

First Nations and Inuit Home and Community Care Standards Template Manual



Developed by Saint Elizabeth Health Care
for the Working Group for Standards, Scope of Practice,
Liability and Training

This material is the intellectual property of Saint Elizabeth Health Care and may not be copyrighted by any other party. It is our intent to permit the free use of these materials by First Nations and Inuit Communities and the First Nations and Inuit Health Branch, Health Canada, in the development of standards and policies for the First Nations and Inuit Home and Community Care Program.

To this end, we grant First Nations and Inuit Communities and the First Nations and Inuit Health Branch, Health Canada, non-exclusive right to copy and revise the contents, and to incorporate the material into manuals and other documents related to the First Nations and Inuit Home and Community Care Program. No royalty fee is required, but acknowledgement of authorship is expected.

Copyright protection applies to all other use of the materials, including commercial purposes. For any such use, written approval must be obtained from Saint Elizabeth Health Care. To obtain information concerning copyright ownership and Reproduction of this material, please contact:

Nancy Lefebvre
Vice President, Knowledge & Practice

Saint Elizabeth Health Care
90 Allstate Parkway, Suite 300
Markham, ON L3R 6H3
905-940-9655 (phone)
905-940-9934 (fax)
knowledge@saintelizabeth.com

First Nations and Inuit Home and Community Care Standards Template Manual

TABLE OF CONTENTS

Introduction

Use of the Manuals

- Development Process of the Template Manuals
- Intent of the Template Manuals
- Suggested Use of the Manuals
- Notes When Using the Manuals
- An Explanation of the Formats Used for the Standard and Policy Templates

Standards and Policies

- The Value of Standards and Policies
- Standards, Policies and Procedures: Definitions

Background

- First Nations and Inuit Home and Community Care Program
- Program Roles and Responsibilities
 - Communities
 - Federal Government

Future Activity

- Tips for Customizing Standards and Policies to Meet the Needs of Your Community
- Preparing for Accreditation

Table of Contents

Section 1:

Leadership

- 1.1 Community Needs Assessment
- 1.2 Development and Achievement of the Vision
- 1.3 Capacity Building
- 1.4 Resource Management
- 1.5 Contract Management

Section 2:

Quality

- 2.1 Program Development
- 2.2 Risk Management

Section 3:

Home and Community Care Services

- 3.1 Services Delivery
- 3.2 Continuity of Services
- 3.3 Health Promotion, Disease Prevention and Protection Services
- 3.4 Obtaining Consent
- 3.5 Client Rights
- 3.6 Ethical Issues
- 3.7 Confidentiality

Section 4:

Environment

- 4.1 Health and Safety
- 4.2 Equipment and Materials
- 4.3 Building/Physical Space
- 4.4 Partnerships/Community Linkages
- 4.5 Emergency and Disaster Planning

Table of Contents

Section 5:

Human Resources

- 5.1 Planning
- 5.2 Recruitment and Retention
- 5.3 Evaluating Performance
- 5.4 Education, Training and Development
- 5.5 Quality of Work Life

Section 6:

Information Management

- 6.1 Information Needs
- 6.2 Data Collection and Reporting
- 6.3 Analysis and Evaluation
- 6.4 Information Exchange
- 6.5 Program Changes and Improvements
- 6.6 Confidentiality of Information

Section 7:

Supports for Using This Manual

- References
- Glossary



First Nations and Inuit Home and Community Care Program Standards and Policies Template Manuals

INTRODUCTION

Development Process of the Template Manuals

The standards and policies templates, which appear in these ***First Nations and Inuit Home and Community Care Program Standards and Policies Template Manuals***, have been developed with the assistance, input and direction of the Working Group for Standards, Scope of Practice, Liability and Training. This Working Group then provided its recommendation and a copy of the draft standards and policies template manuals to the National Steering Committee for their review and approval. A list of the Working Group members appears at the end of this introduction.

In addition to the direction provided directly by the Working Group and the Committee, input from First Nations and Inuit communities was sought during the development of the manuals. This input provided feedback from the perspective of those who will be using the manuals, and with the fresh eyes of people who were not involved in the manuals' development.

