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January 2026

DID YOU KNOW...

Between the Lines

Long-Term Care Program Newsletter

Clinical Documentation and RAI updates to keep your practice current

Planning for the 2026–2030 Accreditation Sequential Survey is underway! Updates include revised Long Term Care Standards and a new term, Required Safety Practices (RSPs), formerly known as Required Organizational Practices (ROPs). Visit the Accreditation webpage for details.

In this Issue

Happy New Year Wishes!

2025 was a big year with many changes for our Long-term Care (LTC) program.

Throughout December, many CNEs were busy with fun educational activities. "Gamifying" learning can help increase learner engagement, help with knowledge retention and contribute to a fun, safe learning environment. One of these activities was the return of the "Elves on the Shelves." This includes a daily question about different areas of resident care, with the opportunity for team members to win a prize. Many team members enjoy searching for their elf and sharing their knowledge of best practice!

Another educational activity was "spin the wheel" for Christmas trivia. This activity was also well enjoyed by participants.
Wishing everyone a bright and happy new year, full of learning!

Clinical Documentation

One of the main goals for residents living in Long-term Care (LTC) is improving their Quality of Life (QoL).

QoL takes into consideration everything that residents experience day-to-day, such as meals and activities, and how these experiences impact feelings about their overall lives.

QoL is also deeply personal. While having pain may decrease one person's QoL, others living with pain may rate their QoL as good if other supports, such as positive relationships, are in place.

This is why QoL is important to measure. In 2026, Accreditation Canada is introducing a new standard, 2.1.11 that requires care teams to do just that.

To address this new standard, an implementation plan is in development for annual resident QoL assessment using a tool called the Dementia Quality of Life (DEMQOL) instrument.

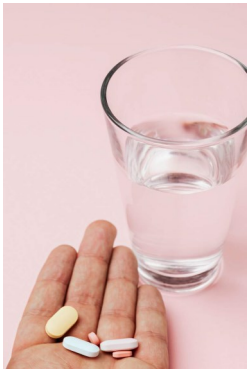
Stay tuned for the next steps!

Mentorship Quote:

"With thanks to those who participated in the Counting What Counts research study. We can now apply what we learned!"

Amanda Leddy, Lead, Research and Knowledge Translation in Long Term Care

Nurse-Dispensed Medication for Future Use



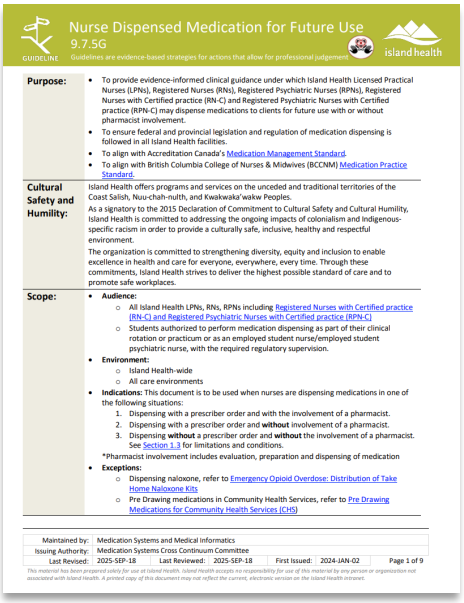
When residents leave LTC, whether for a short outing such as lunch or for a longer period like a weekend, they often require medications to take with them. In these situations, nurses are dispensing medications for future use.

Dispensing for future use requires nurses to follow practice standards set by the British Columbia College of Nurses and Midwives (BCCNM). Island Health has published a guideline for Nurse-Dispensed Medication for Future Use to support safe practice. These standards emphasize that nurses in LTC must always dispense with a resident-specific order, ensuring that the medication is appropriate for the resident and that all required checks, including double checks when indicated, are completed. Nurses must also consider the ability of the resident or their responsible adult to safely manage the medication once outside of LTC. Nurses are required to label the medication according to guidelines, provide appropriate education to the resident or responsible adult, and document all relevant information in the health record.

This process ensures that residents continue to receive safe and effective care when they are away from the home, while also ensuring nurses align their practice with regulatory standards.

Looking ahead, in early 2026, LTC will be publishing a procedure that will provide nurses with specific, step-by-step instructions on how to dispense medications when residents temporarily leave LTC. This procedure will build on the existing guideline and offer greater clarity and consistency across LTC practice settings. This ensures that all nurses have the tools and knowledge they need to meet standards and support residents effectively and safely.

