

Between the Lines

Long-Term Care Program Newsletter

Clinical Documentation and RAI updates to keep your practice current

Preventing COVID-19 and Influenza

Island Health's [Health and Wellness Page](#) provides resources to help support your personal health and well-being. This includes the Employee & Family Assistance Program (EFAP) that is provided by Homewood Health. Are you going through life or work challenges? Check out the [EFAP Services Brochure](#) for more information.



It's that time of year again when the weather forces many of us to work and play indoors. In sharing common areas with our colleagues and

friends, unfortunately, we can often share unwanted things – respiratory viruses, for example! Yes, cold and flu season is here – but there is good news!

Many of the strategies we have used over the past 20 months to avoid acquiring COVID-19 disease are the same ones we can take to avoid becoming sick with a cold or influenza. These well-known strategies include: wearing a mask, physical distancing (now termed 'respectful' distancing), avoiding crowded indoor places, improving ventilation, using good respiratory etiquette,

staying home when sick and increasing the frequency of hand hygiene.

Of course, preventing an infection is always better than treating one. Currently, one of the best ways to prevent infection or serious outcomes of COVID-19 is through the safe and [highly effective vaccines](#) we have free access to. The latest [BCCDC analysis](#) paints a clear picture of the benefits of vaccination:

If you are unvaccinated (adjusted for age), you are:

- 10X more likely to be infected,
- 50X more likely to be hospitalized
- 46X more likely to die than someone who is fully vaccinated.

During this cold and flu season, let's do everything we can to stop infections. Use the above strategies and get vaccinated against COVID-19 and influenza. It's the right thing to do!

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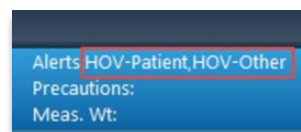
Applying Clinical Documentation to Practice

In September, Island Health launched changes to Violence Prevention documentation in PowerChart. Dufferin and Summit are now using the updated PowerForms. Other LTC sites will continue with paper forms until activated on PowerChart. Please see the Safety Hub site [Communicating & Assessing Risk of Violence](#) for details.

All sites previously displayed V/ Patient or V/O in the Banner Bar. These alerts now display as **HOV-Patient** and **HOV-Other**, clearly describing a **History Of Violence**.

History of Violence means there has been a threat to injure, an assault or attempt to assault, or

a history outside of healthcare that is relevant to the care setting. Patient means the patient/resident behaviour, Other means family/friend of resident.

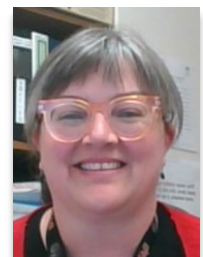


Review the Behavioural Care Plan for residents with a History of Violence or current violence risk to provide safe care.

As more sites begin documenting Violence Risk in PowerChart, the information will expand and provide more history and context to complex behaviour.

Mentorship Quote:

“Language is powerful! Changing something as simple as ‘Violent Patient’ to someone with a ‘History of Violence’ can affect the approach.”



Allison Patterson, OT, LTC Therapy Practice Resource, Violence Prevention Working Group Co-Chair

Supporting Health Care Support Workers

As the first group of Health Care Access Program (HCAP) graduates return to their worksites on October 22, there is an opportunity to reflect on the successes and challenges of supporting the Health Care Support Workers (HCSWs) to help smooth the way forward.



Our HCA Peer mentors have shared some valuable insights about supporting HCSWs at their sites. Ideas include:

- customizing a clear shift schedule for the site
- scheduling of HCSWs on the same shifts as peer mentors as able
- creating an email distribution list for HCSWs and peer mentors
- educating the care team about the HCSW role

The program’s success can be credited to the concerted, collaborative effort of the peer mentors, staff, managers, educators and the HCAP leadership team. The LTC Team would like to extend an enthusiastic thank you to all who have made this program a success!



To continue this work of collaboration and reflection, invitations will be sent out for a virtual Town Hall Meeting on November 24th to join together, share insights and ask questions about the ongoing support of HCSWs at our workplaces.



