Continuing Care Health Service and Accommodation Standards

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1.0 Continuing Care Health Service and Accommodation Standards

1.1 Introduction

Increasing numbers of Albertans are relying on the services offered in supportive living and long-term care facilities to maintain their quality of life.

Albertans want a continuing care system where services and accommodation support their independence and quality of life, and are centered on and responsive to the individuals who use the service. They want services and accommodation, such as supportive living and long-term care facilities, that respond to their needs and provide compassionate care. They expect to be treated as individuals, to be respected, and to have input into the services that are provided for them.

The unbundling of health care services, residential services and accommodation has had an impact on the operation of supportive living and long-term care facilities. Alberta Health and Wellness has retained responsibility for health care services while Alberta Seniors and Community Supports has assumed responsibility for overseeing the government's role in the provision of residential services and accommodation (i.e., room, board and housekeeping).

Health care services, residential services and accommodation, including supportive living and long-term care facilities, in Alberta are subject to a number of Provincial Statutes and Regulations (Appendix A). The **Continuing Care Health Service and Accommodation Standards** build on these existing Statutes and Regulations, and include a number of 'best practice' standards not currently in legislation.

Government has identified a need to establish and implement provincial standards, monitoring mechanisms, and quality improvement processes for supportive living and long-term care accommodation.

Alberta Health and Wellness has developed **Continuing Care Health Service Standards** that apply to publicly funded health care services provided in all three steams of the Continuing Care System – Home Living; Supportive Living; and, Facility Living (see below). The continuing care home care standards apply to clients receiving publicly funded home care for a period exceeding three months.

CONTINUING CARE SYSTEM

Home Living	Supportive Living	Facility Living
• Houses • Apartments • Condominiums	• Group Homes • Lodges • Enhanced Lodges • Assisted Living • Designated Assisted Living	• Long-Term Care Facilities o Nursing Homes o Auxiliary Hospitals

The health services standards complement the **Accommodation Standards** developed by Alberta Seniors and Community Supports for supportive living accommodation and long-term care facilities.

Definitions used in this document are provided in Appendix B.

1.2 Setting, Monitoring and Enforcing Standards

The **Continuing Care Health Service and Accommodation Standards** are intended to require compliance with relevant legislation, regulations, bylaws and rules established by municipalities, the Government of Alberta and the Government of Canada, as well as certain 'best practice' standards not currently in legislation, to ensure that the health, safety and well-being of the resident is protected.

There are other relevant legislation, regulations, bylaws and rules that apply to supportive living and long-term care facilities to which housing operators are expected to comply. Many of these standards are reviewed for compliance by other areas of jurisdiction (e.g., Public Health Officer, Fire Department, Bylaw Enforcement). The standards process is not intended to duplicate the work of other regulatory bodies.

Regional health authorities may also establish additional standards through contracts with supportive living and long-term care facility operators. Standards established by contract may supersede those set out in this document provided they are not less stringent and do not affect the sustainability of the facility within the legislated accommodation rates.

A process for monitoring and enforcing compliance with the **Continuing Care Health Service and Accommodation Standards** may involve enhancements to the Health Facilities Review Committee or the establishment of a new review organization.

1.3 Involving Residents, Family Members and the Public

The central purpose of supportive living facilities and long-term care facilities is the provision of quality health care services in a safe, comfortable, appropriate setting. The needs of residents and their families must be considered in all aspects of the design and operation of supportive living and long-term care facilities. Facilities must make a concerted effort to provide opportunities for residents and their families to provide meaningful input.

Supportive Living and long-term care facilities operate within the social environment of the communities they serve. It is equally important that community needs, priorities and cultural norms are reflected in the design and operation of local facilities. Communities can be represented by individual members, elected bodies and stakeholder organizations with specific interests.

1.4 Maintaining the Standards

An ongoing process to review and update the **Continuing Care Health Service and Accommodation Standards** is required if they are to remain relevant in light of changing expectations, regulations, products and services. This process should include representatives of government, regional health authorities, supportive living facility operators, long-term care facility operators, residents, family members, stakeholder organizations and the public.

The **Continuing Care Health Service and Accommodation Standards** are divided into two parts:

PART ONE **Continuing Care Health Service Standards**
These standards are the responsibility of the Department of Health and Wellness.

PART TWO **Accommodation Standards**
These standards are the responsibility of the Department of Seniors and Community Supports.

PART ONE

CONTINUING CARE HEALTH SERVICE STANDARDS

2.0 Approach To Continuing Care Health Service Standards

2.1 Introduction To Continuing Care Health Service Standards

The 1999 Broda Report (*Healthy Aging: New Directions for Care*) and the Government of Alberta response (*Strategic Directions and Future Actions: Healthy Aging and Continuing Care in Alberta*), released in 2000, set a vision where all people are treated with respect and dignity; have access to information which allows them to make responsible choices regarding their health and well-being; where they can achieve quality of living, supported by relatives, friends and community networks; and, by responsive services and settings. The guiding principles consistent with the vision are focused on wellness and prevention; client centered access to information and privacy; individual and shared responsibility; effectiveness and efficiency; and, an inter-sectoral approach.

2.2 Mission

Alberta's **Continuing Care Health Service Standards** will enable Albertans receiving continuing care health services to have confidence in the quality of services they receive.

Albertans will know what the health service standards are; how they will improve with time as practice standards evolve; and, how to influence decisions by health care workers and administrators. They will know the responsibilities of care providers and individuals and they will know the results of quality of care assessments. Established standards will facilitate the measurement of quality of care and compliance which can be reported to Albertans.

Health care providers will clearly understand the standards for continuing care health services province-wide, within each health region, and in the specific program or facility where they work.

Regional health authorities, including health care administrators, and facility operators will clearly understand their accountability to deliver, and publicly report on continuing care health services.

The Minister of Health and Wellness will know the quality, quantity and effectiveness of continuing care health services being provided to Albertans.

2.3 Continuing Care Health Services

Continuing care health services are professional and personal care services usually delivered by regional health authorities or their contracted health care providers. They also include self-managed, or guardian-managed home care services where Albertans receive financial support to purchase necessary personal care services independently.

Eligible benefits for nursing home services are set out in the *Nursing Homes Act*, auxiliary hospital services are set out in the *Hospitals Act* and publicly funded home care services are set out in the *Co-ordinated Home Care Program Regulation,* and as may be directed by the Minister of Health and Wellness from time to time.

2.4 Scope

The **Continuing Care Health Service Standards** apply to long-term care facilities and publicly funded home care for a period exceeding three months. Long-term care facilities are defined as nursing homes and auxiliary hospitals. Publicly funded home care services are delivered in homes or supportive living settings, by or under a contract with regional health authorities.

2.5 Role of Alberta Health and Wellness, Regional Health Authorities, Long-Term Care Facility Operators, Publicly Funded Home Care Agencies and Professional Associations

Improving the quality of Alberta's continuing care health services is a shared responsibility. Albertans and their families who require continuing care services are responsible for being active participants in their own care and collaborating with health care providers to achieve mutually agreed upon goals and targets.

Alberta Health and Wellness establishes **provincial standards** and sets performance expectations for safety, consistency and reliability. Regional health authorities establish **regional standards** that set optimum performance requirements for best practice, fiscal sustainability and quality outcomes. Individual operators and agencies establish **operational standards** that serve as operational guidelines and protocols. Regulatory bodies for health professionals ensure that health

professionals meet established or acceptable **standards** for competence and conduct.

2.6 Purpose

The **Continuing Care Health Service Standards** will guide regional personal care providers in delivering quality care services that support personal choice, dignity and respect for Albertans receiving the services. The standards support a client-centred model of care based on principles of individual assessment and care planning, personal choice and independence, and that recognizes the importance of family and community in maintaining quality of life.

Quality of care is enhanced through reviewing the structure, processes and outcomes of health service delivery. It includes quality improvement initiatives, best practice identification and implementation, measurement, monitoring, complaints resolution and prevention of abuse.

The **Continuing Care Health Service Standards** support personalized assessment of unmet health care needs for Albertans using a uniform, province-wide assessment approach.

> *Unmet health care needs are those needs, determined by a regional health authority health care professional, that can no longer be provided by a person or by the person's family, friends and community.*

The standards guide the preparation of individualized care plans for Albertans who can no longer remain fully independent and care for themselves.

The **Continuing Care Health Service Standards** will be supported by the provincial implementation of the inter*RAI* Minimum Data Set (MDS) 2.0 (for long-term care facility residents) and MDS-HC (for continuing care home care clients) in all health regions by fall 2007. (Appendix C)

> *InterRAI is an internationally recognized consortium of continuing care experts who have devised the world's best practices for continuing care assessment, care planning, quality outcome indicator measurement and reporting. The interRAI tools are based on a minimum data set (MDS) of measurements that permit individuals and their health care advisors to plan and deliver necessary continuing care services.*

The provincial health standards are completed by the *Canadian Council on Health Services Accreditation* (CCHSA) standards for continuing care facilities and community based services.

The standards complement the *Health Quality Council of Alberta* dimensions of quality and the Alberta Quality Matrix for Health.

The standards support the importance of competent, skilled staff in the care of continuing care residents and clients. All health care aides, by September 2007 will be required to be educated and trained to have a full complement of core competencies based on the Province of Alberta Health Care Aide Curriculum.

The standards acknowledge, and require, that all health care service providers, including contracted operators and agencies, comply with relevant legislation and professional practice standards.

The **Continuing Care Health Service Standards** are provincial standards and are divided into two main themes. Within each theme, there are a series of detailed standards.

I. Putting Individuals First: Ensuring Quality Health Services for Residents and Clients Receiving Health Services in a Continuing Care Program;
II. Creating a Culture for System Quality Improvement and Quality Assurance Standards of Practice.

The standards applying to individuals are based on the principle of individualized care planning and integrated teams providing industry best-practice standards of care. The standards applying to health service systems are based on the principles of ensuring quality of care, quality improvement initiatives and accountability for service delivery.

CONTINUING CARE HEALTH SERVICE STANDARDS

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I. PUTTING INDIVIDUALS FIRST: ENSURING QUALITY HEALTH SERVICES FOR RESIDENTS AND CLIENTS RECEIVING HEALTH SERVICES IN A CONTINUING CARE PROGRAM

II. CREATING A CULTURE FOR SYSTEM QUALITY IMPROVEMENT AND QUALITY ASSURANCE STANDARDS OF PRACTICE

Quality Improvement and Accountability

I. PUTTING INDIVIDUALS FIRST: ENSURING QUALITY HEALTH SERVICES FOR RESIDENTS AND CLIENTS RECEIVING HEALTH SERVICES IN A CONTINUING CARE PROGRAM

A care plan is based on a detailed health and functional assessment of strengths, abilities, needs and foreseeable risks. From the assessment, a detailed integrated care plan is developed with the client or representative, including agreed upon resident goals or expectations. The care plan sets out what services are going to be provided, by whom, and when, with scheduled evaluation according to targeted outcomes, and adjustment of the care plan.

The care plan considers the client's physical and psychosocial needs, cultural and spiritual preferences, lifestyle patterns and characteristics. Choice is to be respected as much as possible considering the limitations of the physical environment and available resources. Where there are potential risks associated with resident or client preferences, the risks are to be clearly identified, discussed and documented by the caregiver, understood by client and family with agreed strategies to address or mitigate risk. Clients and residents shall be free from abuse, exploitation, discrimination, reprisal and punitive action.

