to-peer support

To qualify, caregivers must reside within Island Health's boundaries, be caregiving someone requiring senior-type services, and be capable of receiving phone-based or virtual services.



Referrals are accepted through Community Access (self referrals are accepted). Clinicians can refer the resident's caregivers by getting permission, calling the Community Access clinician line, and providing the caregiver's contact information. Community Access will then reach out to the caregiver and process the referral.

For more information please visit the Caregiver Support Program webpage, email communityvirtualcare@islandhealth.ca or call 250.519.7700 ext. 11928.

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Clinical Documentation

It is an Infection Prevention and Control (IPAC) requirement to enter a resident's additional precaution order into PowerChart at both fully activated and non-activated LTC sites. Here are the steps to enter additional precaution orders:

1. Navigate to the orders from the menu, click the +add button.
2. Search for precautions in the search box.
3. Choose the appropriate option from the drop-down boxes.
4. Click 'done' to close the add order window.
5. Add in the reason from the

- drop-down menu. Adjust start date/time if needed.
6. Review the order for accuracy.
 7. Click Sign.
 8. Click 'refresh' to view the newly entered order.
- Before removing a resident from additional precautions, the MRN must confirm that the requirements to do so are met, by reviewing the discontinuing precautions guidelines. If met, request a terminal clean. Upon completion, remove the additional precautions order in PowerChart. Please review the Wiki Cerner page on additional precaution order information.

Mentorship Quote:

"Entering additional precautions into PowerChart communicates the need to implement extra mitigating measures to ensure the safety of all."

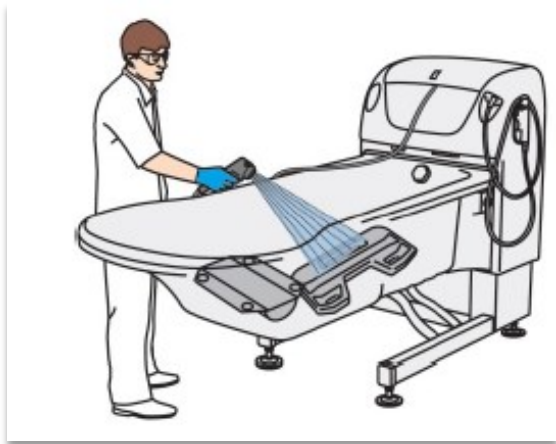


Carmen Bentley, Infection Prevention and Control Practitioner, Eagle Park

What time is it? Time to Scrub the Tub!

Rub-a-dub-dub it's time to scrub the tub! Here is a great example of Island Health's commitment to continuous quality and safety. Recently, [Infection Prevention and Control](#) released a guideline to inform best practice for cleaning and disinfecting bathing systems and bathing/shower rooms. This was needed after Infection Control quality audits revealed differences in cleaning practices, use of inappropriate cleaning supplies, and training that were creating gaps in best practice. Not only does this guideline breakdown how to properly clean tub baths and shower chairs, it also introduces a new recommendation to use yellow microfiber cloths and a long flexible mop frame with a cover as cleaning standards. This guideline standardizes the steps for and the materials used across Island Health. It applies to all staff who are responsible for bathing residents and/or cleaning and disinfecting the bath systems.

To learn more, review the guideline [Bathing System \(Tub Baths, Shower Chairs and Trolleys\) Guideline](#) and watch the training video [Cleaning and Disinfection of the Tub Bath](#). Your sites leadership team will be working closely with your Infection Control Practitioner and Environmental Services team to order new cleaning equipment and remove inappropriate cleaning supplies such as wash cloths or nylon brushes. Keep an eye open at your site for new posters in bathing areas to support this best practice.



Test Your Knowledge

Match each term to the statement that best describes it then check your answers on page 9.

1.	The NSWOC team is now scheduling all NSWOC initial consults as virtual assessments.	A. False B. SWAN or NSWOC C. Caregiver Support Program D. True
2.	The _____ _____ _____ equips family caregivers with skills and resources to optimize their caregiver experience.	
3.	RAI Admission/Reentry Forms must be completed within 72 hours of a resident's admission.	
4.	Vashe and Anasept skin and wound cleansing products are to be used under the direction of a _____.	