Test Your Knowledge

Match each term to the statement that best describes it then check your answers on page 6.

1.	Older adults frequently have bacteria in their urine, without signs or symptoms of infection.	A. False
2.	HOV-Patient indicates that the resident has a _____ _ _____.	B. hand hygiene
3.	Triad is best used for the treatment and prevention of incontinence associated dermatitis.	C. History of Violence
4.	Remember that gloves do not replace _____ _____.	D. True

Within the P of the P.I.E.C.E.S.™

People with dementia often use behaviours such as wandering, pacing, cursing or calling out to tell us what they want or how they feel. Consider the following resident story and see how the [P.I.E.C.E.S.™ framework](#) helps the care team understand the “meaning of behaviour” and allows them to take action in a successful, timely manner.

Mr. H is wandering, cursing and removes his wet briefs in the hallway. His incontinence is worse, and staff noticed he has cloudy and foul-smelling urine. When staff attempts to assist resident with care, he resists and pushes the staff away.

Knowing that [older adults frequently have bacteria in their urine](#), without signs or symptoms of infection, the team uses the [PIECES 3-Question Template](#) to avoid making assumptions. They discussed the changes observed and considered the RISKS involved.

1. What has changed? wandering behaviours; worsening incontinence; resisting to care; removing wet briefs

2. What are the RISKS and possible causes?

- Roaming— Yes, resident wanders
- Imminent Physical Harm— Yes, skin breakdown due to incontinence
- Suicide Ideation— Not expressed
- Kinship Relationships, risk of harm— Yes, leaving wet briefs in the hallway
- Self-neglect— Yes, he is not accepting care

- Physical— worsening bladder continence, dark-colored and foul smelling urine; no dysuria (painful or burning urination); no new or increased urinary urgency nor frequency; Abbey Pain Scale=0; query— [Asymptomatic Bacteriuria](#)
- Intellectual—[Cognitive Performance Scale](#) = 4/6 (moderate/severe cognitive impairment)
- Emotional— cursing when briefs are wet
- Capabilities—requires assistance with toileting
- Environment— safety concerns with wandering; leaving wet briefs in the hallway- risk to self and others
- Social— family concerned with the recent changes on the resident

3. What is the Action? See plan of care below.

Date	Focus Word	Desired outcomes S.M.A.R.T.	Intervention (Who, What, When)	Evaluation date	Initial
Nov 19/21	Elimination	Resident’s urine will be clear, amber-colored in 72 hours.	<ul style="list-style-type: none"> • All staff offer fluids to ensure that the resident has access to a minimum 1200-1500 ml of fluids daily • HCA to monitor and report urine odour, cloudiness, and worsening urinary continence 	Nov 22/21	KS
Nov 19/21	Skin Integrity	Resident’s skin will remain dry.	<ul style="list-style-type: none"> • HCA to toilet resident at am/hs and ac/pc meals • Monitor resident’s skin for Incontinence Associated Dermatitis 	Nov 26/21 and weekly thereafter	KS

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Outcome: After 3 days, resident’s urine is clear. Skin is dry and intact. Resident is no longer removing briefs in the hallway and accepting care.



RAI Coding Corner

RAI 2.0

The [Aggressive Behaviour Scale \(ABS\)](#) is one of the 10 outcome scales that are outputs from a completed RAI assessment. These outputs can be used by clinicians to help build a person-centred plan of care.

Specifically, the ABS provides a measure of aggressive behaviour and is calculated from the coding data provided in the following four items within section E4 – but only looking at column A, which is a measure of the FREQUENCY of Behavioural Symptoms over the last 7 days:

E4		(Code for behaviour in LAST 7 DAYS)	
BEHAVIOURAL SYMPTOMS	A. Behavioural symptom frequency in last 7 days		
	0. Behaviour not exhibited in last 7 days		
	1. Behaviour of this type occurred on 1 to 3 days in last 7 days		
	2. Behaviour of this type occurred 4 to 6 days, but less than daily		
	3. Behaviour of this type occurred daily		
	B. Behavioural symptom alterability in last 7 days		
	0. Behaviour not present—OR—behaviour was easily altered		
	1. Behaviour was not easily altered		
	a. WANDERING (moved with no rational purpose, seemingly oblivious to needs or safety)	A	B
	b. VERBALLY ABUSIVE BEHAVIOURAL SYMPTOMS (others were threatened, screamed at, cursed at)		
c. PHYSICALLY ABUSIVE BEHAVIOURAL SYMPTOMS (others were hit, shoved, scratched, sexually abused)			
d. SOCIALLY INAPPROPRIATE or DISRUPTIVE BEHAVIOURAL SYMPTOMS (made disruptive sounds, noises; screaming, self-abusive acts, sexual behaviour or disturbing in public, smeared or threw food or feces, hoarding, rummaged in others' belongings)			
e. RESISTS CARE (resisted taking meds or injections, ADL assistance, or eating)			

E4b – verbally abusive

E4c – physically abusive

E4d – socially inappropriate or disruptive behavioural symptoms

E4e – resists care

ABS scores can range from a low of 0 to a maximum of 12, with higher scores indicating greater frequency and intensity of aggressive behaviour.

The ABS scale is a summative scale, meaning the values coded in E4b, E4c, E4d and E4e can simply be added together to obtain the score.

Scenario: Over the last 7 days, Mr. Smith swears at care staff every morning when they help him get out of bed (E4b); however, due to his past strokes and ongoing frailty, he’s physically unable to strike out at staff (E4c); unfortunately, he also screams every time care staff prepare him for his weekly bath (E4d); finally, he has refused his medication four times (E4e). For section E4 column A, the coding for this fictitious scenario would be as follows: E4b = 3, E4c = 0, E4d = 1, E4e = 2 and, therefore, ABS = 6.

The table below is from the Outcome Scales Reference Guide:

The following descriptors help users interpret the ABS scores.

Descriptor	ABS Score
None	0
Moderate	1–2
Severe	3–5
Very severe	6–12

According to this, Mr. Smith’s ABS is currently very severe. The care team will review Mr. Smith’s care needs, complete further assessments such as a [P.I.E.C.E.S™ assessment](#) and make updates to the plan of care.

Upon completion of the next RAI assessment the care team can revisit the ABS score to see if these interventions have been effective in reducing the aggressive behaviours.

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C O R N E R

You Asked, We Answered



A Member of the Care Team Asks: Where can I find more resources about quality care for seniors?

A Clinical Nurse Educator Answers: The [Long Term Care Support Program](#) has a website that contains continuing learning documents, orientation passports and a calendar of upcoming courses and learning events. There are also links to the bimonthly newsletter and a listing of which CNE is responsible for your area.



[Senior’s Health](#) has a website as well which includes information on approaches to care and clinical resources and tools. There is also information about frailty, delirium, dementia care, falls and many other resources.

Incontinence Associated Dermatitis and Product Support

Wound Wise

Incontinence-associated dermatitis (IAD) is predominantly a chemical irritation resulting from urine or stool coming in contact with the skin. Ammonia from urine and enzymes from stool can disrupt the acid mantle of the skin, eventually causing breakdown. While urinary incontinence may lead to IAD, it is more common in individuals with both fecal and urinary incontinence. Depending on the areas exposed to urine and stool, IAD is not necessarily limited to the perineal area. It can extend up onto the lower back or down onto the inner thighs.

Interventions for treatment and prevention of skin breakdown related to incontinence can best be achieved by:

- Minimizing skin exposure to urine and stool
- Developing a consistent regimen to protect the skin integrity which includes cleansing, moisturizing and applying a skin protectant.

Island Health supplies two products recommended specifically for prevention and/or treatment of IAD.



Skin Care Protectant **Remedy Hydraguard Cream** is the best choice for prevention or treatment of mild to moderate IAD and can be used for all ages. This product contains silicone which is best known for its occlusive properties. It forms a barrier-like coating on the skin that is resistant to both water and air; it can be likened to a “breathable film”. Used medically, silicones have been proven to help heal wounds and improve scarring. Please refer to [product information sheet](#) for application direction.