STANDARD 1.1

Each regional health authority will ensure that Albertans have timely access to community and long-term facility based continuing care health services based on assessed unmet needs within regional resources.

Each regional health authority shall implement provincial coordinated access policies, as summarized below:

1.1 (a) Clients seeking services can receive timely information and referral through a single contact.

1.1 (b) Regional co-ordinated access must be available seven days a week with a toll free phone line. Co-ordinated access can be linked with other points of contact with the health system, for example, Health Link.

1.1 (c) Clients, residents and families are to receive consistent factual information on the range of community and long-term care services, costs, effectiveness and outcomes of services, and alternative options that are available to address the clients' specific health needs.

1.1 (d) All clients have equal opportunity to access and use services, free from any type of discrimination. The regional health authority considers disadvantaged, hard-to-reach, rural, ethnic or physically challenged clients in providing services.

1.1 (e) Regional health authorities manage waitlists for continuing care systems including facility based continuing care and access to community home care programs based on varied levels of need and urgency as a prime consideration.

STANDARD 1.2

Where possible, individuals shall be supported to receive health services in their preferred setting.

1.2 (a) When individuals receive services in community settings, the environment must be appropriate for health service delivery.

1.2 (b) Where the community setting is not appropriate for health service delivery, provision of services in these environments may be denied. Individuals requesting services in these settings shall be advised of the risks and available alternatives.

1.2 (c) Long-term care facility and home care staff will not be required to work in unsafe settings.

STANDARD 1.3

Clients, residents and their family members or representatives are integral, active team members in care planning.

1.3 (a) Long–term care facilities, and publicly funded supportive living programs, such as designated assisted living, and home care programs shall have a clearly written document that outlines the services, any associated charges, responsibilities of the facility, program and the client. This document is to be provided to all clients and residents upon admission or commencement of services. In a facility, it must be posted in a visible location to serve as a reminder to staff and residents.

1.3 (b) All long-term care facility residents, and continuing home care clients shall be encouraged to have a personal directive in place. Residents or clients who do not have a personal directive and are competent shall be provided with information on personal directives.

1.3 (c) Long-term care facilities, and publicly funded supportive living programs, such as designated assisted living, shall provide on-going support and cooperation with a "resident/family council". A resident/ family council advises residents of their rights in the home, reviews the operation of the home, mediates and resolves disputes between residents and the home, and reports concerns and makes recommendations for improvements in the home.

1.3 (d) Long-term care facilities, publicly funded supportive living and home care programs shall have a formal, written, complaint resolution process which is straight-forward, easy and non-threatening for clients and residents to use, which includes explaining how to file a verbal or written complaint, if the need should arise, and responding to complaints in a fair and timely manner.

1.3 (e) Long-term care facilities, and home care programs shall have or will participate in a systematic process for resident and client feedback, including the use of annual surveys.

1.3 (f) Long-term care facilities, and home care programs shall have a clearly defined process for acting on quality concerns identified through resident or client feedback.

STANDARD 1.4

Long-term care residents and continuing home care clients shall be assessed using a comprehensive assessment tool.

1.4 (a) The assessment tool supported by Alberta Health and Wellness for long-term residents is the inter*RAI* MDS 2.0, as may be amended from time to time. (Appendix C)

1.4 (b) The assessment tool supported by Alberta Health and Wellness for continuing home care clients is the inter*RAI* MDS-HC, as may be amended from time to time. (Appendix C)

1.4 (c) Assessments must be completed on admission, as health needs change, annually or more often as may be required to comply with the schedule and data standards as defined by interRAI and Canadian Institute for Health Information.

1.4 (d) Where the inter*RAI* assessment triggers further detailed assessment, or where additional specialized assessments are required, appropriate health care professionals must be consulted in the development of the care plan.

1.4 (e) Resident or Client Assessment Protocols (CAPS/RAPS) that are generated from the MDS assessments are to be considered when preparing the initial care plan and when updating the care plan due to a change in assessed care needs. (Appendix D)

STANDARD 1.5

All long-term care residents, and continuing home care clients shall have an individual professional care provider designated as a case manager. Other terms may be used for this function, but the role remains the same.

1.5 (a) The case manager is responsible for ensuring that assessments and care plans are prepared and updated regularly.

1.5 (b) The case manager is responsible for involving all team members, including the resident, client or representative, in the assessment and care planning, and communicating changes in the care plan.

1.5 (c) The case manager is responsible for communicating the results of the assessment and care plan with the resident, client or representative in a clear and easy-to-understand way.

1.5 (d) The case manager is to ensure that the resident or client's wishes for care in the event of a serious illness or a life-threatening condition are clearly documented and communicated to all team members.

1.5 (e) The case manager is responsible for coordinating services by helping clients, their families, and service providers to work together; by facilitating links with the most appropriate providers, level of service, and resources across the continuum to avoid duplication of services and to achieve agreed upon goals.

1.5 (f) The case manager is responsible for ensuring that residents, clients or representatives providing care, as determined by the integrated care plan, are appropriately supported. For example, if a family member is assisting in providing meal assistance, he or she should be taught how to feed safely to avoid choking and the risk of aspiration.

1.5 (g) The case manager may arrange to transfer case management functions to other health professionals, for example, when the resident or client is hospitalized or discharged from one continuing care program to another. The process must be transparent and seamless and communicated to the individual or their representative.

STANDARD 1.6

All long-term care residents and continuing home care clients shall have one integrated, current care plan based on an assessment that outlines agreed upon goals, expected results, interventions and implementation strategies, and planned evaluation.

1.6 (a) All long-term care residents, continuing home care clients, and their family care givers, if appropriate and agreed to by the competent resident or client, shall be given opportunity to participate in the care planning process.

1.6 (b) The integrated care plan includes:

- goals and expected results within a specific time frame;
- the roles and responsibilities of the team, other providers, other organizations, residents, clients and their families;
- detailed plan of care including all interventions required to achieve goals;
- where and how services will be provided to assist residents or clients to achieve and maintain optimal health and well-being, independence and quality of life;
- how the services will be monitored to determine whether the goals and expected results have been achieved;
- the effectiveness of the interventions should also be evaluated on an ongoing basis utilizing the MDS assessment and quality indicators. (This information could be used to determine “best practices” in certain areas within a facility or across facilities as a knowledge sharing opportunity.)

1.6 (c) The health services team obtains informed consent before starting any service or intervention. Informed consent is obtained by verifying that the resident, client or representative understands all the verbal and written information, understands the options, risk and benefits.

STANDARD 1.7

Integrated care plans shall be evaluated on an ongoing and planned basis, and revised, as the resident or client's needs, or goals change and when alternate strategies are identified. This includes identifying and addressing any barriers that are preventing residents or clients from achieving their set goals and expected results.

STANDARD 1.8

Nursing home and auxiliary hospital services shall be provided in accordance with assessed needs, and as set out in the legislation, including the *Nursing Homes Act*, *Hospitals Act* and other relevant regulations, as may be amended from time to time.

STANDARD 1.9

Publicly funded home care services shall be provided in accordance with assessed needs, and as set out in the legislation, including the *Co-ordinated Home Care Program Regulation*, as may be amended from time to time.

STANDARD 1.10

Where the resident or client needs cannot be met within available nursing home, auxiliary hospital or publicly funded home care programs, each resident, client or representative shall be informed as to why assessed needs cannot be met, and available options, including assistance for referral to appropriate services.

STANDARD 1.11

Long-term care facility operators and publicly funded home care programs are to make available, either through direct service delivery or referral, to an appropriate mix of professional health clinicians and non-regulated health care providers to meet the physical, psychological, emotional and spiritual needs of residents or clients in accordance with assessed needs and care plans, within regional resources.

1.11 (a) Basic professional health clinicians includes, but is not limited to, physicians, registered nurses, registered psychiatric nurses, licensed practical nurses, physical therapists, occupational therapists, recreation therapists, social workers, dieticians, pharmacists, psychologists, speech-language therapists, respiratory therapists.

1.11 (b) Nursing home, auxiliary hospital, and publicly funded home care services shall be delivered by care providers working within their competencies.

- Regulated health service providers must work within the scope of practice defined by the *Health Professions Act*, relevant legislation, and governing professional organizations.
- Non-regulated health service provider competencies may be determined from time to time by provincial and regional guidelines.
    - All health care aides providing publicly funded health care services in Alberta, by 2007, must be educated and have full core competencies to meet the health care aide requirements as set out in the Alberta Health Care Aide Curriculum, as may be amended from time to time.

1.11 (c) All professional health services staff, contractors, affiliates providing health services in a long-term care facility, publicly funded supportive living setting, or home care program are to work within organizational policies and procedures and within their professional scope of practice (knowledge and experience), using evidence based best practices to guide the delivery of service.

<u>Professional Nursing Services</u>

1.11 (d) Necessary professional nursing services must be available 24 hours a day, as required by legislation, to provide health assessment, professional nursing care and a variety of coordination and evaluation services related to resident needs in nursing homes or auxiliary hospitals.

1.11 (e) Regional health authorities are responsible for providing home care clients, including those in supportive living settings, with access to necessary professional nursing services based on assessed needs.

Non-Regulated Health Services

1.11 (f) All non-regulated health services staff providing health services in a long-term care facility, publicly funded supportive living setting, or home care program, are to work within organizational policies and procedures and within their scope of practice (knowledge and experience) under the supervision of a regulated health professional. Examples of non-professional health services staff include, but are not limited to: personal care aides, home health aides and rehabilitation assistants.

1.11 (g) Necessary personal care services are available 24 hours a day, as required by legislation, to long-term care residents based on assessed unmet needs, within eligible benefits as set out in the *Nursing Homes Act* and relevant legislation, or as may be directed by the Minister of Health and Wellness.

1.11 (h) Regional health authorities are responsible for assessing and making available necessary personal care services to continuing home care clients, based on assessed unmet needs, within eligible benefits as set out in the *Co-ordinated Home Care Program Regulation*, or as may be directed by the Minister.

Staffing Levels in Contracted Continuing Care Programs

STANDARD 1.12

Regional health authorities, with health service contracts in supportive living or long-term care facilities, are responsible for processes in the contract, which address sufficient levels and types of health service staffing to provide appropriate and safe care for residents.

Medical Services

STANDARD 1.13

All nursing home and auxiliary hospital residents must be under the care of a physician.

1.13 (a) Long-term care facility operators must have a service agreement with community physicians, and residents must be under the medical care of a physician who is an affiliate of the facility.

1.13 (b) Facilities and regional health authorities should have a process to support residents who wish to remain under the care of their family physician where the physician is not an affiliate of the facility. There should be clear understanding of the limitations and responsibilities for services that the family physician will or will not provide.

1.13 (c) Long-term care facility operators will appoint a physician as a medical advisor. The medical advisor shall be affiliated with and in good standing with the regional health authority. Responsibilities of the medical advisor includes: review of resident care and records, participation in the development of health service policies, programming and strategies, review and monitoring of physician services, addressing concerns regarding medical practice, and communication of regional medical policies to facility physicians.

1.13 (d) Long-term care facility operators are responsible for medical staff by-laws governing the organization and conduct of physicians practicing in the nursing home or auxiliary hospital. It is sufficient if the medical staff by-laws incorporate the regional medical by-laws.