Putting the P.I.E.C.E.S.™ Together

Finnegan is 86 and has lived in LTC for four years. He has no living family as his wife died twenty years ago and they had no children. He has COPD, hypertension, and insomnia, is independent with most of his ADLs. He can direct his own care, and has always been very active in the life of the facility. His favourite activity is calling out the numbers at bingo every week. For the last month Finnegan has not been showing up at bingo. Activity staff followed up after he missed the first week and he reported that he just forgot. They put up a calendar in his room, and remind him when its bingo day, but he is still not coming. Care staff have mentioned that he seems more confused lately and it is harder to get him to do his own care in the morning. PIECES [HCA Care Coach](#) and Practitioner have organized a PIECES huddle using the [3-Question Template](#):

<p>Q1 What are the priority concerns; is it a change for the Person?</p>	<ul style="list-style-type: none"> • Loss of interest in bingo – new in the last month • Forgetfulness – new in the last month • Confusion in the mornings – new in the last month 	
<p>Q2 What are the RISKS and possible contributing factors? Think PIECES</p>	<ul style="list-style-type: none"> • Roaming: not identified • Imminent Harm: not identified • Suicide Ideation: not identified • Kinship Relationship: Loss of connection with facility life • Self-neglect: Decreased involvement in care & activities 	
<ul style="list-style-type: none"> • Physical: COPD; no documented complaints of discomfort • Intellectual: confusion and forgetfulness; CPS: 2/6 - increased since last assessment • Emotional: loss of interest; DRS: 2/14 - increased since last assessment • Capabilities: directs own care; independent in most ADLs • Environment: private room far from the activity room; time cues in his room have had no impact • Social: strong relationships in the facility; no family 		
<p>Q3 What are the actions?</p> <ul style="list-style-type: none"> • Investigations • Interactions • Interventions 	<p>Investigations</p> <ul style="list-style-type: none"> • MMSE (completed after a nap): found no significant change from baseline • CAM screen for possible delirium: negative • Sleep monitoring: found that he is sleeping only 2-3 hours per night • Medication review: significant increase in use of PRN nebulizers during the night • Respiratory assessment found wheezing and shortness of breath (SOB); he has not complained about these symptoms, stating he did not want to be a bother • Geriatric Depression Rating (GDS) Scale: 9/15; Finnegan revealed to the nurse he is struggling facing end-stage COPD; he is fearful; worries he has not done enough with his life; he states he has not been forgetting bingo but feels too weak and short of breath to call out the bingo numbers loudly 	
<p>Interactions</p> <ul style="list-style-type: none"> • Care staff to ask Finnegan specifically if he is feeling SOB or having respiratory discomfort • Care staff to let Finnegan set the pace when assisting with tasks 		
<p>Interventions</p> <ul style="list-style-type: none"> • Provider to review medications and provide medical treatment for worsening COPD symptoms • Social worker (SW) to meet with him weekly to talk about end of life and existential struggles; nursing and care staff to check in with him during the week and provide 1:1 time if needed • Activities staff to provide a megaphone that he can use to project his voice more easily • HCSW to porter to bingo when needed and assist him with using the megaphone 		

Outcome: Since adjustment of his COPD medications, having an outlet to talk about his concerns, and support from the team, Finnegan is back to calling bingo regularly! Repeat sleep monitoring shows that he is sleeping 6-7 hours each night and confusion in the mornings has resolved. He is talking to the care team about his concerns and reporting when his symptoms are problematic. A repeat GDS is 2/15 and he is feeling **C O R N E R** more hopeful about his disease progression.

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Timely Completion of RAI Forms is Essential for Accurate Data

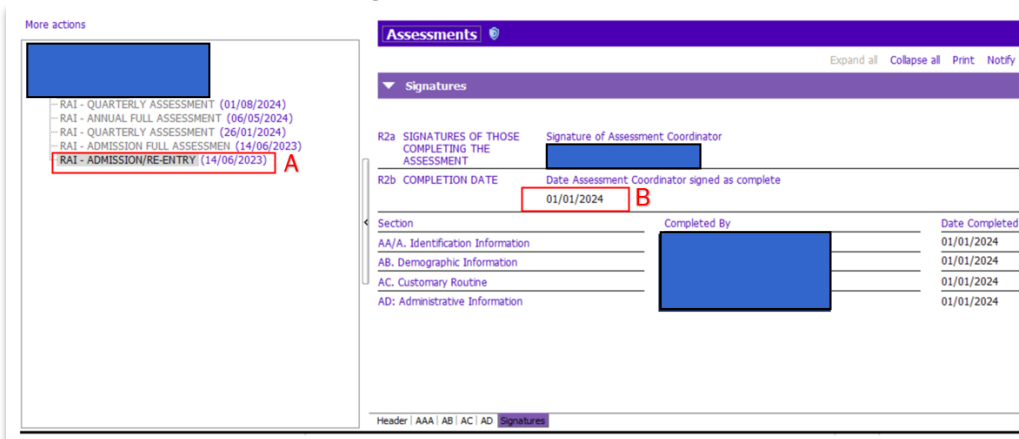
RAI 2.0

All residents who come to live in an Island Health LTC facility must be assessed every three months using the Resident Assessment Instrument (RAI).