For prevention and treatment of moderate to severe IAD, rash, redness, excoriated or denuded areas, **Secura Extra Protective Cream (EPC)** is recommended. In fact this product is the most recommended cream for prevention of IAD in cases of severe diarrhea. It is a Zinc Oxide cream laced with petrolatum and Karaya beads which can absorb moderate to large amounts of moisture. Please refer to [product information sheet](#) for application and removal directions.

Repeatedly, we inappropriately see Triad™ cream being used for prevention or treatment of IAD when in fact **Triad™ is not the best choice!** [Triad™ is a Wound Filler: Hydrophilic Paste](#) and a key point is that it is not to be used as a protectant against incontinence associated dermatitis. Triad™ can be used for superficial or shallow wounds that are not infected and “difficult to dress” with other types of dressings. It is also used for autolytic debridement of slough, necrotic tissue or eschar. It is used as a wound care dressing and requires that nursing establish a plan of care which includes monitoring parameters when in use.



Please refer to [Skin and Wound Care Product Support](#) for a comprehensive list of skin care and wound care products available in Island Health.

Introducing Our New Clinical Nurse Educators!

Kamal graduated from University of Victoria in 2010 with a Bachelor of Science in Nursing. She also holds a certificate in the Canadian Falls Prevention Curriculum.

Kamal brings over ten years of experience in Long-Term Care. She started her healthcare career with the Housekeeping Support Services at the age of 19. She moved on to working as an HCA until she completed her Nursing degree in 2010. For the last two years, she worked at the Aberdeen Hospital and most recently as the acting CNL at the Priory Hospital. She also worked with the Seniors Outpatient Clinic supporting seniors living at home.

Kamal became passionate about delivering quality care to seniors at an early age. She believes in a team approach to resident-centered care. She lives in Langford with her husband and two children. She enjoys reading and yoga.

Welcome Kamal!



*Kamal Saroya
Clinical Nurse Educator
The Priory Hospital*



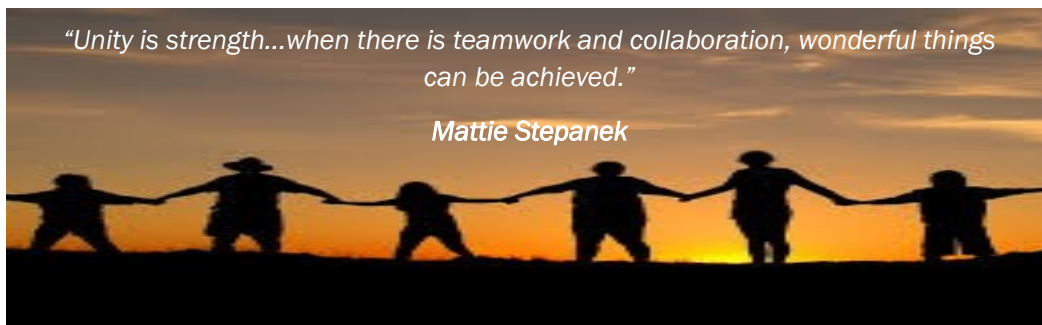
*Tera Walsh
Clinical Nurse Educator
Health Career Access
Program (HCAP)*

Tera has been practicing as a Registered Nurse since 2003. She started her career in the high Arctic at Inuvik Hospital and has since worked in the Lower Mainland and Island Health region in Acute Care, Hospice, Home Care, Long-Term Care and Assisted Living. She has been a Clinical Educator for nearly 14 years including a 2-year stint as an instructor for the HCA program at Camosun College.

Tera's passion lies in supporting our health care teams in their important work of providing excellent care. She believes that creating a safe, supportive learning and work environment promotes continuous improvement and engagement for our teams.

Tera, her husband and two kids live on beautiful Saltspring Island. She loves to make fruit preserves, knit socks and enjoy the outdoors with her family.

Welcome Tera!



To comment on an article, contribute a suggestion or experience, or ask a question send an email to: LTC.Newsletter@islandhealth.ca

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