1.13 (e) Medical staff by-laws include policies and procedures governing medical care of residents, and may include delegated medical responsibilities, roles and responsibilities of nurse practitioners and advance practice nurses.

1.13 (f) The long-term care facility operator is responsible for ensuring that processes are in place to ensure residents have access to emergency and on-call medical services on behalf of residents. This includes planned access to acute care and ambulance services.

STANDARD 1.14

Regional health authorities are responsible for protocols to ensure that home care clients are provided with information on how to access necessary medical services, based on assessed unmet medical needs.

Pharmacy, Clinical Pharmacist and Medication Services

STANDARD 1.15

Long-term care facility operators must have established processes and procedures that clearly identify responsibilities for the administration and monitoring the effectiveness, side effects and interactions of medications, including client or family responsibility.

Continuing home care programs, including supportive living settings that provide medication reminder, medication assistance or medication administration services shall ensure that processes are regularly reviewed to ensure client safety and the prevention of medical errors.

1.15 (a) The following standards apply to medication administration programs:

- Long-term care facility operators must make arrangements for pharmacy clinical services and provision of medications, as per the regional health authority's formulary system and processes, including compliance with all relevant legislation. Where facilities do not have a pharmacist on staff, they must have a formal current service agreement, specifying dispensing services and clinical services to be provided, including clinical consultation.
- The use and disposal of medications must meet all legislated requirements and professional standards of practice, as may be amended from time to time.
- Prescription and medication usage are reviewed and assessed for desired benefits, appropriateness, adverse effects and interactions before initial use and on a regular basis to provide optimal pharmaceutical care.
- Health professional medication reviews are determined by medical changes, client or resident needs, best practice and professional standards. Prescriptions and medication usage should be reviewed at least annually, or more often as may be required, to ensure appropriateness of each medication (especially antipsychotics, antianxiety, antidepressant, sedative, hypnotic and cardiac medications); the use of multiple medications initiated and drug interactions. Medications in long-term care facilities shall be reviewed at least quarterly.
- Long-term care residents, continuing home care clients, or their representatives, are provided with simple and easy to understand information about their medications, including the expected benefits, potential adverse effects and drug interactions, the risk and consequences of non-compliance, and when medications may be discontinued to ensure the safe and proper use of medications.

- Processes are in place to prevent, monitor and promptly respond to any adverse events resulting from medication use.
- All staff administering medication shall adhere to current best practice and professional standards.
- Processes should be in place to identify desired effects in a specified timeframe, review potential interactions and adverse effects when over-the-counter or alternative medications are requested or brought in by clients or residents.
- Where required, and based on the client's assessed unmet needs, community case managers should review and monitor medication prescriptions for home care clients with the primary care physician and a pharmacist.
- Supportive living operators, with regional health authority service contracts for medication administration, are responsible and accountable for ensuring safe administration, accurate distribution and monitoring of medications for clients.
- Clients should be supported in accessing the community pharmacy of their choice. Where clients are unable to access the community pharmacy of their choice, they must be advised of any associated costs and alternatives.

1.15 (b) The following standards apply to medication assistance programs:

- Non-regulated health care providers must complete an approved program on medication assistance and maintain competency as per processes outlined by the facility, the regional health authority, or the program.

Nourishment and Hydration

STANDARD 1.16

Long-term care residents and continuing home care clients will be assessed for nourishment and hydration needs and appropriate care planning developed, including implementation and ongoing evaluation.

1.16 (a) Dietary and hydration services in facility settings must comply with all industry established standards as set out by Alberta Seniors and Community Supports and relevant legislation.

1.16 (b) Where an assessment identifies a long-term care resident at moderate to high, nutrition or hydration risk the long-term care operator shall ensure the resident has access to appropriate health professional services.

1.16 (c) Where an assessment identifies a home care or supportive living client at moderate to high, nutrition or hydration risk the home care nurse, or case manager, is responsible for appropriate referrals and linkages as required to assist the client in achieving adequate nutrition and hydration.

1.16 (d) All long-term care facility operators shall obtain the services of a registered dietitian for appropriate implementation and evaluation of all therapeutic diet orders or order changes, texture modified diet orders, significant food allergies, and other nutrition or hydration related concerns.

1.16 (e) Based on assessed needs, each long-term care resident or facility based client is provided with dietary and hydration assistance, intake is monitored and adjusted as required.

Therapeutic Services

STANDARD 1.17

Long-term care residents and continuing home care clients shall have access to qualified therapeutic services based on assessed needs, within an approved regional or provincial program. The purpose of the therapeutic service is to assist residents or clients in achieving a maximum level of independence. Where a service is not provided in the facility or community setting, the resident or client shall be referred to an alternate service.

1.17 (a) Long-term care residents and continuing home care clients shall have access to therapeutic services, including but not limited to: professional physiotherapy, occupational therapy and clinical dietitian services based on assessed needs and assessed benefits.

1.17 (b) Regional or provincial programming includes optional therapeutic services such as speech language pathology, audiology, respiratory therapy, kinesiology, volunteer coordination and counseling. Counseling includes social work, psychology and pastoral services.

Therapeutic Life Enrichment

STANDARD 1.18

Care planning for residents in long-term care facilities, and clients receiving publicly funded health services in supportive living settings must include a therapeutic assessment and planned activities, appropriate for the resident or client's interests and abilities, focusing on therapeutic outcomes and quality of life.

Diagnostic Services

STANDARD 1.19

Diagnostic services meet industry accreditation standards.

Allied Services

STANDARD 1.20

Nursing home or auxiliary hospital residents may choose to access allied health services. Allied health services are not considered part of the nursing home or auxiliary hospital service program and residents or their representatives are entirely responsible for any fees or associated risks. Allied health services, include, but are not limited to, podiatry, acupuncture, chiropractic therapy.

Wellness Promotion

STANDARD 1.21

Care planning for long-term care residents, and clients receiving publicly funded health services in supportive living settings, should include the provision of activities which promote mental and physical health, maintain a state of wellness, including prevention and early detection of disease and injury, immunization, education, and exercise programs.

Specialized Health Service Equipment and Medical Surgical Supplies

STANDARD 1.22

All long-term care residents, home care clients, and clients receiving publicly funded health services in supportive living settings, shall be assessed, as required, for specialized health service equipment and medical surgical supplies.

1.22 (a) For publicly funded community based programs, the case manager is responsible for ensuring that clients are assisted, as necessary, to access needed equipment and medical-surgical supplies based on assessed needs.

1.22 (b) Long-term care facility operators are responsible for ensuring that appropriate equipment and medical-surgical supplies, as per nursing home or auxiliary hospital benefits, are available based on assessed needs. Where equipment and medical-surgical supplies are not provided as per eligible benefits, as may be defined by regulations, operators are responsible for assisting residents to access equipment and supplies, as necessary.

1.22 (c) Long-term care facility and supportive living operators, providing publicly funded health services, and continuing home care administrators are responsible for ensuring that all health service equipment is operated and maintained in accordance with CSA Standards, the equipment manufacturer, and regional health authority policies, to ensure that it is in safe operating condition.

1.22 (d) All staff, clients, residents or family caregivers, using health related equipment provided under a nursing home, auxiliary hospital or publicly funded home care program, for example a mechanical lift, must be properly instructed to ensure use of equipment meets Canadian safety standards and minimizes the risk of injuries.

1.22 (e) Where health service equipment is not provided by the long-term care facility operator, or the publicly funded home care program, residents, clients or representatives should be informed of their responsibility to maintain the equipment and to follow manufacturers recommendations for usage.

Health Information

STANDARD 1.23

Health service documentation and charting systems must comply with all relevant legal requirements, provincial and federal legislation, including relevant privacy legislation, and professional practice standards.

1.23 (a) Health care providers, long-term care residents, publicly funded home care clients, and their representatives have timely access to needed health information, based on a need to know and in compliance with all relevant legislation.

Facility Design

STANDARD 1.24

Where a facility design places residents at risk, or does not support optimal care, the resident, client or representative should be advised of the risks and available alternatives. Where the resident, client or representative does not consent to assuming the risks, the case manager is responsible for assisting them in identifying suitable alternate accommodation.

1.24 (a) All long-term care facility operators, and administrators of a publicly funded home care program in a supportive living setting, shall take all reasonable steps to mitigate any identified risks associated with facility design.

Operational Processes

STANDARD 1.25

Regional health authorities, long-term care facility operators and publicly funded home care administrators share responsibility to have documented operational processes, which incorporates evidence-based best practice information, to guide care-planning and service provision as appropriate to the service stream.

1.25 (a) Operational processes include, but are not limited to:

- Resident, client or representative orientation to the facility or the program.
- Health information management, including documentation or charting, and access to personal health information.

- Risk management.
- Resident or client safety.
- Incident or adverse events management and reporting, including, but not limited to, management of falls, medication errors, reporting of suspected neglect or abuse, appropriate referral to the medical examiner.
- Staff orientation to the facility or the program.
- Processes and education to prevent and respond to resident or client abuse and in compliance with relevant legislation.
- Processes for dealing with complications, a crisis or an emergency, including basic life support.
- Prevention and management of aggressive or violent behaviour, including staff education and training, staff support and counseling when an incident occurs. Management of aggressive or violent behaviour includes protecting residents from outside and internal risks, which includes other residents and their families. The regional health authority is responsible for developing processes to ensure that residents who are at risk for abusing other residents or staff are assessed and a service plan put in place.
- Care of residents with dementia, including facility design, staff competencies and on-going education, staff and family support.
- Infection prevention, control and outbreak management, including, but not limited to gastrointestinal, antibiotic resistant organisms, tuberculosis, influenza.
- Interdisciplinary decision-making and review of physical, chemical and environmental least restrictive constraints to control or modify problem behavior. Constraints should only be used where there is an identified risk of injury to self or others, and only when all positive methods have failed. The resident or representative must be made aware of the facility protocols on admission. If a restraint must be used, the resident or legal representative must be fully informed of the reasons for the restraint, the nature of the restraint to be used, its potential risks and benefits, and alternate treatment options, as appropriate, and must consent to its use. In extraordinary circumstances, consent may not be obtained and processes must ensure that the decision is interdisciplinary and fully documented. Qualified individuals are accountable for ensuring that the methods used are appropriate, ethical and legal.
- Processes are in place to assist staff in dealing with ethical issues.
- Medication administration, monitoring and review to ensure safe medication administration and management.
- Pain assessment and management.

- Palliative and end of life care - including assisting residents or clients manage their pain and symptoms; assisting residents, clients and their families prepare and plan for death; assisting residents, clients and families to meet psychosocial, cultural and spiritual needs; assisting residents, clients and families link with support groups and hospice providers; and respecting resident, client and family cultural beliefs about dying.
- Assessment of mental capacity to make decisions, provide informed consent, personal directives, legal guardianship and trusteeship, as required.
- Other programs, where available, such as respite, day programs, sub-acute or convalescent services.
- Waste management of biomedical wastes.
- Safe handling of hazardous materials and protection of residents, clients and staff from inadvertent exposure.
- Occupational health and safety programs.
- Emergency preparedness, including fire safety and prevention.
- Disaster planning at the facility, municipal and regional level.
- Any other protocols or programs as may be required to support health care service to residents or clients as may be determined from time to time by the operator or the regional health authority.