Upon resident admission, there are two RAI forms that are created simultaneously, and in the following order: 1) an Admission/Reentry form, and 2) an Admission Full Assessment form.

Q: Do you know when the Admission/Reentry form needs to be completed?

Take a look at a 'real' Admission/Reentry form from Paris (screenshot below). The date the form was created is the box labelled 'A'. The date the form was signed off is box 'B'.



Hopefully, you see the issue. RAI Forms should not be completed 6 months after they're created!

Admission/Reentry Forms must be completed within 24-48 hours of a resident's admission.

In this particular case, the resident was admitted on June 14/23, which falls into the Quarter 1 reporting period (Apr 1 - Jun 30). Because this form, and the Admission Full Assessment form, were not completed (or signed off) until Jan 2024, none of this resident's data would've been included in the Quarter 1 Report. In addition, section AC of the Admission/Reentry form has important and relevant information to assist in the early stages of building a resident-centred plan of care. That's why Section AC of this form should always be completed by a Clinician.

Key Point – It's critical that RAI forms are completed accurately and in a timely manner!

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You Asked, We Answered



A Nurse asks: The Most Responsible Provider (MRP) has ordered "Septra DS or Bactrim DS". What do I administer to the resident?

A Pharmacist answers: Nothing, until the order is clarified and a dose is confirmed! A complete medication order includes date, time, resident's name, a unique resident specific identifier, medication name, dose, route, frequency and MRP signature. Septra DS or Bactrim DS are both common

trade names for cotrimoxazole DS (double strength). These antibiotics are used to treat a variety of bacterial infections such as urinary tract, respiratory, middle ear or intestinal infections. Each tablet contains sulfamethoxazole 800 mg/trimethoprim 160 mg. Regular Septra or Bactrim tablets are cotrimoxazole SS (single strength) and each tablet contains sulfamethoxazole 400 mg /trimethoprim 80 mg. Clarify with the MRP the dose that they are ordering. Please note, two cotrimoxazole SS is equivalent to one cotrimoxazole DS.

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

Virtual NSWOC Care

Wound Wise

As of July 2nd, the NSWOC team is scheduling all NSWOC initial consults as virtual assessments using the site's iPad and [BC Virtual Visit](#) platform. This new workflow intends to streamline consultations and create an individualized plan of care for the resident's unique needs.

Real time virtual visits facilitate visual interaction between the resident, family members, and clinical team. The NSWOC can answer questions, discuss important details about the care of the resident, coach clinical staff on how to use products, and perform assessment techniques.

To schedule a virtual visit with a NSWOC, submit a [referral](#) to ltcwocconsult@islandhealth.ca. The NSWOC in your area will reach out to the site by email to schedule an initial consult, followed up with a confirmation email outlining detailed preparation instructions.

The visit will take place at the bedside with the resident, any support person they would like present, and the clinical team involved (ie. Nurse, HCA, OT). Prior to scheduled consult, staff must ensure the resident has received any necessary analgesia, is in a private and quiet area, and confirm the iPad is charged and connected to *BC Virtual Visit* platform. Once connected, the resident and team will see and hear the NSWOC on the iPad. During the consult, the resident's dressing will be removed by the clinical team and the NSWOC will then assess their wound, ostomy, or Gastrostomy tube (G-tube).

The virtual consult is scheduled to take between half an hour to an hour, depending on complexity. Once complete, the team will receive a treatment plan from the NSWOC via email. Follow up consultations will be done by email or virtual visit, depending on complexity.

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

Biatain Adhesive Foam Dressing

Foam dressings are often used for wounds that are healing or healable as they provide a moist wound environment and the right temperature for wound healing. There are two different types of foam dressings available to use within Island Health: silicone and non-silicone. [Silicone foams](#) are a foam dressing with a non-adherent silicone contact layer covering the foam and silicone tape around the edges for a non-traumatic dressing removal.



