Residential Care

Winter 2012 Edition

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A Message from the Regional Manager, Community Care Licensing

I am very pleased to offer you this Fall/Winter offering of the Residential Licensing newsletter. One of our first goals is to update you on the recent management change in Community Care Licensing.

Earlier this year, Sharlene Lively left her position here and moved to another Public Health role in Northern Health. In June 2012, I took over the Regional Manager position working out of the Prince George licensing office. I am a Registered Nurse with a lengthy background managing Home and Community Care services in both the community sector and licensed residential facilities. While I have big shoes to fill, I am delighted to have this opportunity to work with an amazing group of people within Public Health Protection.

In this newsletter, I would like to draw your attention to the articles about the new influenza strategy and outbreak protocols. As we move into the cooler winter months, a consistent approach to some of the common illnesses we see can help lessen the impact on both vulnerable residents and staff. Also, in response to some of the inquiries we get from time to time, we are happy to offer you some tips and resources to support best practices in quality care. Finally, we get many questions about when to submit Serious Incident Reports so I hope you find the information insert helpful. If you have additional questions about interpretation of any of the definitions, please don't hesitate to contact your licensing officer.

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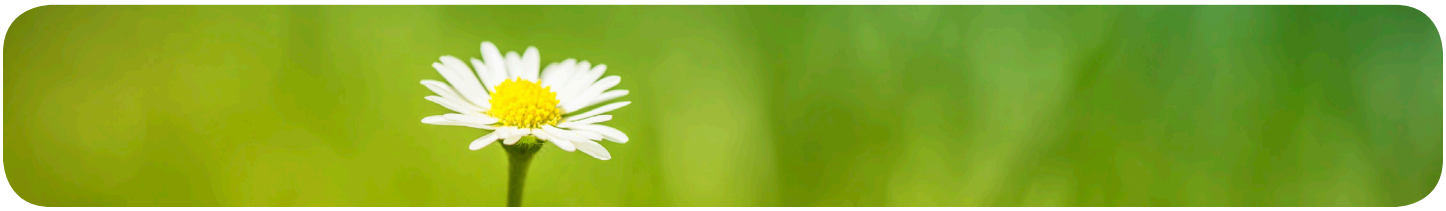
I would also like to take this time to welcome Kelli Sumner to our team. Kelli joins us in the new position of Residential Licensing Officer which is a regional role based out of Prince George. She is a Registered Nurse with a background in acute care, paediatrics and palliative care and, if you've been around Prince George for awhile, you may remember her as a licensing officer in the 1990s. Kelli will initially be working primarily with hospital act facilities and, over time, that role will broaden to take on other resources and projects.

I hope you enjoy this latest edition of the newsletter; if you have any comments or suggestions for future articles, we would welcome your ideas.

Sincerely,
Valerie Waymark
Regional Manager, Community Care Licensing



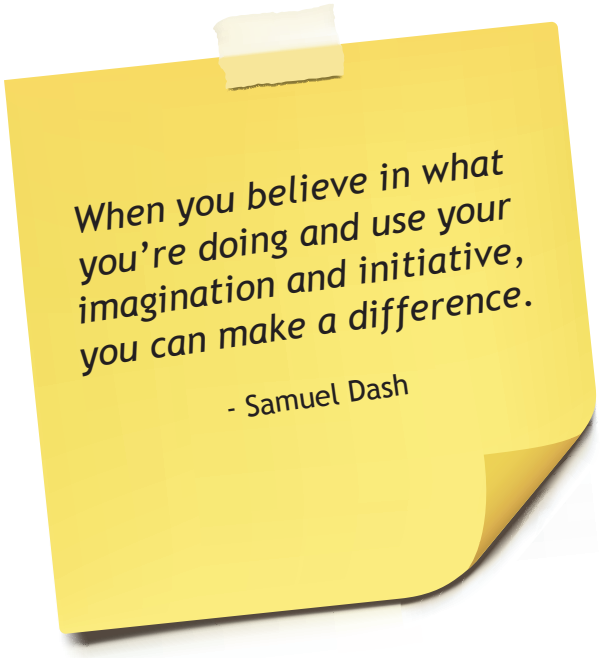
ORDERS IN COUNCIL

As most of you are aware, there have been some recent changes to the Patients' Bill of Rights in July 2012. As part of the Seniors Action Plan and Ombudsperson's Review of Seniors care, these changes will be promoted, monitored and documented by Community Care Licensing. These additional orders will bring regulatory requirements of the Hospital Act Facilities into greater consistency with protections provided by the Residential Care Regulation (Community Care and Assisted Living Act).