1.25 (b) Long-term care facility operators and publicly funded home care administrators are to review protocols and programs on a regular basis and update them as new knowledge or research becomes available.

1.25 (c) Regional health authorities may require that long-term care facility operators or contracted provider home care services adopt specific regional protocols or programs.

In-Service Education

STANDARD 1.26

All long-term care facility operators and publicly funded home care agencies, and supportive living operators, with regional health authority health service contracts, such as designated assisted living, must have a formal in-service education program for staff.

1.26 (a) The in-service education program must be regularly reviewed and updated from time to time to reflect changing characteristics of clients and current practice.

1.26 (b) Staff scheduling should be arranged in such a way to facilitate staff participation in in-service education.

1.26 (c) Alberta Health and Wellness and/or the regional health authority, may from time to time, identify required educational requirements for staff.

II. CREATING A CULTURE FOR SYSTEM QUALITY IMPROVEMENT AND QUALITY ASSURANCE STANDARDS OF PRACTICE

Improving Alberta's continuing care health services is a shared responsibility. Alberta Health and Wellness establishes provincial strategic directions and programming planning, including process standards that set performance expectations for safety, consistency and reliability. Regional health authorities establish regional standards that set optimum performance requirements for best practice, fiscal sustainability and quality outcomes. Operators and agencies establish operational standards that serve as operational guidelines and protocols. Health professional regulatory bodies set clinical practice standards for their own profession.

Accountability processes includes monitoring the quality of services, establishing expectations and performance measures, selecting strategies, taking action and monitoring progress, evaluating and reporting the results and taking correction action as required.

Quality of health care services can be measured by clinical indicators and outcomes based on best practice. Quality of life is more difficult to measure and is based on a resident or client's perception of the care and services they receive as it impacts on their personal values and enjoyment of life's daily activities. In the context of facility based long-term care, enhanced quality of life may be considered as an outcome of all the dimensions of quality, starting with acceptability. For example, quality of life is enhanced in care delivery systems where individuals are active participants in determining their own care. It contributes to a sense of personal responsibility and empowerment. There are other indirect measures that are indicators of quality of life, such as the evidence of depression and mood disorders.

Quality of services is improved through an interdisciplinary program that reviews outcomes as compared to best practice, industry standards, managing risk and ensuring appropriate utilization. Quality of health care services can be evaluated by utilizing the Alberta Quality Matrix for Health developed by the Health Quality Council of Alberta. This tool is based on the dimensions of quality: accessibility, appropriateness, acceptability, effectiveness, efficiency and safety and provides a method for assessing and defining quality of services, and establishing performance measures via a collaborative process to ensure consistency and reduce variability.

Best practice standards are based on evidence that support residents and clients in receiving safe, efficient and effective health care services with the best possible outcomes. Best practice changes with research, evidence and technology. It is a dynamic, ongoing, research based process.

The practice of monitoring and evaluating outcomes, including adverse events, critical incidents and near misses, provides a means to measure and improve the quality of the services in achieving goals or targets for care provision. For example, with wounds, evidence of healing supports the interventions outlined in the care plan. Outcome evaluations can be used at both the individual and, as a comparison at the facility level to improve service delivery. MDS provides for a number of specific and measurable quality indicators (Appendix E). A comparison of indicators can be used in identifying and sharing of exemplary practices. Ultimately benchmarks or targets can be established using these indicators, for example, care centres shall have less than x percent of residents with stage 1-4 pressure ulcers.

The following standards are related to the organizational structures and processes that support health care providers in the provision of quality health services.

Quality Improvement and Accountability

STANDARD 1.27

The regional health authority, in collaboration with long-term care facility operators, and publicly funded home care provider organizations, regularly monitors and compares service outcomes and uses this information to improve services.

STANDARD 1.28

The regional health authority, in collaboration with long-term care facility operators, and publicly funded home care provider organizations, such as designated assisted living operators, and care providers establish processes to adopt and maintain evidence-based guidelines for the care of long-term care residents and publicly funded home care clients, and revises them as new information becomes available.

STANDARD 1.29

Alberta Health and Wellness, in collaboration with regional health authorities, shall annually review and revise provincial targets, performance measures and reporting requirements.

Alberta Health and Wellness

STANDARD 1.30

Alberta Health and Wellness shall annually review the results of the regional annual quality reports, plans of action, targets, performance measures and indicators. Where there are deficiencies, Alberta Health and Wellness will monitor the regional health authority's plan of action.

STANDARD 1.31

Alberta Health and Wellness shall have structures and processes in place to monitor and review reportable critical incidents, and to intervene as required.

Regional Health Authority

STANDARD 1.32

Each regional health authority must have an integrated quality improvement program that incorporates the dimensions of quality: acceptability, accessibility, appropriateness, effectiveness, efficiency and safety.

1.32 (a) The integrated quality improvement program includes processes to review and develop plans of action based on an evaluation of the quality of service outcomes and the quality dimensions, including critical incidents, adverse events, near misses and health service utilization.

1.32 (b) Overall quality of services must be reviewed annually based on indicators, such as resident, client, family and staff surveys, and a review and comparison of the inter*RAI* quality indicators and other standardized quality measures as directed by the Minister of Health and Wellness.

1.32 (c) The results of the reviews must be documented and communicated to the appropriate health care service providers. It is recommended that the results of the review should be made publicly available. The review should include a plan of action to address deficiencies. The plan of action must include specified targets, performance measures and a review period.

1.32 (d) The regional health authority shall ensure that all long-term care and publicly funded home care services are monitored for compliance with the standards, relevant legislation and the contracted service.

1.32 (e) Regional health authorities shall ensure that all contracted long-term care and publicly funded home care services delivered in supporting living, such as designated assisted living, includes the power to inspect, review and require correction plans for identified improvement opportunities. Where there are unsafe practices, the regional health authority shall have a contingency plan to immediately ensure the safety of residents or clients.

1.32 (f) Each regional health authority will provide the Minister of Health and Wellness with an annual quality report, including plans of action, specified targets, performance measures and indicators, in a form and manner to be agreed upon.

STANDARD 1.33

Regional health authorities must have structures and processes in place to ensure resident and client safety. This includes the prevention, monitoring and reporting of adverse events. Examples of structures and processes related to health care management includes, but is not limited to: falls with injury, pressure ulcers, inappropriate use of environmental, physical and chemical constraints, medication errors or inappropriate medications, aggressive behaviour which places individuals or others at risk, infectious outbreaks, abuse (physical, verbal and financial), and other unusual occurrences.

1.33 (a) Regional health authorities must have structures and processes in place to ensure that adverse events, as defined by the regional health authority or that are deemed reportable critical incidents by the Minister of Health and Wellness, or the Health Quality Council of Alberta, as may be determined from time to time, are investigated, reported and a plan of action in place, to prevent further instances.

1.33 (b) Regional health authorities shall ensure that reportable critical incidents, accompanying investigations and plans of action are reported to the Minister of Health and Wellness.

1.33 (c) Reportable critical incidents include serious adverse events related to product or devices and care management which results in resident or client death or serious disability; specified patient protection, environmental and criminal events; related to the health care management services operated by, or contracted by a regional health authority.

1.33 (d) The Minister of Health and Wellness and the Health Quality Council of Alberta, may from time to time, set out and amend the reporting requirements for critical incidents, adverse events or near misses.

1.33 (e) At all times, the investigation and reporting of critical incidents shall ensure the privacy of individuals involved in the incidents and comply with relevant privacy legislation.

Facility and Program Accountability

STANDARD 1.34

Each long-term care facility operator and a publicly funded home care program must have an integrated quality improvement program that involves residents and clients, and incorporates the dimensions of quality: acceptability, accessibility, appropriateness, effectiveness, efficiency and safety.

1.34 (a) The integrated quality improvement program includes processes to review and develop plans of action based on an evaluation of the quality of service outcomes and the quality dimensions, including critical incidents, adverse events, near misses and health service utilization.

1.34 (b) Overall quality of services must be reviewed annually based on quality and performance indicators, and may include other indicators, such as resident, client, family and staff surveys, and a review and comparison of the inter*RAI* clinical indicators and other standardized quality measures as directed by the regional health authority or the Minister of Health and Wellness.

1.34 (c) The results of the reviews must be documented and used by the integrated team to improve the quality of services. A plan of action is developed and communicated to residents, clients, families and health care providers to address deficiencies. A plan of action includes specified targets, performance measures, action to be taken by whom, and a review period.

1.34 (d) Each facility or program operator shall provide the regional health authority with an annual quality report that includes the results of the annual review, a summary of adverse events, and any other indicators as may be required by the regional health authority or the Minister of Health and Wellness.

STANDARD 1.35

Each long-term care facility, and publicly funded home care program must have structures and processes in place to ensure resident and client safety. This includes the prevention, monitoring and reporting of adverse events. Examples of structures and processes related to health care management includes, but is not limited to: falls with injury, pressure ulcers, inappropriate use of environmental, physical and chemical constraints, medication errors or inappropriate medications, aggressive behaviour which places individuals or others at risk, infectious outbreaks, abuse (physical, verbal and financial), and any other unusual occurrences.

1.35 (a) Each long-term care facility and publicly funded home care program must have structures and processes in place, including ensuring that staff are appropriately trained in the investigation and reporting of adverse events, including near misses.

1.35 (b) Each long-term care facility and publicly funded home care program must have structures and processes in place to ensure that reportable adverse events, as defined by the facility or home care program, or that are deemed reportable by the regional health authority, the Minister of Health and Wellness, or the Health Quality Council of Alberta, as may be determined from time to time, are investigated, reported and a plan of action in place, to prevent further instances.

1.35 (c) At all times, the investigation and reporting of critical incidents shall ensure the privacy of individuals involved in the incidents and comply with relevant privacy legislation.

PART TWO

ACCOMMODATION STANDARDS

3.0 Approach To Accommodation Standards

3.1 Introduction To Accommodation Standards

Alberta Seniors and Community Supports has developed the **Accommodation Standards** building on the work of the Alberta Long Term Care Association (ALTCA) and the Alberta Senior Citizens' Housing Association (ASCHA).

The **Accommodation Standards** were developed in cooperation with the departments of Seniors and Community Supports, Health and Wellness, ALTCA, ASCHA, public and private supportive living operators, long-term care facility operators and regional health authorities.

3.2 Scope

The **Accommodation Standards** are primarily focused on standards that ensure the health, safety and well-being of the resident.

The **Accommodation Standards** are intended to provide standards for accommodation for both publicly funded and privately funded supportive living and long-term care facilities.

3.3 Role of the Alberta Seniors and Community Supports

In addition to establishing the basic standards required to protect the health and safety of residents in supportive living and long-term care settings, government has an ongoing role to:

- license supportive living facilities;
- monitor and enforce compliance with the **Accommodation Standards**; and,
- develop a mechanism to respond to complaints regarding the quality of accommodation services.

3.4 Promoting Excellence and Quality Improvement in Long-Term Care Facilities

The process for promoting excellence and quality improvement in long-term care accommodation can be divided into three distinct areas:

1. **Education with Regulatory Compliance**

   Long-term care facility operators require information on the regulations, bylaws and rules established by municipalities, the Government of Alberta and the Government of Canada covered by the **Accommodation Standards**, as well as those areas that are not covered by the *Standards*.