[Biatain adhesive](#) is a non-silicone foam that does not have a silicone contact layer and has hydrocolloid tape around the edges. It has a semi-permeable backing that makes the dressing waterproof and bacteria-proof, but also allows for exudate to transfer out of the dressing into the air. These foam dressings will hold and transfer out a larger amount of exudate than the silicone foam dressings and their tape is more adhesive than silicone tape.

Use on healable wounds with small to large amounts of exudate, as the primary dressing for wounds with a depth of up to 2 cm, on wounds where the silicone foam is not staying in place well or requiring a change often due to large exudate.

Don't use on non-healable wounds that we want to keep dry. Foam dressings are designed to create a moist wound environment for healing.

Change every seven days, or before, if the foam is separating from the hydrocolloid backing, as this indicates the dressing is saturated.

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QIP (Quality Improvement Plan): How to Get Started

An essential component of the RAI Process is using the outputs for continuous quality improvement, in addition to Outcomes Scales and Clinical Assessment Protocols (CAPs) as best practice for guiding planning of care. Quality improvement planning is supported by providing each LTC home a Quality Scorecard as part of the annual quality Visit from the LTC Quality Team. Pictured on the right is a scorecard example. LTC homes submit a Quality Improvement Plan (QIP), in the format of an Improvement Charter, within two weeks after receiving their completed Scorecard.

The QIP is focused on indicators that have room for improvement, with a goal that QIP outcomes promote quality of life and care for residents. The Quality Team will support homes on a quarterly basis and as needed, to review their QIP, track progress and collaborate on change ideas.

Quality Score Card		Action Level				Quarterly				
Clinical Performance		Target	Red	Yellow	Green	Action Level	Q1	Q2	Q3	Q4
Appropriateness - Living with Illness or Disability										
Potentially Inappropriate Use of Antipsychotics Rate (Adjusted)	<20%	>20%	N/A	<20%	○	49.1%	47.5%	42%	36.1%	
Potentially Inappropriate Use of Antipsychotics Rate (Unadjusted)	<20%	>20%	N/A	<20%	○	30.2%	28.1%	27.3%	26.1%	
Falls in the last quarter (Adjusted)	<16%	>17.6%	16 -17.6%	<16%	○	24.8%	27.6%	25.9%	26%	
Has Fallen (Unadjusted)	<16%	>17.6%	16 -17.6%	<16%	○					
Worsened Mood from Symptoms of Depression Rate (Adjusted)	<18.7%	>20.6%	18.7-20.6%	<18.7%	○	17.9%	20.7%	20.4%	19.0%	
Worsened Mood from Symptoms of Depression Rate (Unadjusted)	<18.7%	>20.6%	18.7-20.6%	<18.7%	○	31.3%	31.4%	33.1%	36.3%	
					○	33%	28.5%	30.6%	34.9%	

Below is a snippet from the “Resident Wellness Program” Improvement Charter from one of the homes. The problem statement brings awareness to the areas of concern. The aim statement is formulated based on **SMART Goal** principles. A change idea is an intervention that will be tested to determine if it has resulted in an improvement. Some of the change ideas include purposeful rounding, falls huddles, and meaningful person-centered activities in the evenings. Many homes will be able to improve their Canadian Institute for Health Information (CIHI) **indicators** through embracing a change idea to improve assessments and RAI coding. Accurate RAI data will inform QIPs and is a way to evaluate and track progress which will enable teams to improve the quality of care provided and resident quality of life.

WHAT ARE WE TRYING TO ACCOMPLISH?

Problem Statement: More than 5 CIHI (RAI) quality indicators are above their benchmark targets.
Improving quality of life for residents in Long Term Care is part of the Reimagining LTC initiative in Island Health.

Aim Statement:

- To reduce 3 of the 5 CIHI quality indicators by 10% each (falls, potentially inappropriate use of anti-psychotics and worsened mood), by March 2025.
- To reduce the falls rate (CIHI) at the home from 21.6% to 15% by October, 2024.

For site leaders, we strongly encourage engaging your teams, residents, and families in QIPs. A great way is through your home’s quality council and resident/family councils. Socializing what you are trying to change and involving your teams, residents/families in this work will support acceptance and support for the changes. With any quality improvement work, a very important part of your QIP is to plan for sustainability. Start thinking about how the new changes you implement will be sustainable. The Quality team is happy to provide support to LTC homes on their quality improvement journey from start to finish. We meet with teams in person and virtually. Reach out to your QRL or send an email to LTCCoach@islandhealth.ca.