The manuals have been created as living documents. They should be revisited and revised on an ongoing basis, and it is hoped that First Nations and Inuit communities will share their own customized standards and policies to enlarge the pool of information, examples and tools to support the success of the ***First Nations and Inuit Home and Community Care Program***.

Intent of the Template Manuals

These ***First Nations and Inuit Home and Community Care Program Standards and Policies Template Manuals*** provide examples and templates on which local communities can build their own standards and policies manuals. The manuals are intended to be used as tools to support the development of customized standards and policies to address the specific needs of each community and its ***First Nations and Inuit Home and Community Care Program***.

The manuals do not reflect mandatory practice. Instead they are building blocks, or a starting point, that communities can use to help them in the process of creating their own tools for their individual Programs and community needs.



Graphic from Resource Kit

Suggested Use of the Manuals

It is suggested that the manuals be used during the development of your community's **First Nations and Inuit Home and Community Care Program** to help you more easily develop standards and policies to shape the procedures and tools you will need for a successful Program. You may choose to use these templates for a while before modifying them to more effectively meet your own Program and community needs.

These templates and the customized standards, policies, procedures and tools that you create will serve as guidelines for staff to ensure:

- Quality
- Client and family satisfaction
- Work satisfaction
- Fairness
- Sustainability and effectiveness of your Program

These tools will also support ongoing capacity building and help in the regular evaluation and ongoing improvement of the Program.

It is suggested that the standards, policies and procedures that your community uses should be reviewed every year. These template manuals can be used as a resource during this process. They can provide useful suggestions as to how your existing standards and policies might be revised and improved to meet the changing needs in your community and in your Program.

It is important to note that standards and policy development is an ongoing activity that will make the actual delivery of Program services much easier, more consistent and efficient, and with the assurance of quality, fairness and client satisfaction.

As well, these standards and policies template manuals will be helpful if you choose to participate in the accreditation process in the future.

Notes When Using the Manuals

To make the manuals easier to use, a number of features have been included in their design:

- **Cross references** of policies to related standards
- Use of **symbols** to quickly and easily reference standards and policies sections (the symbols used here are only examples and communities are encouraged to create and/or select symbols that reflect their community and its Program). Another way to provide easy reference is to colour code each section of the manuals.
- A comprehensive **glossary** which appears at the back of each manual to provide definitions of key words that are identified by *italics* throughout the manual
- A listing of **references** which also appears at the back of each manual to provide additional resources to help you in developing your own standards, policies and procedures
- A **flow chart** that visually describes the contents of the two manuals and how the materials, including suggested procedures, link
- References to **sample tools** that can be used as examples on which to build customized tools to support policies and procedures

An Explanation of the Formats Used for the Standard and Policy Templates

The various parts of the format used for the standard and policy templates are explained on the following pages. You may want to read them before reading the standards and policies templates so that you have a better understanding of the flow of each format and the purpose of each section within these formats.

An Explanation of the Format Used for the Standards Template

<p>First Nations and Inuit Home and Community Care Program Standards Template Manual</p>	<p>Community Logo</p>
<p>Section: Refers to major heading in the manual, for reference to related standards</p>	<p>Community Name</p>
<p>Standard: Provides specific standard name</p>	<p>Standard Number: XXXX</p>

<p>Approval:</p> <p>A signature (or signatures) here will confirm that this standard has been reviewed and approved, and is to be used. These signatures reflect the review process and include community leadership.</p>	<p>Date:</p> <p>This date helps you to be sure that this is the most recent version of the standard</p>
--	--

Standard

This text provides the key statement of the standard. The rest of the information that you will find in the template builds and supports this key statement.

Process Steps

This section provides suggestions for activities to achieve the standard. Not all of them may be appropriate for your program or community; however, they should help you to identify what you can be doing to achieve the standard.

Symbol for easy reference to main standards sections (communities can customize symbols)

Evaluative Criteria

It is important to evaluate the effectiveness of the activities to determine if they are helping you to achieve the standard. This list describes some suggestions to help you identify the activities that you need.

Challenges to Consider

This section lists the challenges that you may face as you work to achieve the standard. It is important to consider these challenges so that you are prepared for the difficulties that may arise.

Suggested Policy References

This section lists policies that you can find in the policies template manual to help you achieve the standard in practice. Clip art is used to help find the related sections of the policies template manual more easily.