2. **Compliance with Industry Best Practices:**

   The long-term care industry should have support in implementing and monitoring conformity with evidence or research-based industry best practices.

   This process may also consider a resident's personal satisfaction, happiness or enjoyment with his or her life as it relates to the physical, social, emotional, spiritual and intellectual measures of well-being that the resident considers important.

3. **Leadership in Continuous Quality Improvement:**

   The third step in this process involves actions that:

   - result in the creation of new industry best practices;
   - demonstrate responsibility and commitment to meeting the needs of both the industry and its residents in a more effective way;
   - facilitate the increased respect for and credibility of the industry; and/or,
   - facilitate new and/or increased access to information, skills training and personal development that leads to better qualified, more knowledgeable, and/or more effective employees both individually and collectively.

Most long-term operators in Alberta are accredited through the Canadian Council on Health Services Accreditation (CCHSA) using the Achieving Improved Measurement (AIM) program and standards. AIM's primary purpose is to help organizations evaluate the quality of care they provide. AIM also enables organizations to measure their clinical and operational performance more accurately, giving them a clearer picture of their strengths and areas where they need to improve.

In addition to CCHSA accreditation, regional health authorities operate quality improvement programs and Alberta Health and Wellness offers courses and conferences that focus on quality improvement of health service delivery.

3.5 Promoting Excellence and Quality Improvement in Supportive Living Facilities

Role of the Alberta Senior Citizens' Housing Association (ASCHA)

The seniors housing sector as represented by ASCHA has a role in three distinct areas:

1. **Education with Regulatory Compliance**

   ASCHA has a role in providing information to housing providers on the regulations, bylaws and rules established by municipalities, the Government of Alberta and the Government of Canada covered by the **Accommodation Standards**, as well as those areas not covered by the *Standards*.

2. **Compliance with Industry Best Practices:**

   ASCHA also has a role in implementing and monitoring conformity with evidence or research-based industry best practices.

   They may also consider a resident's personal satisfaction, happiness or enjoyment with his or her life as it relates to the physical, social, emotional, spiritual and intellectual measures of well-being that the resident considers important.

3. **Leadership in Continuous Quality Improvement:**

   ASCHA has a role in independent actions that:
   - result in the creation of new best practices;
   - demonstrate responsibility and commitment to meeting the needs of both the housing sector and its residents in a more effective way;
   - facilitate the increased respect for and credibility of the housing sector; and/or,
   - facilitate new and/or increased access to information, skills training and personal development that leads to better qualified, more knowledgeable, and/or more effective employees both individually and collectively.

3.6 Purpose

The purpose of the **Accommodation Standards** is to ensure that supportive living and long-term care facilities meet fundamental standards for accommodation that maintain a high quality of accommodation services while promoting the safety, security and quality of life of Albertans living in those facilities.

The **Accommodation Standards** are intended to provide operators of supportive living and long-term care facilities with a guide for the delivery of services to residents. The **Accommodation Standards** are intended to be a valuable learning instrument, as well as a means of exchanging ideas with other facility operators.

Operators of supportive living and long-term care facilities are also able to provide assurances to residents, staff, public and municipalities that the facility is operating in accordance with established **Accommodation Standards**.

The **Accommodation Standards** are categorized into eight broad themes. Within each theme, there are a series of detailed standards.

I. Physical Environment
II. Hospitality Services
III. Safety and Security Services
IV. Personal Services
V. Coordination and Referral Services
VI. Residential Services
VII. Human Resources
VIII. Management and Administration

ACCOMMODATION STANDARDS

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I. PHYSICAL ENVIRONMENT

The Physical Environment relates directly to the real property of the organization. Real property includes land, buildings, ancillary structures and equipment.

Physical environment standards ensure that all real property is maintained in such a way as to secure the physical health, comfort and safety of all persons at all times that make use of the organization's real property.

The physical environment can have profound impacts on the physical safety, atmosphere, and comfort of the supportive living or long-term care facility. A clean and safe physical environment promotes the well-being of all people using the facility (residents and/or their families, employees, visitors, and contracted service providers). A pleasant and comfortable atmosphere promotes a greater sense of "home" in the supportive living or long-term care facility.

Safety Regulations

STANDARD 2.1

The organization ensures that safety regulations associated with the regular inspection, maintenance, servicing and replacement of buildings and equipment are in accordance with the *Alberta Building Code*; *Safety Codes Act*; and, municipal bylaws per the standards established by the local authority. The facility completes an Annual Facility Safety Report that includes an annual fire inspection, record of fire drills and evacuation exercises, and any safety initiatives that have been undertaken at the site.

2.1 (a) The facility is a safe building that meets all building, fire and safety standards, as well as standards that apply to elevators, swimming pools, and fireplaces, if applicable.

Maintenance of Housing Premises

STANDARD 2.2

The organization ensures that facility structures and grounds are maintained according to the requirements of relevant legislation, including the *Nursing Homes Act*; *Public Health Act* - Housing Regulation; *Alberta Housing Act* – Management Body Operation and Administration Regulation; *Occupational Health and Safety Act;* and any municipal bylaws.

2.2 (a) The facility is structurally sound; in safe condition and in good repair; and the grounds are maintained and remain free of hazards. Specific examples include:

- Hallways, stairways, exits and ramps are well lit and kept clear of objects that could cause falls or obstruct passage.
- Stairs, ramps and decks are equipped with safe and sturdy handrails, and are wide enough for wheelchair access.
- Sidewalks, exterior stairs and ramps are kept clean, unobstructed and well lit, and free of ice and snow in the winter. Adequate drainage is provided to minimize sidewalks and other walkways being slippery when wet and icy in winter.
- Outdoor areas are maintained in compliance with municipal by-laws and in keeping with the aesthetics of the neighbourhood.

Safe and Hygienic Environment

STANDARD 2.3

The facility provides a safe and hygienic environment for residents, employees and the public in compliance with legislation.

2.3 (a) All areas (e.g., resident rooms and common areas) of the facility are cleaned on a cyclical basis, as well as on an as-needed basis, and include infection control procedures.

Security Systems

STANDARD 2.4

The facility maintains a security system that is appropriate to the type of building and residents being served (e.g. a door access control system to control entry and exiting the building from resident areas).

2.4 (a) The facility has an adequate and appropriate security system that is maintained, inspected and tested on a regular basis.

Staff/Resident Communication and Response System

STANDARD 2.5

The facility has a staff/resident communication and/or personal response system appropriate to the type of building and residents being served.

2.5 (a) The facility has a staff/resident communication and/or personal response system that is maintained, inspected and tested on a regular basis.

Preventative Maintenance and Repair Program

STANDARD 2.6

The facility establishes and applies a routine and preventative maintenance program and a service and replacement program for all buildings and equipment.

2.6 (a) The facility has a preventative maintenance and repair program to inspect, prevent and/or minimize the breakdown of equipment and/or unnecessary deterioration of buildings, and provide repair, service and replacement of components as needed.

Heating and Ventilation Systems

STANDARD 2.7

The facility operates the heating and ventilation systems at a level that provides comfort for the residents and employees.

2.7 (a) In common areas and where residents are unable to adjust the temperature of their personal spaces, the operator maintains the facility at a comfortable temperature appropriate for the residents, visitors and employees.

II. HOSPITALITY SERVICES

Hospitality Services relate to the provision of the following services:

- Meals;
- Housekeeping; and,
- Laundry and Linen Services.

Residents move into supportive living and long-term care because they are no longer able to meet many of their own basic needs. Hospitality services that offer residents assistance and choice in safely meeting the daily requirements of living help residents maintain their sense of independence.

Food Handling Hygiene and Communicable Diseases

STANDARD 2.8

The facility operators and their employees are responsible for ensuring that food products are handled throughout storage, preparation, display, service and presentation in a manner which prevents contamination, in accordance with the requirements of the *Public Health Act*, Food and Food Establishment Regulation and Canadian Food Inspection System.

2.8 (a) Employees are trained in food handling; prohibited from working if they have a communicable disease; and, prohibited from working in food handling with open wounds or lesions unless wearing proper protective coverings.

Food Preparation Cleaning and Sanitation

STANDARD 2.9

The facility has a written sanitation program in place to monitor and control all elements that ensure food safety including: areas, equipment and utensils to be cleaned; chemicals and procedures to use; and, inspection and monitoring records in accordance with the *Public Health Act*, Food and Food Establishment Regulation and Canadian Food Inspection System.

2.9 (a) Measures are taken to ensure the safe preparation of food, as well as the sanitary handling of waste.

Control of Food Storage and Handling

STANDARD 2.10

The facility has food storage and handling procedures in place to monitor and control the risk of food contamination in accordance with the *Public Health Act*, Food and Food Establishment Regulation and Canadian Food Inspection System.

2.10 (a) Food is stored safely (e.g., dry, refrigerated and frozen) and handled safely (e.g., thawing, heating and cooling) and there is minimal risk of food contamination.

Permits and Licenses

STANDARD 2.11

Where the facility operates a food establishment, it maintains a valid and subsisting permit in accordance with the *Public Health Act*, Food and Food Establishment Regulation. Where a facility sells liquor to residents, visitors and/or employees, it has a valid license from the Alberta Gaming and Liquor Commission in accordance with the Gaming and Liquor Regulation.

2.11 (a) Required food establishment permits and liquor licenses are current and posted.

Menu Planning and Review

STANDARD 2.12

The facility provides a menu to provide meals to residents that is planned and reviewed on a regular basis for compliance with dietary value, nutritional value, quality improvement and variety.

2.12 (a) A minimum three-week cyclical menu is reviewed and approved in accordance with *Canada's Food Guide to Healthy Eating* by a Registered Dietitian or qualified Food and Nutrition Manager.

2.12 (b) Residents and/or resident's families' will have input into menu items.

2.12 (c) The menus offer variety, seasonal variation and provide choices at meal times.

2.12 (d) Menu substitutions are made from the same food groups and provide similar nutrient value.

2.12 (e) Menus are communicated to residents in an appropriate manner.

2.12 (f) The facility maintains a record of meals served and any substitutions made for at least the past three months.

Meal Scheduling

STANDARD 2.13

The facility develops and maintains a consistent and appropriate schedule for the meals, fluids and snacks it serves.

2.13 (a) Meals, fluids and snacks are provided or available to residents at times of the day that have been established in collaboration with residents and/or residents' families. Residents have free access to snacks between meals.

Meal Service

STANDARD 2.14

The facility provides residents with nutritious, tasteful, safe and pleasingly presented meals, fluids and snacks served in a healthy, clean and enjoyable environment.

2.14 (a) Meals, fluids and snacks are prepared and served in a manner which, as far as is reasonably practical, recognizes the resident's personal dining and food preferences, religious practices and cultural customs.

2.14 (b) Meals, fluids and snacks are provided to the resident at a temperature and in a manner that promotes comfort and safety.

2.14 (c) Dining areas incorporate wall decorations, window treatments and room finishes that create a "home-like" environment.

Special Diets

STANDARD 2.15

Whenever special diets are provided to residents, they are appropriate and properly prepared.

2.15 (a) Special diets are approved by the appropriate professional and prepared by employees trained in the preparation of special diets.