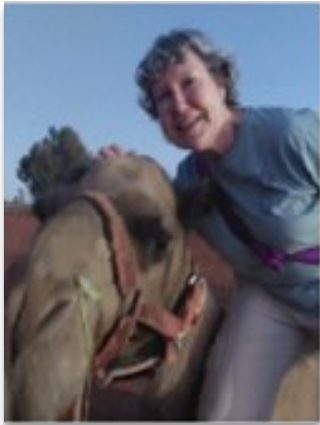
Appropriate Use of Antipsychotics – Ongoing Improvement

- See the [results](#) of the QI work from the different health authorities through [Reimagining LTC](#) in 2023.
- There is a new national standard for LTC and Assisted Living (AL) settings to support mental health and well-being for residents, including those who live with dementia, and how it relates to this work! Click [here](#) for to download this new standard!

Welcoming New Roles!

Please congratulate Lindsay Dankwerth on her new role as the regional manager of the LTC Quality Team!

Prior to graduating from nursing school in 2011, Lindsay realized early on while completing the program that she had a passion to care for seniors and followed that path throughout her career. During her career Lindsay has held various roles in LTC, beginning as a front-line worker, Clinical Care Coordinator, Executive Director and teaching the Health Care Aide program. Along with seniors care, she has a passion for continuing education and obtained her Master of Arts Degree in Health Leadership, Certified Health Executive designation with the CCHL, Geriatric Practical Nursing Certification (GPNC®) through the Canadian Nurses' Association (CNA). Additionally, she has completed the Quality Academy program at Health Quality B.C. in her pursuit of improving the lives of the seniors we care for.



Welcome Alison Orr to Island Health! In May 2024, Allison joined the LTC and Assisted Living (AL) Strategy Team as the Director, and the LTC & AL Contracted Services team.

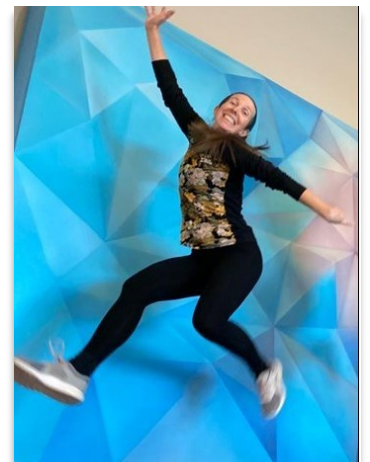
Previous to joining our LTC team, Alison spent eight years working in the non-profit health sector, then started with Vancouver Coastal Health as a clinical practice leader in Community Health services. She has now spent over 25 years working in both Vancouver Coastal Health and Fraser Health as a manager and then director of various Community Health direct and contracted services. This includes Home Health clinical services, Home Support, AL, LTC as well as volunteer services. Alison is excited to be working with the Island Health LTC/AL Team and passionate about the opportunities to foster new partnerships and drive innovation within our affiliated LTC & AL homes, to improve quality and resident outcomes. Alison holds a Bachelor of Arts, a Bachelor of Social Work, and a Master of Social Work from the University of British Columbia.

Outside of work, Alison finds joy in spending time with her dogs, travelling, and doing anything else in or near water.

Welcome Emily Pridham to her new role! Emily has been with Island Health since 2019. She is currently the Director of Capacity Development and Planning, with the Long-term Care (LTC) and Assisted Living (AL) Programs. Emily's key area of focus is the design and operational readiness for three new LTC homes that will be built over the coming years. Emily also leads emergency preparedness program for LTC and AL. She is passionate about ensuring residents live in homelike environments, where they receive dignified, person-centred care from compassionate and well-trained staff.

Prior to joining Island Health, Emily worked for the Alzheimer Society of BC for eight years, ensuring people impacted by dementia had access to support and education. She has obtained a Master of Arts (MA) in Sociology from the University of Victoria. Emily is a member of the Canadian College of Health Leaders (CCHL) and is currently the Chair of the Vancouver Island Chapter.

Emily lives on unceded WSÁNEĆ territory in Brentwood Bay with her partner and cat Pippin, like the hobbit! In her spare time, you'll find her cycling up, down and around mountains. She is always open to good bakery recommendations!



Welcoming New Roles!

Welcome Kim Munro as a new LTC Clinical Nurse Educator! Kim began her nursing career with Island Health 24 years ago. During this time, she has had the opportunity to learn and experience many interesting and challenging roles, quality improvement projects and education focused work. Kim started in acute care in general medicine, then taught LPN students both in the clinical and classroom setting. She also has an interest in microbiology, public health and infection prevention and control, which led to work as an Infection Control Practitioner (ICP) for the last 14 years, covering both acute and LTC sites.