Some Suggested References

In addition to the related policies, there are other materials that will be useful in understanding and shaping this standard for your own community's needs. These references are listed here and more detailed information is provided at the end of each manual so that you can find the documents you want to reference.

<p>Review Process:</p> <p>It is important to review standards regularly to ensure that they are still effective. As well as monitoring how well they are being achieved, it is important to be sure they are updated as services and communities' needs may be changing. The review process includes the participation of community leadership.</p>	<p>Dates:</p> <p>Recording the dates of the review process will be a reminder to review standards on an annual basis, or more often if changes occur.</p>
---	---

Symbol for easy reference to main policy sections (communities can customize symbols)

An Explanation of the Format Used for the Policies Template

<p>First Nations and Inuit Home and Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part: Refers to major heading in the manual, for reference to related policies</p>	<p>Community Name</p>
<p>Policy: Provides specific policy name</p>	<p>Policy Number: XXXX</p>

<p>Approval:</p> <p>A signature (or signatures) here will confirm that this policy has been reviewed and approved, and is to be used. These signatures reflect the review process and include community leadership.</p>	<p>Date:</p> <p>This date helps you to be sure that this is the most recent version of the policy</p>
--	--

Policy

This text provides the key points of the policy. The rest of the information that you will find in the template builds and supports these key statements.

Policy Rationale

This section highlights the reason(s) for having the policy. It reflects the related standard(s) and may, sometimes, be the actual standard(s).

Policy Details

This section provides details about the most important policy to reinforce the message and helps to ensure application of the policy in day-to-day practices

Symbol for easy reference to main policy sections (communities can customize symbols)

Process Guidelines

This section expands on the policy and provides information to be considered in processes and in practice. If this information is used as the base to build these processes, it is likely that the policy will be achieved.

Performance Measurement Suggestions

This table offers suggested ways to determine how well the policy is being achieved in day-to-day practice, related processes and procedures. These measures provide a base on which to monitor success and progress.

Related Standards

This section lists standards that will help to understand this policy, and also uses the symbols to more easily guide you to the related sections in the standards template manual.

Some Suggested References

In addition to the related standards, there are other materials that will be useful in understanding and shaping this policy for your own community's needs. These references are listed here and more detailed information is provided at the end of each manual so that you can find the documents you want to reference.

<p>Review Process:</p> <p>It is important to review policies regularly to ensure that they are still effective. As well as monitoring how well they are being applied in practice, it is important to be sure they are updated as services and communities' needs may be changing. The review process includes the participation of community leadership.</p>	<p>Dates:</p> <p>Recording the dates of the review process will be a reminder to review policies on an annual basis, or more often if changes occur.</p>
---	--

Symbol for easy
reference to main
policy sections
(communities can
customize symbols)

Each community is responsible for developing and putting in place their own procedures. These procedures need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

This section suggests procedures that should be used to practice the policy described in day-to-day practice. As well, it lists suggested tools that will help to effectively develop and use the procedures that are recommended.

The Value of Standards and Policies

For Individuals and Families

Community members who are receiving services, or whose family members are receiving services, are likely to feel more secure and comfortable knowing that providers are guided in their work by standards and policies designed to promote client rights, client satisfaction, fairness, quality of care, appropriate training and work satisfaction.

Clients and families have the responsibility of understanding why standards and policies are in place and how they can ensure appropriate care, equitable access to services, and client rights.

For Communities

Communities as a whole are likely to benefit from standards and policies that help to ensure the sustainability and effectiveness of the **First Nations and Inuit Home and Community Care Program**. The standards and policies encourage ongoing program evaluation, quality improvement, cost effectiveness and client satisfaction. Therefore, they help to ensure the success, sustainability and necessary capacity building to support the **First Nations and Inuit Home and Community Care Program** in the future.

In addition, this experience in program development, implementation and evaluation provides an excellent base of experience and wisdom as the community continues to develop programs in health and other services in the future.