Housekeeping Services

STANDARD 2.16

The facility provides a clean, safe and comfortable environment for residents, staff and visitors. The facility ensures that housekeeping services follow required practices for the prevention and control of infection and all hazardous materials utilized for the cleaning of rooms are handled in accordance with the *Occupational Health and Safety Act*.

2.16 (a) Housekeeping services follow proper hygiene and disease control procedures (e.g., minimizing cross contamination, the proper use of cleaning supplies and equipment, the proper labelling and storage of cleaning supplies).

2.16 (b) Housekeeping is done on a cyclical basis and residents are consulted on housekeeping schedules.

2.16 (c) Cleaning equipment is maintained in good condition.

Laundry and Linen Services

STANDARD 2.17

The facility ensures that residents are provided bedding, towels and common linens that are clean, fresh and in good condition.

2.17 (a) An adequate supply of bedding, towels and common linens is maintained, in keeping with the utilization needs of residents.

2.17 (b) All bedding, towels and common linens are cleaned on a cyclical basis and maintained in good condition.

2.17 (c) Bed linens and towels are replenished in a scheduled fashion to meet individual residents' needs, but at least weekly.

2.17 (d) Laundry and linen services follow required practices for the prevention of and control of infection.

2.17 (e) Within the design limitations of the facility, utility areas for the storage of clean and dirty linens are kept separate, and laundry service areas are kept separate from meal service areas.

III. SAFETY AND SECURITY SERVICES

Safety and Security Services relate to promotion, planning and monitoring for the safety and security of residents, visitors, volunteers and employees.

Safety and Security Services standards are designed to facilitate the health, safety and well-being of residents, visitors and employees.

It is imperative that a supportive living facility and a long-term care facility maintains the greatest possible sense of safety and security for all users, including residents and their families, visitors, volunteers, employees and contracted service providers. The facility operator is responsibility to promote safety and security through the physical design and layout of the facility; ongoing inspection and maintenance of facility equipment and safety systems; and resident programs.

Emergency Preparedness

STANDARD 2.18

The facility has an Emergency Preparedness Plan in place to deal with emergencies (other than fire) that may require rescue or evacuation. The plan is communicated to residents and their families, visitors, volunteers, employees and service providers. (Note: Fire Emergency Plans are covered under STANDARD 2.1 – Safety Regulations)

2.18 (a) The facility has Emergency Preparedness Plan in place to deal with non-fire related emergencies such as loss of heat, power and water. Emergency procedures are available to residents and employees.

2.18 (b) The facility has emergency plans for the disruption of hospitality services (e.g., food, housekeeping, laundry).

2.18 (c) The facility has designated emergency response workers who are trained in the operation of safety equipment, security systems, resident alarm systems and resident monitoring systems.

First Aid Requirements

STANDARD 2.19

Organizations have policies and procedures that identify the requirements of the *Occupational Health and Safety Act* as to worksite criteria; appropriate First Aid Kits; level of employee(s) training in First Aid; and, the reporting of injury and illness.

2.19 (a) The facility must have an employee trained in Emergency First Aid on duty at all times.

2.19 (b) The facility ensures that appropriate First Aid Kits are maintained.

2.19 (c) All injuries and illnesses are reported to the appropriate authorities.

Protection for Persons in Care Act

STANDARD 2.20

The facility develops and maintains policies and procedures that adhere to the requirements of the *Protection for Persons in Care Act*.

2.20 (a) The facility, its employees and volunteers meet all requirements under the *Protection for Persons in Care Act* (e.g., criminal records checks).

Personal Response Protocols

STANDARD 2.21

The facility has policies and procedures in place for responding to personal emergencies.

2.21 (a) The facility develops and maintains 24-hour safety and security, and response that is appropriate to the level of the facility.

2.21 (b) Employees are properly trained in responding to the Personal Response System.

Resident and Employee Safety

STANDARD 2.22

The facility develops and maintains policies around staffing levels, staffing ratios and resident incident records to promote resident and employee safety.

2.22 (a) The facility demonstrates methods for ensuring they have sufficient staff on duty to meet the safety and security needs of all residents.

2.22 (b) The facility has developed and maintains a monitoring procedure for people who have requested to be, or are required to be monitored on a scheduled basis. All residents are accounted for on a daily basis.

2.22 (c) The facility tracks all safety and security incidents that occur within the facility and surrounding grounds, as well as the actions taken to address the incidents.

Water Temperature Safety

STANDARD 2.23

The facility maintains water temperatures in areas used by the residents at levels that support resident safety and comfort.

2.23 (a) Safe water temperatures for the residents are maintained through employee education, equipment maintenance, preventative maintenance monitoring, and appropriate risk mitigation procedures.

IV. PERSONAL SERVICES

Personal Services relate to the provision of a range of optional services that may include assistance with personal laundry; personal choice services (e.g., hairdressing, barber); non-emergency travel; social, leisure and recreational opportunities; and medication assistance.

Residents benefit from the opportunity to have a choice of optional services that promotes their independence. They also benefit from the opportunity to form meaningful relationships with other residents, employees and visitors and to choose whether to participate in the various activities they enjoy.

Personal Laundry

STANDARD 2.24

The facility will provide equipment to allow residents to do their own personal laundry or offer a personal laundry service.

2.24 (a) The facility will provide equipment (e.g., washer, dryer, iron and ironing board) and appropriate space for use by residents or their families to do the residents' personal laundry. Equipment and space will be clean and in good repair.

2.24 (b) Additionally, or as an alternative, the facility will provide a mechanism for residents to pay for personal laundry to be done by the facility. In this situation, the facility will be accountable for the resident's personal laundry.

Personal Choice Services

STANDARD 2.25

The facility will offer a variety of personal choice services (e.g., hairdresser, barber, tuck shop) based on the needs and preferences of the residents.

2.25 (a) Space provided for personal choice services will be appropriate for the intended purpose.

2.25 (b) Services provided either directly by the facility or through a contractual arrangement with a third party provider will comply with all applicable licensing and standards, including the *Public Health Act* and *Occupational Health and Safety Act* and the Hairstylists Trade Regulation.

Non-Emergency Transportation

STANDARD 2.26

If the facility offers residents transportation to social, recreational or spiritual activities in the community or to medical appointments, it must conform to all traffic safety regulations.

2.26 (a) Vehicles used to transport residents must have valid registration and insurance and be operated by licensed, qualified drivers.

Social, Leisure, Spiritual and Recreational Opportunities

STANDARD 2.27

The facility provides residents options for a variety of social, leisure, and recreational activities that promote well-being and enjoyment, respond to the resident's physical, emotional, intellectual, spiritual, cultural and sensory needs, and encourage as much autonomy as possible.

2.27 (a) Residents have the opportunity to provide input regarding social, leisure and recreational opportunities.

2.27 (b) The facility supports and assists residents in maintaining their spiritual beliefs, religious observances, practices and affiliations.

2.27 (c) The facility creates a culture that is respectful of the resident's choice for alternate therapeutics.

2.27 (d) The facility makes available to each resident a monthly calendar of events.

2.27 (e) The facility employs qualified personnel to plan, develop, coordinate and deliver recreational and social activities for the residents.

Medication Assistance

STANDARD 2.28

If medication assistance is provided, the facility will follow an acceptable medication assistance program.

2.28 (a) Medication assistance offered to residents is done safely and follows an acceptable procedure using qualified staff.

V. COORDINATION AND REFERRAL SERVICES

Coordination and Referral Services are a means to link residents or their families with appropriate external services in a timely manner.

Individuals have varying needs, not all of which can be met by the facility. Coordination and Referral Services provide residents or their families with improved links to community services in order to promote greater well-being, choice, and a high quality of life.

Assistance with Information, Coordination and Referral

STANDARD 2.29

The facility assists residents and/or their families with general information and contacts for relevant programs and services available in the community.

2.29 (a) The facility maintains current information on relevant municipal, provincial and federal programs and makes it available to residents and family members.

VI. RESIDENTIAL SERVICES

Residential Services relate to housing access, costs, tenure, and amenities. Residential Services apply to both the resident's private living space and common areas.

A supportive living or a long-term care facility is ultimately the resident's home. As such, Residential Services should be designed to provide residents with a home-like environment appropriate to their individual needs and capacities. Residents should feel relaxed, valued, and safe in their homes; affirmed with the knowledge that their tenure is secure and their rights are being respected.

Residential Application, Orientation and Exit Process

STANDARD 2.30

The supportive living facility has policies and procedures in place that comply with legislation applicable to the type of tenure and government funding. Key legislation includes the *Alberta Housing Act* and *Residential Tenancies Act*. Notwithstanding other legislated requirements, the policies and procedures will address:

- **Eligibility;**
- **Application forms and processing;**
- **Assessment or rating of applications to ensure the facility can meet the requested or required need of applicant;**
- **Charges for basic and optional services;**
- **Move-in and orientation to unit and facility; and,**
- **Exit or termination of occupancy process from unit or facility.**

2.30 (a) Private or voluntary supportive living facilities that do not receive government operating funds must provide appropriate forms and information to potential residents or their families, and ensure that they understand the material provided. Information must include:

- eligibility requirements (e.g., physical and cognitive abilities, etc.);
- the application and assessment process;
- move-in and orientation;
- monthly basic charges, including a list of services included in the monthly charge;
- a list of optional services and charges;
- notice period for increasing included or optional charges;
- exit criteria leading to termination of residency; and,
- the building and services capacity to ensure the supportive living facility is appropriate to their needs.

2.30 (b) Publicly funded supportive living facilities must comply with the requirements in section 2.30 (a). In addition the facility may be required to provide information on eligibility requirements (e.g., income, housing need, physical and cognitive abilities, etc.) specific to the publicly funded program.

STANDARD 2.31

The long-term care facility has policies and procedures in place that comply with key legislation including the *Nursing Homes Act* and *Hospitals Act*. Notwithstanding other legislated requirements, the policies and procedures will address:

- **Application forms and processing;**
- **Accommodation charges**
- **Charges for optional services;**
- **Policies regarding resident personal property;**
- **Policies regarding resident funds held in trust;**
- **Admission and orientation to unit and facility; and,**
- **Exit or termination of occupancy process from unit or facility.**

2.31 (a) Long-term care facilities must provide appropriate forms and information to potential residents or their families and ensure that they understand the material provided. Information must include:

- the application and assessment process;
- move-in and orientation to unit and facility;
- monthly basic accommodation charges, including a list of services included in the monthly charge;
- a list of optional services and charges;
- notice period for increasing included or optional charges;
- policies and forms regarding responsibility for resident's personal possessions which have significant monetary or sentimental value;
- policies and forms regarding money held by the operator for the resident's personal use; and,
- exit or termination of occupancy process.

Residential Services Contract Management

STANDARD 2.32

Facilities are required to develop and maintain contractual agreements (i.e., Tenancy or Residency Agreements) with residents (or their responsible family members) that comply with legislated requirements and address basic residential services, optional services, (including frequency, cost and rules regarding notice of cost increases), termination of tenancy or services, and a mechanism for resolving disputes.

2.32 (a) A Tenancy or Residency Agreement signed by the resident or a responsible family member and an authorized representative of the facility will be in place for all residents of the facility. The agreement will clearly state the residential services provided; the rates charged for those services; notice periods for rate increases and terminations of services or tenancy.

2.32 (b) Clearly documented processes are in place for residents and family members to register complaints and appeal decisions regarding issues related to the provision of accommodation services.