The changes that have come into effect are in the following areas:

- Repayment agreements
- Advice on admission
- Harmful actions not permitted
- Privacy
- Access to persons in care
- Dispute resolution
- Care plans

On behalf of the Community Care Facility Licensing staff of the Northern Interior, we would like to give a warm welcome to each of the Hospital Act Facilities in our region. As the newest member of the Licensing team and the Regional Residential Licensing Officer, I look forward to working with you now and in the future as we move through the process of coming into line with the Residential Care Regulations. I have had an opportunity to do site visits to each facility and have provided each facility with copies of the newest Order in Council and well as copies of the Community Care and Assisted Living Act and Regulations. I look forward to continued work together as we implement a monitoring and inspection process of the Hospital Act Facilities.



INFLUENZA PROTECTION STRATEGY

A letter dated November 5, 2012 was recently been sent to all licensed Residential Care Facilities that has concerns for some of you. The letter mentions and outlines the Provincial wide policy regarding influenza vaccinations for staff in Residential Care Facilities.

For this flu season, the Community Care Licensing program will be monitoring awareness and implementation of the Health Authority influenza policy only for the Long Term Care Residential Facilities – both NH funded and non-funded. This policy states that staff in these facilities will need to receive the influenza vaccine or wear a mask for the duration of the flu season.

For all other Residential Care Facilities, the letter that was sent is for information purposes only at this time. Licensing continues to recommend that Licensees follow the currently published BC Centre for Disease Control Guidelines as they have in previous years. For specific information about the recommended guidelines for the Influenza vaccine, please refer to the following website link to the Influenza Health File: http://www.healthlinkbc.ca/healthfiles/hfile12d.stm

In saying this however, please be advised that the Community Care Licensing program may require all Residential Care Facilities to follow the new Provincial wide Influenza Vaccination policy beginning in the 2013/14 influenza season. Prior to implementing this new policy, the Licensees will be formally notified by Community Care Licensing program as to what the policy implementation and monitoring will look like.

FAST FACT!

Individuals can be infectious and transmit the flu for 24 hours before they are symptomatic. Getting the flu shot reduces your risk of getting influenza and of transmitting the infection to others before you know you are sick.

DID YOU KNOW

Emergency Preparedness

All Residential Facilities need an emergency plan

The Residential Care Regulation requires your facility to have an emergency plan that addresses each of the four pillars of emergency management.

1. Mitigation
2. Preparedness
3. Response
4. Recovery

Your Licensing Officer can give you the tools and support to enable you to develop a plan for your facility.

DRUGS THAT INTERACT WITH GRAPEFRUIT ON THE RISE.

As it stands, there are now more than 85 drugs that may interact with grapefruit. The number of drugs that may result in potentially fatal side effects when mixed with grapefruit increased from 17 to 43 during the past four years. This equates to more than six new potentially risky drugs a year.

The list includes some statins that lower cholesterol (such as atorvastatin, lovastatin, and simvastatin), some antibiotics, cancer drugs, and heart drugs. Most at risk are older people who use more prescriptions and buy more grapefruit. (WebMd Health News 2012)

The full article can be viewed at: http://www.medscape.com/viewarticle/775217?src=mp

OUTBREAK PROTOCOL

Many of you are aware of the process that is followed when the Medical Health Officer declares an outbreak in a Residential Care Facility. During a facility outbreak, a practice called Cohorting is observed to prevent further spread of the pathogen.

- Internal Cohorting: Staff members who provide personal level care on an affected wing of a facility are usually "cohorted" to remain on the affected wing and not permitted to provide the same level of care in other parts of the facility until the outbreak is declared over.
- External Cohorting: Staff members who work in an outbreak facility (whether or not in an affected wing) are not permitted to work in another facility until the outbreak is declared over.
- Recovered Returning Staff: Staff members who recover may return to work 48 hours after their symptoms stop may work in the affected facility and continue to be cohorted (externally and or internally) until the outbreak is declared over.

The Medical Health Officer will inform all facility managers through an e-mail fan out list when an outbreak is declared in any facility. This will enable facilities facilitate external cohorting until the outbreak declaration is lifted. We are currently in the process of developing the fan out list and will be contacting all of our facilities in the near future.

Please remember to fill out a Serious Incident Report form/PSLS for all outbreaks
and notify your Licensing Officer.

QUALITY CARE TIPS:

Questions about foot care?
Canadian Association of Foot Care Nurses:
http://cawc.net/index.php/public/foot-care-canada
http://www.cafcn.ca

Canadian Diabetes Association: http://www.diabetes.ca/diabetes-and-you/healthy-guidelines/foot-care-a-step-toward-good-health

Veterans Affairs Canada: http://www.veterans.gc.ca/eng/health/footcare

Looking for a great resource in dementia /palliative care?
Visit Kath Murray @ www.lifeanddeathmatters.ca

This is an amazing resource providing online learning, webinars, and a very interesting blog.