Education will accompany the release of the new procedure. Stay tuned for more information in 2026!



Nurse Dispensed Medication for Future Use
9.7.5G
GUIDELINE
Guidelines are evidence-based strategies for actions that allow for professional judgement
island health

Purpose:
- To provide evidence-informed clinical guidance under which Island Health Licensed Practical Nurses (LPNs), Registered Nurses (RNs), Registered Psychiatric Nurses (RPNs), Registered Nurses with Certified practice (RN-C) and Registered Psychiatric Nurses with Certified practice (RPN-C) may dispense medications to clients for future use with or without pharmacist involvement.
- To ensure federal and provincial legislation and regulation of medication dispensing is followed in all Island Health facilities.
- To align with Accreditation Canada's Medication Management Standard.
- To align with British Columbia College of Nurses & Midwives (BCCNM) Medication Practice Standard.

Cultural Safety and Humility:
Island Health offers programs and services on the unceded and traditional territories of the Coast Salish, Nuu-chah-nulth, and Kwakwaka'wakw Peoples.
As a signatory to the 2015 Declaration of Commitment to Cultural Safety and Cultural Humility, Island Health is committed to addressing the ongoing impacts of colonialism and Indigenous-specific racism in order to provide a culturally safe, inclusive, healthy and respectful environment.
The organization is committed to strengthening diversity, equity and inclusion to enable excellence in health and care for everyone, everywhere, every time. Through these commitments, Island Health strives to deliver the highest possible standard of care and to promote safe workplaces.

Scope:
- **Audience:**
  - All Island Health LPNs, RNs, RPNs including Registered Nurses with Certified practice (RN-C) and Registered Psychiatric Nurses with Certified practice (RPN-C)
  - Students authorized to perform medication dispensing as part of their clinical rotation or practicum or as an employed student nurse/employed student psychiatric nurse, with the required regulatory supervision.
- **Environment:**
  - Island Health-wide
  - All care environments
- **Indications:** This document is to be used when nurses are dispensing medications in one of the following situations:
  1. Dispensing with a prescriber order and with the involvement of a pharmacist.
  2. Dispensing with a prescriber order and **without** involvement of a pharmacist.
  3. Dispensing **without** a prescriber order and **without** the involvement of a pharmacist. See Section 1.3 for limitations and conditions.

  *Pharmacist involvement includes evaluation, preparation and dispensing of medication
- **Exceptions:**
  - Dispensing naloxone, refer to Emergency Opioid Overdose: Distribution of Take Home Naloxone Kits
  - Pre Drawing medications in Community Health Services, refer to Pre Drawing Medications for Community Health Services (CHS)

Maintained by:	Medication Systems and Medical Informatics
Issuing Authority:	Medication Systems Cross Continuum Committee
Last Revised: 2025-SEP-18	Last Reviewed: 2025-SEP-18	First Issued: 2024-JAN-02	Page 1 of 9

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Nurses are encouraged to contact LTCPolicy@islandhealth.ca if they have any questions.

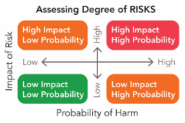
Test Your Knowledge

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

1.	The _____ score is calculated from coding data provided from _____ criteria.	A. 16, 20 B. False C. True D. RISE, six
2.	Required Organizational Practices (ROPs) are now called Required Safety Practices (RSPs).	
3.	The size of the SPC is a specified order but is most often between ____and _____ French with a 10 ml balloon.	
4.	The list of providers who can be included in item 05 Physician Visits is found in the interRAI LTCF manual.	

Putting the P.I.E.C.E.S.™ Together

Oliver, was admitted six months ago to LTC. He is living with vascular dementia, expressive aphasia, arthritis, and requires one person assistance with some ADLs. Oliver has two children that live locally, and his wife passed away last year. He participates in daily group activities and enjoys watching game shows. Last month, Oliver experienced three falls and is forgetting to use his walker. Among several other fall prevention strategies, two weeks ago he was moved to a room closer to the nursing station for closer monitoring. Since the move, Oliver has started following care staff outside the front doors and becomes verbally and physically aggressive when staff try to redirect him. The PIECES Practitioner and HCA Care Coach have organized a PIECES huddle using the 3-Question Template:

Q1 What are the priority concerns; is it a change for the Person?	• Exit seeking – new in the last two weeks • Verbal and physical expressions upon redirection – new in the last two weeks
Q2 What are the RISKS and possible contributing factors? **Think** PIECES	• **Roaming**: exit seeking • **Imminent Harm**: frequent falls • **Suicide Ideation**: not identified • **Kinship Relationship**: staff at risk of physical harm • **Self-neglect**: not identified 
• **Physical:** vascular dementia, arthritis, frequent falls, decreased mobility, Pain scale 0/4 • **Intellectual:** CPS 4/6 (moderate-severe cognitive impairment); Communication scale: 5/8; aphasia, amnesia • **Emotional:** verbal and physical expressions; ABS 6/12 (previous LTCF was 0/12) DRS 0/14, • **Capabilities:** frequent set up help and assistance with dressing his lower body; forgets to use walker • **Environment:** room close to exit doors • **Social:** frequently participates in activities, strong family support. RISE: 5/6	
Q3 What are the actions? • Investigations • Interactions • Interventions	**Investigations** • BSO-DOS: results showed a pattern of exit-seeking and verbal and physical expressions during shift changes. Staff noted he only tries to follow groups of staff. • OT to assess communication and cognition. • A discussion with his children revealed Oliver was employed as a shift worker at a local mill for 47 years. The team wonders if he is seeing the team leave the nursing station and confusing their shift change with memories of his own shift change, thinking it is time for him to leave too.
Interactions– What the person sees and hears	• Care staff to use short, direct phrases, allow time for Oliver to absorb and respond • Care staff to supplement verbal communication with gestures, and simple images provided by the OT
Interventions	• Staff to avoid leaving the front door in groups (when possible) if Oliver is in the vicinity. • Oncoming staff to attempt distracting him before previous shift exits, but do not confront, argue, or block him. • If Oliver does leave unit, an oncoming staff invites him to "wait for the bus" at the bench outside the doors. After a few minutes they redirect him inside by stating "Our break is over. Back to work". • Activities team to engage Oliver in activities away from the nursing station during shift change. • Activities team to create sorting bins of nuts and bolts, washers, and old sandpaper with wood to occupy him.

Outcome: In the two weeks since implementation of the above interventions and interactions, Oliver has not demonstrated verbal or physical expressions. He has exited the building once and was successfully redirected inside after his "break". He enjoys sorting his bins, and is really engaging with light woodworking activities. The care team had found that setting him up about 20 minutes before shift change is the most effective to keep him distracted until the new shift starts. The team is considering if they should move him to a room away from the nursing station but are monitoring the situation for now as he has had no falls since the move.

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

All RISE for the interRAI!

interRAI LTCF

The *Revised Index of Social Engagement (**RISE**)* is an interRAI LTCF Outcome Scale that describes a resident's sense of initiative and social involvement within the care home. It is very similar to the previous *Index of Social Engagement (ISE)* scale used in the RAI 2.0 Assessment; and the scoring range of 0 to 6 also remains the same.

The ***RISE*** score is calculated from the coding data provided from the following six items of section *F2 Sense of Involvement* in the LTCF Assessment:

- At ease interacting with others (F2a)
- At ease doing planned or structured activities (F2b)
- Accepts invitations into most group activities (F2c)
- Pursues involvement in the life of the facility (F2d)
- Initiates interaction(s) with others (F2e)
- Reacts positively to interactions initiated by others (F2f)

Higher scores on the *RISE* indicate a higher level of social engagement – this is a good thing! (Note: This is in contrast to all other Outcome Scale scores, where higher scores indicate a worsening of resident performance.)

The ***RISE*** score, like all the other Outcome Scale scores, should be used by clinicians in helping to build a person-centred, plan of care. In addition, the ***RISE*** score can be viewed as an 'informal' measure of a resident's quality of life in the facility. Higher levels of engagement often equate to a better sense of well-being and can contribute to the resident's feelings of happiness and satisfaction.

CODING CORNER

You Asked, We Answered

An interRAI LTCF assessor asks: Where can I find the list of providers who can be included in the interRAI LTCF assessment item *O5. Physician Visits*?

A CNE answers: The *interRAI LTCF CIHI Coding Reference Guide* highlights items that may require clarification. It is intended to function as a companion to the *interRAI LTCF User's Manual* to highlight some of the interRAI LTCF's more challenging coding areas.

The full list of providers who can be included (and those who should be excluded) in *O5. Physicians Visits* can be found in the Reference Guide under the heading for *Section O,* on pg. 13.