Trust Accounts

STANDARD 2.33

The long-term care facility opens and maintains a trust account to deposit funds held by the facility for a resident for more than 31 days, in accordance with the *Nursing Homes Act* - Nursing Homes Operation Regulation.

2.33 (a) Funds entrusted to the long-term care facility by a resident, or a resident's family on behalf of the resident, will be safeguarded and returned to the resident or a legal representative of the resident on demand.

Resident Assessment

STANDARD 2.34

The facility arranges for a comprehensive assessment of the potential resident's physical, emotional and cognitive condition to be conducted by appropriate health care professionals (e.g., licensed physician, registered nurse) prior to approving the application for tenancy. For residents receiving publicly funded continuing care health services this assessment may be provided by the Home Care case manager. A reassessment should be conducted if the resident's health status changes.

2.34 (a) Residents' physical, emotional and cognitive abilities should be compatible with the facility's physical design and features and available services, such that their health and safety is not at risk and their behaviours will not put other residents at risk.

Resident Property

STANDARD 2.35

The long-term care facility has policies and procedures to safeguard the personal possessions of residents, in compliance with the *Nursing Homes Act* - Nursing Homes Operation Regulation.

2.35 (a) The long-term care facility will prepare an inventory, in duplicate, of a resident's money and those personal possessions that will be retained by the facility on behalf of the resident.

2.35 (b) If the resident will retain possession of items of monetary or sentimental value, the long-term care facility will discuss with the resident and the resident's family the risks of loss or damage and mutually agree to any actions that will be taken to mitigate those risks.

Managed Risk Agreements

STANDARD 2.36

Where applicable, the supportive living facility prepares a Managed Risk Agreement in collaboration with the resident and responsible family members based on the identified needs and capabilities of the resident. The agreement must be reviewed and, if required, amended following a reassessment of the resident's physical, emotional or cognitive condition.

2.36 (a) Residents of supportive living facilities and their families must be fully aware of the limits of the services offered in a supportive living facility and acknowledge the risks of living in the facility based on the residents' identified needs and capabilities.

2.36 (b) Residents' needs and capabilities must be determined in consultation with appropriate health care professionals.

VII. HUMAN RESOURCES

Human Resources relate exclusively to employees and volunteers and how they conduct themselves within a facility.

Human Resources standards ensure both the professionalism and accountability of any conduct or interaction with and/or relating to employees and volunteers.

A facility's human resources are one of its greatest assets. Employees (whether front-line staff or support staff) who are skilled, qualified and fulfilled in their jobs are more like to deliver services with professionalism with and/or relating to employees and volunteers.

Employment and Workplace Standards

STANDARD 3.37

The facility develops and maintains employment and workplace standards that are consistent with the applicable requirements of the *Employment Standards Code*, *Labour Relations Code and any collective agreements*.

3.37 (a) Employees are aware of employment standards and have access to Employee Manuals or Human Resource Policy and Procedure Manuals.

3.37 (b) Employees have written job descriptions detailing job qualifications, responsibilities and scope of function for their position.

Occupational Health and Safety

STANDARD 3.38

The facility develops and maintains Health and Safety Standards that are consistent with the requirements of the *Occupational Health and Safety Act*.

3.38 (a) The facility adheres to workplace practices that promote the health and safety of employees and contractors, including recording, investigating and reporting incidents, and following rules for controlled products.

Involvement in Residents' Personal Affairs

STANDARD 2.39

The facility develops and maintains policies and procedures regarding employee and volunteer involvement in residents' personal affairs which will include:

- **accepting gifts from residents;**
- **involvement in financial affairs, including Power of Attorney, Wills and Estates; and,**
- **involvement in non-financial affairs, including personal directives.**

The facility notifies residents and responsible family members of these policies.

2.39 (a) Employees and volunteers of the facility conduct themselves properly with regard to residents' personal affairs.

Screening Employees, Volunteers and Service Providers

STANDARD 2.40

The facility will obtain criminal records checks on all new employees, volunteers and service providers and use the findings in hiring/contracting decisions in order to promote a safe living environment for residents.

2.40 (a) The facility requires all new employees and all new volunteers whose duties involve providing direct services to residents to provide a criminal records check before they are hired or begin their duties and considers the results in any hiring or selection decisions.

VIII. MANAGEMENT AND ADMINISTRATION

Management and Administration relates to the leadership, financial and material resources of a facility.

Management and Administration standards promote effective leadership, professionalism and accountability of business practices in order to protect, direct and conduct the interests and transactions of the organization as a business entity.

Well-run facilities are more likely to be economically viable. Effective management and administration promotes more professional and efficient delivery of services, which leads to more satisfied residents and a more productive bottom line for the operator.

Corporate Status

STANDARD 2.41

The organization is an incorporated body in good standing to do business in Alberta and the respective municipality.

2.41 (a) The organization is properly incorporated under the law to carry out legitimate business in Alberta and has all relevant licenses and permits required by the local municipality.

Insurance

STANDARD 2.42

The facility has adequate and up-to-date insurance coverage that reflects the services provided; the property owned and/or operated; and, the employee and/or contracted service providers providing services.

2.42 (a) The facility is properly insured with adequate coverage that includes all risk/peril, property and liability insurance, boiler insurance, machinery and equipment insurance, as well as crime and fidelity bonding.

Information Management

STANDARD 2.43

The facility develops and maintains policies and procedures that ensure the protection of personal information based on relevant federal and provincial legislation.

2.43 (a) The privacy and personal information of residents is protected.

Contract Administration Policies and Procedures

STANDARD 2.44

The facility develops and maintains policies and procedures in regards to contracted services.

2.44 (a) The facility ensures that any contractor that provides services is qualified, properly trained, licensed (where applicable) and carries appropriate liability insurance.

APPENDIX A

List Of Legislation and Regulations

Statutes and Regulations of Alberta

Alberta Housing Act
- Housing Accommodation Tenancies Regulation
- Management Body Operation and Administration Regulation
- Social Housing Accommodation Regulation

Apprenticeship and Industry Training Act
- Hairstylists Trade Regulation

Business Corporations Act

Co-operatives Act

Companies Act

Dependant Adults Act

Emergency Medical Aid Act

Freedom of Information and Protection of Privacy Act
- Freedom of Information and Protection of Privacy Regulation

Health Facilities Review Committee Act

Health Information Act
- Health Information Regulation

Health Professions Act
- Disclosure of Information Regulation

Hospitals Act
- Hospitalization Benefits Regulation

Nursing Homes Act
- Nursing Homes General Regulation
- Nursing Homes Operation Regulation

Occupational Health and Safety Act
- Occupational Health and Safety Regulation

Personal Information Protection Act
- Personal Information Protection Regulation

Pharmacy and Drug Act

Powers of Attorney Act

Protection for Persons in Care Act
- Protection for Persons in Care Regulation

List Of Legislation and Regulations (Continued)

Public Health Act
- Alberta Aids to Daily Living and Extended Health Benefits Regulation
- Communicable Diseases Regulation
- Co-ordinated Home Care Program Regulation
- Food and Food Establishment Regulation
- Housing Regulation
- Personal Services Regulation
- Swimming Pool Regulation

Public Trustee Act
- Public Trustee Regulation / Public Trustee General Regulation

Regional Health Authorities Act

Residential Tenancies Act
- Residential Tenancies Exemption Regulation
- Residential Tenancies Ministerial Regulation
- Security Deposit Interest Rate Regulation
- Subsidized Public Housing Regulation

Safety Codes Act
- Building Code Regulation
- Elevating Devices Codes Regulation
- Elevating Devises, Passenger Ropeways and Amusement Rides Permit Regulation
- Fire Code Regulation

Securities Act
- Securities Regulation

Social Care Facilities Licensing Act

Societies Act

Traffic Safety Act

Trustee Act

Codes, Other Legislation and Regulations

Alberta Building Code
Alberta Fire Code
Canadian Food Inspection System
Employment Standards Code
Health Canada Food and Food Regulation (Federal)
Labour Relations Code
Minimum Housing and Health Standards (Alberta Health and Wellness)
Personal Information Protection and Electronic Documents Act (Federal)

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APPENDIX B

Definitions

Accommodation	means buildings or units in buildings that are suitable and adequate for human habitation, including services (e.g., board and housekeeping) that may be provided to residents of the buildings or units because of their circumstances.
Assisted Living and Supportive Housing	There are countless definitions of 'Assisted living' and 'Supportive Housing'. Neither of these terms is protected in Alberta and can be used by housing operators at their own discretion. In the broadest sense, they both refer to the combination of housing and services in a residential setting. The services that are included in the rent and/or are otherwise available for purchase vary from building to building.
Available May Be Available Provided	"Available" – The housing operator has the capacity to provide the service directly or arrange for its delivery by another source, if the resident needs or wants the service. "May Be Available" - Housing operators may or may not have the ability or capacity to co-ordinate this service or provide it directly to residents. "Provided" –These are the services that housing operators supply to meet residents' needs.
Case Management	means the collaborative process which assesses, plans, implements, coordinates, monitors and evaluates services to meet individual assessed needs. Case Management is typically provided and documented by the regional health authority regardless of who provides the personal care. A case manager is the health professional designated as being responsible for the case management.
Client	means an individual who is receiving publicly funded home care services.

Definitions (Continued)

Continuing Care Programs	means a health professional, personal care services and a range of other services for individuals with chronic health care needs. - Facility based continuing care programs are delivered in nursing homes and auxiliary hospitals. - Community based continuing care programs are delivered to home care clients in their own homes or in supportive living settings, where it is anticipated continuing care services may be required for a period exceeding three months.
Continuing Care System	means a system of service delivery, which provides individuals who have chronic health conditions or disabilities, with access to services they need to experience independence and quality living. These services include professional services, personal care services and a range of other services. They may be provided for short term or a long term. These services are provided in long-term care facilities, in community settings, such as supportive living and in personal homes. Publicly funded continuing care services are provided by or contracted by regional health authorities.
Coordinated Access System	means access and referral services through a single point of contact with the regional health system. Based on individual assessed need, coordinated access may include client care management and discharge planning among service settings.
Coordination and Referral Services	means services provided by the housing operator on behalf of the resident, such as contacting health professionals, and assisting with pension information, tenant's insurance, other forms, etc.
Critical Incident	means a serious adverse health event where there is a loss of life, limb or function related to the health service provided.

Definitions (Continued)

Designated Assisted Living Designated Supportive Living Designated Supportive Housing	The term 'designated' refers to a contract between a regional health authority and a housing operator for a certain number of spaces within their building and may include contracted health services. The operator provides personal and support services based on assessed need. The regional health authority, in collaboration with the operator, makes decisions regarding admission and discharge. Residents tend to have higher level of need for services than those in seniors lodges or enhanced lodges, but do not require access to unscheduled 24 hour professional nursing services provided in long-term care. Regional health authorities differ in terms of their target populations for this program and the services that the operator must provide as part of the contract. Generally, regional home care nurses provide case management and professional nursing services.
Facility Living	See "Long-Term Care Facility"
Guidance/Advocacy/Advisory Role	means the provision of assistance to residents to cope with issues that impact their lives. This assistance ranges from helping residents to fill out forms, to establishing links with a variety of external services, to liaising with families, as well as other services specific to residents.
Health Care Services	means services that are generally delivered by health care professionals such as physicians, registered nurses, personal care and therapists. This may include health monitoring, medication administration, changing of dressings, etc.
Home Living	means the primary housing option for persons who are able to live independently and with minimal support services. Home living is the housing option for persons who chose and who are able to maintain active, healthy, independent living while remaining in their family home as long as possible. In order to support continued independent living, basic Home Care services may be provided and/or the individual can purchase services from another agency.