After many years of such specialized work, she realized her passion for education. Teaching was calling her back to general nursing and patient care. She found work as a clinical educator in acute care, but as she became more knowledgeable and comfortable in the educator role, she decided to move to LTC where she could focus on patient centered care and building a safe, compassionate environment for the residents.

As the newest member of the team, Kim is looking forward to new experiences, building new relationships and working with the amazing LTC team!



Marina Lange is excited to return to her position as Clinical Nurse Specialist for Long-term Care, working alongside Victoria Pickles. Many thanks to Tera Walsh and the Long-term Care team for their support and coverage while she was on medical leave. Returning healthy and strong, Marina has a fresh perspective on the patient experience in Island Health. She is proud to be back with our team, knowing how we all strive to provide the best possible care for residents and support for the LTC staff.

When not at work, Marina enjoys the outdoors and is a member-in-training for Search and Rescue. With the hope that sharing this information may save a life, Marina would like to provide a friendly reminder that BC Cancer Breast Screening provides free screening mammograms for eligible BC women aged 40 and up. For more information, visit: [Get Screened \(bccancer.bc.ca\)](https://www.bccancer.bc.ca)

Welcome Heather Corbett-Hallett as a new Quality Resource Leader (QRL) for South Island! Heather started nursing a decade ago and has worked in palliative care, acute care, and mental health but her one area of passion has always been complex long-term care. Heather has dedicated her career to achieving great success in all aspects through continuous education. You will find she is always advocating for high-quality, person-centered care with a large focus on creating a dignified environment for those living in Long-term Care.

She has worked in various leadership roles throughout the years, has extensive background in creating complex behavioural plans of care and vastly enjoys collaborating with a multidisciplinary approach. She creates quality initiatives to optimize and meet the needs of residents through a holistic approach. In her spare time, she enjoys camping and the tranquil outdoors of Vancouver Island.



Ministry of Health Communiqué

Temporary Pension Trusteeship Support for LTC Clients

A Communiqué detailing a new policy to mitigate the financial impact on Long-term Care (LTC) residents while they are waiting for pension trusteeship by The [Bloom Group](#) (TBG) was provided to Health Authority (HA) CEOs on June 5,

2024, and to the Home and Community Care Committee (HCCC) on June 10, 2024. The policy stipulates that LTC residents who are waiting for TBG pension assistance will be charged the minimum LTC resident rate of \$1,417 per month for 2024. This monthly rate will be revised annually until an income-tested rate can be calculated.

On May 10, 2024, TBG announced a pause in accepting referrals of incapable adults who have only pension income and who require pension trusteeship. This pause will increase the time before an income-tested client rate can be calculated for clients who have been referred and those waiting for a referral.

In response to the TBG pause in accepting referrals, the Office of the Public Guardian and Trustee (PGT) announced that they will be temporarily accepting referrals of incapable adults who have only pension income and who require pension trusteeship. This is a temporary program only during the TBG pause in accepting referrals. After the TBG pause terminates, PGT advises they will continue to provide pension trusteeship for the incapable clients who they accept during the TBG pause.

Please be advised that the policy will be temporarily expanded to include incapable LTC residents who are referred to PGT for pension trusteeship during the TBG's pause in accepting pension trusteeship referrals.

If you have any questions or require clarification, please connect with Lindsay Brookes, Island Health LTC and AL Manager of Contracts and Performance at lindsay.brookes@islandhealth.ca.



Education Opportunity for LTC Leaders!

Hey LTC Leaders!

BCIT is offering a LTC Leadership Management Course. This 13-week introductory online course is only offered 2-3 times a year and is designed for new and emerging LTC leaders. If interested please [click here](#) for future sessions.

This introductory course provides an overview of the basic knowledge and skills required for those working as leaders in LTC. Some topics of interest include LTC structure, the legislative LTC framework, the geriatric population, related organizations and stakeholders as well as quality improvement, risk management, workplace wellness and ethics and values with a particular focus on Resident Centered care. Learners will acquire knowledge and skills through readings, case studies, and discussions with health care professionals and family members who have been involved with the LTC system.

How does this education support LTC leaders?

- Reduction in leadership turnover
- Improving key performance areas as LTC leaders achieve confidence and skills
- Organizations to include this education as part of their LTC management onboarding pathway
- Ensures all LTC leaders have a full and common understanding of expected outcomes

Sign up the course using [this link](#). If you have any questions, please see the contact information, using [this link](#).