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

New Suprapubic Catheter Procedure

Continence Wise

Did you know that there is a new procedure for removal and insertion of suprapubic catheters (SPC)? And now LPNs can perform this skill too!

An SPC is an indwelling catheter that sits directly in the bladder through a surgically created opening (stoma) in the lower abdomen. The physician is responsible for performing the first catheter change after initial insertion and this is usually done four weeks after the surgery. After the initial change the SPC can be changed by RNs, RPNS, and LPNs who have completed the education and training. If you are an LPN and want to take the training to perform a SPC change, please talk with your CNL or CNE. The education is available to all nurses and is a requirement for RNs and RPNs who do not have competency in the skill.

For those RNs and RPNs who have been doing SPC changes, ensure you review the new procedure document as there are important changes from the previous procedure. Some of these updates include:

- Confirmation of correct placement is no longer done by instilling normal saline (NS) into the bladder, as this increases the risk of introducing bacteria. Instead, before the old catheter is removed, a piece of tape is placed where the catheter exits the stoma. The tape provides a guide showing the approximate depth the new catheter should be inserted.
- Sterile gloves are now donned prior to removal of the old catheter.

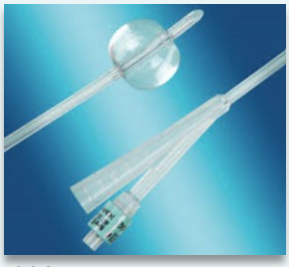
Want to know how sterility is maintained if gloves are donned prior to removing the old catheter? Watch this video!

Product Corner: Choosing the Right Catheter

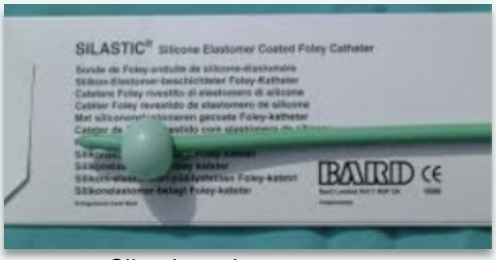
The size of the SPC is a specified order but is most often between 16 and 20 French with a 10 ml balloon. A urethral catheter is most often between 10 and 14 French for female anatomy and between 14 and 16 French for male anatomy with a 5-10 ml balloon. The size of a SPC is larger than those used for urethral catheters because they need to maintain an open and patent tract. Whereas, if a large sized catheter is used in the urethra, it can cause urethral erosion, irritation of the urethral lining and bypassing of urine.

The catheter material also differs depending on if the resident has a urethral or a SPC. SPCs should be either 100% silicone or silicone coated (Silastic). The 100% silicone catheters are very rigid and therefore not best for urethral catheterizations because they are uncomfortable and can cause pressure-related injury to the urinary meatus. Silastic catheters are made mostly of latex but the exterior coating is made from silicone. This ensures no latex touches the resident, and the latex makes it soft and more comfortable. Silastic catheter are appropriate for both urethral and SPC.

Learn more about how to choose the right urethral catheter for a resident.



100% silicone catheter



Silastic catheter

PRODUCT CORNER

Accreditation is Coming in 2026!

Island Health's LTC teams are preparing for Accreditation Canada's 2026 survey. A Required Safety Practice (RSP) drawing our collective focus is Monitoring Quality and Achieving Positive Outcomes!

This evidence-informed standard reminds us of the importance of gathering, analyzing, and applying data collaboratively to drive meaningful quality improvement (QI). This ultimately reinforces care that is safe, reliable and truly person-centred. It is more than a compliance requirement- it is a shared commitment to excellence that places residents at the heart of every decision.

Quality monitoring is a collective responsibility that extends beyond statistics. It means listening to one another, learning from every voice, and acting in partnership. By drawing insights from resident and family experience surveys, council meetings, focus groups, incident reviews and complaints, performance indicators, and scorecard data. Teams can then identify trends, measure impact, and co-develop QI initiatives that make a genuine difference in residents' lives. These efforts transform feedback into action, ensuring that care evolves in response to real needs and lived experiences.

A key step toward meeting this standard is the introduction of Quality Improvement Plan (QIP) boards that are visible, up-to-date displays in the common areas of each LTC home. These boards invite staff, residents, families, and visitors to see site-specific priorities, active projects, and outcomes, fostering transparency and shared ownership. When fully implemented, they can serve as dynamic hubs of communication, showcasing the continuous work being done to elevate care standards.