Definitions (Continued)

Housekeeping Services	means the regular cleaning of residents' rooms and common areas that includes vacuuming, dusting, kitchen, dining room and bathroom cleaning and disinfecting.
Legal Representative	means an individual appointed under a valid personal directive or a legal guardian.
Linen and Laundry Services	means the regular laundering of bedding, towels and common linens, either owned by the facility, tenant or a laundry service, for the exclusive use of the residents. "Bedding" includes bed sheets, pillowcases and blankets. "Towels" includes bath towels, hand towels and face cloths. "Common linens" includes tablecloths and napkins.
Long-Term Care Facility	means "nursing homes" under the *Nursing Homes Act* and "auxiliary hospitals" under the *Hospitals Act*. Long-term care facilities provide a range of care services including professional services such as necessary nursing services, personal services, life enrichment, as well as accommodation and meals. Residents in long-term care facilities, typically require access to unscheduled 24-hour professional nursing services. Some facilities also provide specialized services such as sub-acute care, respite care, palliative care and services to people with Alzheimer's or other dementia-type diseases. Long-term care facilities can either be owned and operated by the public sector (regional health authorities), or the regional health authorities can contract services with voluntary, for-profit or not-for-profit agencies.
Management Body	See "Public Organization"
Main Meal/ Full Meal Services	Main meals are a hot lunch or dinner. Full meal services means the provision of breakfast, lunch and dinner plus snacks approved by a dietician or qualified food and nutrition manager in accordance with the *Canada's Food Guide to Healthy Eating*.

Definitions (Continued)

Medication Administration	means a Registered Nurse /Licensed Practical Nurse has the responsibility to ensure the resident receives appropriate medication as ordered. This includes monitoring the effectiveness of the medications and coordinating appropriateness of medications with other health professionals, including the physician and the pharmacist.
Medication Assistance	means the resident requires assistance to take the prescribed medication. Medication assistance does not include the monitoring and coordination of the medical regime, which remains the responsibility of the health professional within their scope of practice. Medication assistance is also provided to residents who recognize the importance of taking the medication, and consent to assistance provided with the prescribed medication regime. For example, a resident, because of physical limitations may not be able to physically manage taking their own medications and require assistance from a personal care aide.
Personal Care Services	means the provision of a range of services that includes assistance with the activities of daily living, including bathing, personal hygiene, grooming, dressing, toileting, incontinence management, assistance with therapeutic regimes, such as range of motion, medication assistance and reminders, simple wound care, respiratory equipment, ostomy care, etc; simple bedside care, such as mouth care, turning, application of lotions, therapeutic interventions for behaviour management and maintenance of health records.
Personal Services	means the provision of a range of optional services that includes assistance with personal laundry; personal choice services (e.g., hairdressing); non-emergency transportation; social, leisure and recreational opportunities; medication assistance; etc.
Personal Laundry	means the laundering of the resident's personal clothing.

Definitions (Continued)

Private Corporation	means a profit motivated organization that is a sole proprietor and/or partnership and/or organization incorporated under the *Companies Act* or *Business Corporations Act*.
Public Corporation	means a corporation incorporated under the *Companies Act* or *Business Corporations Act* that has elected, or has been designated by the Minister of National Revenue, to be a public corporation. At the time of the election or designation, the corporation complied with prescribed conditions on the number of its shareholders, the dispersal of ownership of its shares, and the public trading of its shares listed on a prescribed Canadian stock exchange.
Public Organization	means a housing organization established by order by the Minister of Seniors and Community Supports under section 5 of the *Alberta Housing Act* as a "management body. Management bodies are established to administer provincially owned and/or supported housing projects including lodges, enhanced lodges, seniors' apartments and family and special needs housing.
Recreation Therapy or Life Enrichment	means treatment, education and recreation services to help people develop their leisure in ways that enhance their health, independence and well-being.
Resident	means an individual who is residing in a supportive housing facility, a nursing home or an auxiliary hospital.
Residential Services	means services related to housing access, costs, tenure, and amenities.
Safety and Security	Safety and security may be achievable through some form of electronic monitoring such as a personal response system or on site staff. "On site" means in a building or in close proximity to several buildings.
Scheduled, Unscheduled	"Scheduled" assistance can be planned for and provided at a fixed or predictable time. "Unscheduled" assistance cannot be planned for and is provided in response to an unpredictable event.

Definitions (Continued)

Seniors Lodges Enhanced Lodges	"Seniors Lodges" are designed to provide room and board for seniors who are functionally independent or functionally independent with the assistance of community-based services. Core services provided within lodges include basic room furnishings, meals, housekeeping and linen services, building security, 24-hour non-medical staffing and life enrichment services. Some lodges (enhanced lodges) may offer enhanced/additional services such as personal care, medication assistance, and contracted home care services based on the needs of the residents. Low-income persons are given priority for lodge tenancy. "Enhanced Lodges" describes a new generation of lodges. They provide services beyond the core services provided in a 'traditional' seniors lodge. These additional services may include, but are not limited to personal care, medication support, and contracted home care services based on assessed needs of the residents, as well as light housekeeping and other services. Some enhanced lodges have developed specialized areas in the facility to provide services for persons with Alzheimer's/dementia.
Serious Adverse Health Event	means an unintended injury or complication caused by health care management rather than by the patient's underlying disease process.
Social, Leisure and Recreational Opportunities	means organized and planned activities that are offered to residents on a regular basis to enhance their well-being and social needs.
Special Dietary Requirements	Includes residents' dietary needs (e.g., low salt, low or no sugar) and how food is served (e.g., minced, pureed, liquid, etc.).
Specialized Equipment	means equipment provided to enhance the health safety and well-being of the resident (e.g., pressure mattresses to reduce the risk of pressure sores; electric beds, fall-out mattresses, walkers, rails/grab bars to reduce the risk of falls; lifts and wheel-chairs for residents/clients where mobility is an issue, etc.).

Definitions (Continued)

Supportive Living	means a philosophy and an approach for providing services within a housing environment. It provides a home-like setting where people can maintain control over their lives while also receiving the support they need. Examples of supportive living arrangements now in place in Alberta include lodges, enhanced lodges, designated assisted living, group homes, and adult family living/family care homes. The building is specifically designed with common areas and features to allow individuals to "age in place." Building features include private space and a safe, secure and barrier-free environment. Supportive living promotes residents' independence and aging in place through the provision of services such as 24-hour monitoring, emergency response, security, meals, housekeeping, and life enrichment activities. Publicly funded personal care and health services are provided to supportive living residents based their assessed, unmet needs.
Supportive Living Programs	means health services provided under a contractual relationship with the regional health authority and a housing operator in a supportive living setting where clients receive accommodation and health services based on assessed unmet needs. The *Coordinated Home Care Program Regulation* governs publicly funded health services in these facilities. Generally referred to as “designated” assisted or supportive living.
Transportation	means unscheduled service to attend to medical and dental appointments, shopping, banking, etc.
Unmet Needs	means needs that are based on an individual assessment as those needs where individuals with family or community supports, are unable to meet the health need (e.g., If they are able to use the toilet without assistance, it is a met need. If they require assistance to use the toilet, it is an unmet need.).
Voluntary Organization	means a non-profit organization incorporated under the *Societies Act*, *Co-operatives Act*, or Part 9 of the *Companies Act*, or a municipality.

APPENDIX C

InterRAI MDS 2.0 Assessment for Nursing Home and Auxiliary Hospital Residents and interRAI MDS-HC Assessment for Continuing Care Home Care Clients (MDS – Minimum Data Set)

The interRAI system is based on a problem identification process:

Assessment
↓
Decision Making
↓
Care Plan Development
↓
Care Plan Implementation
↓
Evaluation

The Minimum Data Set (MDS) and Home Care (HC) for continuing care home care clients, is a core set of screening, clinical and functional status elements, including common definitions and coding categories, that forms the foundation of the comprehensive assessment. Every resident in a nursing home, auxiliary hospital or a publicly funded home care client receiving services over three months is assessed using this detailed assessment. A reassessment is done as per the standards set out by the Canadian Institute of Health Information and interRAI. A re-assessment is also done as a resident or client's needs change.

APPENDIX D

InterRAI RAPs/CAPs
or
Care Planning Protocol

A complete assessment should be completed for each resident or client accessing continuing care services as per the interRAI MDS 2.0 or interRAI MDS-HC.

The MDS assessment may trigger a requirement for further investigation Resident Assessment Protocol (RAPs) for residents in facility based care or Client Assessment Protocol (CAPs) for home care clients prior to developing a care plan).

Where additional clinical assessment is required, appropriate expertise and professional assessment tools should be utilized prior to implementing a care plan. For example, the assessment might indicate that the resident or client is at increased risk for falls. This would trigger the need for further in-depth assessment of extrinsic and intrinsic factors prior to developing a care plan. The RAPs/CAPs serve as a guide for health care providers in care planning and are developed by professionals and based on evidence based research.

Based on the individualized assessment, a care planning protocol is triggered in areas that indicate that a care plan should be developed to meet the unique needs of each individual. The care planning protocol helps identify social, medical and psychological problems and forms the basis for individualized care planning.

A detailed care plan is developed with the client or alternate decision-maker, setting agreed upon goals or expectations, an implementation plan setting out what services are going to be provided, by whom, and when with periodic evaluation and adjustment of the care plan.

APPENDIX E

Quality Indicators Available from MDS 2.0

Monitoring and evaluating outcomes (or clinical quality indicators) provides a means to measure and compare the quality of the services in achieving goals or targets for care provision. The indicators can be benchmarked or compared between facilities, provinces and other countries.

Accidents

1. Incidence of new fractures
2. Prevalence of falls

Behavioural and Emotional Patterns

3. Prevalence of behavioural symptoms affecting others
4. Prevalence of symptoms of depression
5. Prevalence of symptoms of depression with anti-depressant therapy

Clinical Management

6. Use of nine or more different medications

Cognitive Patterns

7. Incidence of cognitive impairment

Elimination and Continence

8. Prevalence of bladder or bowel continence
9. Prevalence of occasional bladder/bowel incontinence without a toileting plan
10. Prevalence of indwelling catheters
11. Prevalence of fecal impaction

Infection Control

12. Prevalence of urinary tract infections

Nutrition and Eating

13. Prevalence of weight loss
14. Prevalence of tube feeding
15. Prevalence of dehydration

Physical Functioning

16. Prevalence of bedfast residents
17. Incidence of decline in late loss ADLs
18. Incidence of decline in range of motion

Quality Indicators Available from MDS 2.0 (Continued)

Psychotropic Drug Use

19. Prevalence of antipsychotic use in the absence of psychotic and related conditions
20. Prevalence of anti-anxiety/hypnotic use
21. Prevalence of hypnotic use more than two times in last week

Quality of Life

22. Prevalence of daily physical restraints
23. Prevalence of little or no activity

Skin Care

24. Prevalence of stage 1-4 pressure ulcers