Music can help those struggling with dementia
How music reaches the "alive inside" of people is shared in this you tube video: "The Story of Henry"

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SERIOUS INCIDENT REPORTING

Residential Care Facilities must immediately notify the parent, representative or contact person of a resident in care, if the resident becomes ill or is injured; or is involved in (or witnesses) a reportable incident. In addition, the licensee must also immediately notify the Medical Health Officer (Licensing Officer), the doctor or nurse practitioner responsible for the resident's care, and the funding program (if applicable) of the reportable incident. If a resident has a reportable communicable disease as listed in Schedule A of the ***Health Act Communicable Disease Regulation***, the licensee must notify the Medical Health Officer within 24 hours of becoming aware of it.

WHAT INFORMATION SHOULD I INCLUDE IN MY REPORT?

Licensing Officers will require a first hand, eye witnessed account of the incident; therefore, it is advisable that staff who were directly involved in the incident, complete the incident report. The manager can review the report and provide any additional details and follow up actions prior to signing the report. If the facility manager completes the report, it is helpful to include the staff notes regarding the incident to ensure all relevant details and contributing factors are included.

The following information should be included on the serious incident report, to ensure that it provides the details needed for proper assessment.

Provide as much descriptive detail as possible (who, what, when, where, how, why).
Note the sequence of events that led to the incident and identify any precipitating factors that may have contributed.

- Provide the names of the staff person(s) who were directly involved in the incident.
- Provide the name(s) of other persons in care who may have witnessed the incident.
- Describe the strategies that were implemented to mitigate the circumstances.
- Describe the immediate response steps that were taken as well as the safety measures, corrective and preventative actions that were put into place as a result.
- Indicate the persons that were notified.
- Include the current status of the person who was adversely affected; and, if any changes were made to their plan of care.

In order for notification to the Medical Health Officer to be considered complete, you must connect with a Licensing Officer by way of a telephone call or email notification in addition to providing a copy of the incident report. Should your Licensing Officer be unavailable, you will always be provided with this information on the voice message machine and email along with directives to connect with another Licensing Officer on the matter.

SCHEDULE D

(Section 77 [reportable incidents])

For the purpose of this regulation, any of the following is a reportable incident:

Term	Definition
Physical abuse	Any physical force that is excessive for, or is inappropriate to, a situation involving a person in care and perpetrated by a person not in care
Sexual abuse	Any sexual behaviour directed towards a person in care and includes (a) any sexual exploitation, whether consensual or not, by an employee of the licensee, or any other person in a position of trust, power or authority, and (b) sexual activity between children or youths, but does not include consenting sexual behaviour between adult persons in care
Emotional abuse	Any act, or lack of action, which may diminish the sense of dignity of a person in care, perpetrated by a person not in care, such as verbal harassment, yelling or confinement
Neglect	The failure of a care provider to meet the needs of a person in care, including food, shelter, care or supervision
Financial abuse	(a) the misuse of the funds and assets of a person in care by a person not in care, or (b) the obtaining of the property and funds of a person in care by a person not in care without the knowledge and full consent of the person in care or his or her parent or representative
Unexpected illness	Any unexpected illness of such seriousness that it requires a person in care to receive emergency care by a medical practitioner or nurse practitioner or transfer to a hospital
Disease outbreak or occurrence	an outbreak or the occurrence of a disease above the incident level that is normally expected "death" means any death of a person in care
Fall	A fall of such seriousness, experienced by a person in care, as to require emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital
Choking	A choking incident involving a person in care that requires emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital
Motor vehicle injury	An injury to a person in care that occurs during transit by motor vehicle while the person in care is under the care and supervision of the licensee
Other injury	An injury to a person in care requiring emergency care by a medical practitioner or nurse practitioner or transfer to a hospital
Poisoning	The ingestion of a poison or toxic substance by a person in care
Service delivery problem	Any condition or event which could reasonably be expected to impair the ability of the licensee or his or her employees to provide care, or which affects the health, safety or dignity of persons in care
Aggressive or unusual behavior	Aggressive or unusual behavior by a person in care towards other persons, including another person in care, which has not been appropriately assessed in the care plan of the person in care
Missing or wandering person	A person in care who is missing
Medication error	An error in the administration of a medication which adversely affects a person in care or requires emergency intervention or transfer to a hospital
Attempted suicide	An attempt by a person in care to take his or her own life
Emergency restraint	Any use of a restraint that is not agreed to under section 74 [when restraints may be used]