QIP boards can be used to highlight collaborative efforts in falls prevention, medication safety, or resident experience enhancements. QIP boards link everyday care practices to our broader goals for safety and excellence. They encourage dialogue, build accountability, and celebrate progress. More than informational tools, these boards represent our collective resolve to be open, responsive, and continuously improve resident care.

By initiating and maintaining visible and current QIP boards, we demonstrate Island Health's ongoing dedication to quality, safety, and collaboration. We can continue to strengthen a culture of safety by ensuring that every resident receives compassionate care to the highest standard through quality improvement planning. Together, we are building a future where quality is not just measured but meaningfully lived.

Please Welcome Our New Clinical Nurse Specialist!

Please join us in welcoming a new addition to our team. We are pleased and excited to announce Laurie Generous will be joining the LTC regional team as our second Clinical Nurse Specialist (CNS).

She respectfully acknowledges the traditional territories of the WSÁNEĆ and Lekwungen peoples in Saanich, where she has the privilege to live and raise her family. Working in Island Health as an RN for over 30 years has offered Laurie diverse opportunities and experiences. Some may remember her from the IV team in Acute Care, or her years in clinical practice and leadership in Community Health. Most recently, she has served as a CNS with Seniors Health and continues to nurture her love of direct care as a front-line RN supporting medically complex younger adults and older adults in LTC settings.

Her role as CNS with Seniors Health has strengthened her skills in the development of policy and clinical practice guidelines for quality improvement initiatives that aim to deliver compassionate, person-centred care. Laurie's commitment to fostering innovation in the care of older adults is evidence-based and collaborative. She is excited for this opportunity with the LTC program to contribute to the continuous improvement in the quality of care for older adults.

Outside of work, you will find Laurie gardening, training her three rescue dogs, or playing women's recreational hockey at a local rink.

Special thank you to Victoria Pickles for managing many competing clinical priorities including accreditation preparation and policy and procedure work these past several months on her own. Help is on the way!

New LTC to Community Discharge Guideline

Discharges from LTC to community settings are rare but when they happen, they require thoughtful planning and a person-centred approach. Island Health's LTC Program has developed a new Discharge Guideline: Long-Term Care to Community to help operators navigate these transitions with confidence and consistency. This resource was developed with invaluable input from the LTC Program Development Manager, Access and Quality Teams, Social Work, Therapy, Clinical Nurse Specialists, Clinical Nurse Leaders, and the Community Resource Team. It was reviewed and approved through Clinical Governance.

The guideline outlines practical steps and key considerations for several scenarios, including:

- When a resident expresses a desire to discharge to a community setting
- When a substitute decision maker (SDM) requests discharge to a community setting on behalf of a resident
- When the care team recommends discharge to a community setting due to reduced care needs

The guideline aligns with the *Health Care (Consent) and Care Facility (Admission) Act* and includes guidance on consent processes when residents or SDMs express a desire to leave the LTC home. It also includes two practical forms:

- Discharge Considerations Form – to support initial conversations with residents and SDMs.
- Discharge Planning Form – to guide collaborative discharge planning with residents, SDMs, care teams, and Community Health Services (CHS) case managers.

More information on the *Discharge Guideline* will be shared at the LTC Clinical Practice Council meeting on January 22nd, 2026. If you have any questions, please reach out to LTCCoach@islandhealth.ca.

Applying the Bad Debt Policy

Back in June, communications were sent to all LTC operators about the updated Long-term Care and Assisted Living Bad Debt Policy. Here are instructions on how to apply the bad debt policy for residents who have low incomes and are unable to independently manage their finances.

In circumstances of low-income residents who qualify for Bloom Group services, the Public Guardian and Trustee (PGT) is currently supporting these residents due to Bloom Group being over capacity. When the application has been made for PGT support,malva in lieu of Bloom Group availability and the resident meets the low-income criteria, the updated policy allows the LTC home to receive, from Island Health, quarterly reconciliation of the outstanding payments for these residents.

This should be very helpful for homes rather than having to wait to apply for bad debt reconciliation after financial management has been established. Please note that for residents who qualify only for PGT due to higher incomes or assets, quarterly reconciliation is unavailable.

Full information is provided in the linked policy.

If you have any questions, please connect with Nicole Schulz (Nicole.Schulz@islandhealth.ca).

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