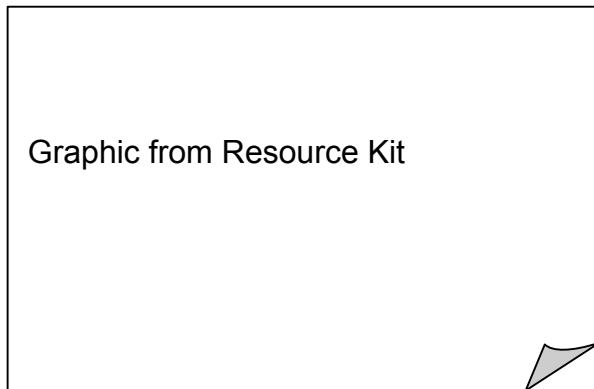
Community leadership, the political body of the community, has the responsibility of receiving, understanding, and approving the standards and policies for the delivery of the Program. Community leadership provides overall direction in this way, rather than becoming involved in the day-to-day operations of the Program.

Standards and policies provide the community leadership with the tools necessary to respond to requests and complaints from community members. They provide the basis for decision-making and conflict resolution.

For Program Staff

Standards, policies, procedures and tools provide clear direction and enable Program staff to conduct their tasks and activities with confidence, effectiveness and efficiency. In addition to improving quality and client satisfaction, staff will likely experience greater work satisfaction. The environment in which they work will reflect values of respect, ongoing learning and staff development.

Program management has the responsibility of implementing the approved policies and ensuring adherence at all times, and of monitoring, reviewing and updating them on a regular basis. Program staff are responsible for knowing the policies and adhering to them in their daily activities. Both Program management and staff participate in the review and revision of policies.



Standards, Policies and Procedures: Definitions

The following definitions from the 1999 Canadian Council on Health Services Accreditation AIM (Achieving Improved Measurement) Standards help to clarify and explain the differences and relationship of standards, policies and procedures.

The Goal:

A Standard is defined as the “desired and achievable level of performance against which actual performance can be compared”.

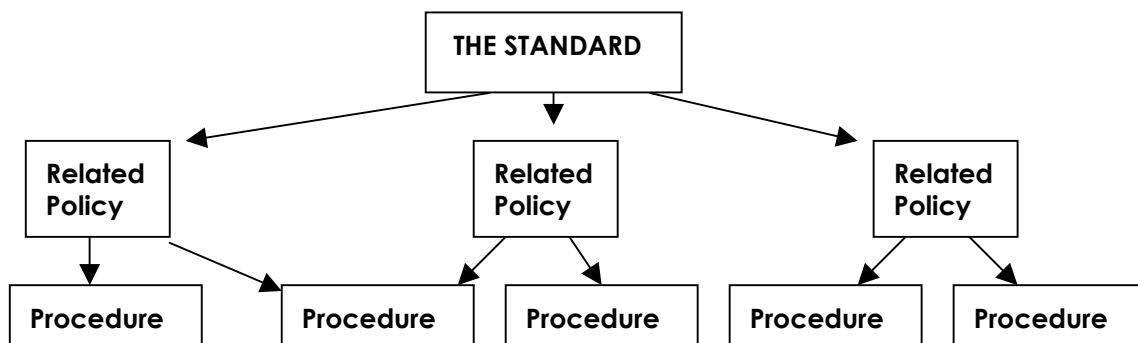
The “What”:

A Policy is “a written statement that clearly indicates the position and values of the organization on a given subject”. A policy identifies what needs to be done to achieve the standard.

The “How”:

A Procedure is a “written set of instructions that describe the approved and recommended steps for a particular act or sequence of acts”. A procedure outlines how the policy will be carried out in day-to-day practice.

Standards, policies and procedures must all link together to ensure success of any program. Procedures are based on policies that enable standards to be achieved. Procedures are the most practical, in that they reflect the day-to-day practice that reflects the policies of the Program. The policies template manual suggests procedures and tools that should be developed at the practical level. The following chart identifies the connection of standards, policies and procedures:



Background Background

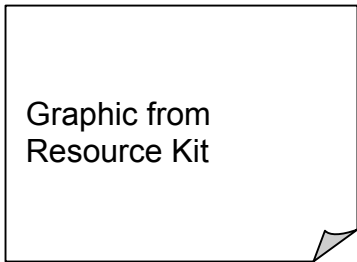
The First Nations and Inuit Home and Community Care Program

The Federal Government is committed to improving the health and well being of First Nations and Inuit and in February 1999 funding of the ***First Nations and Inuit Home and Community Care Program*** was approved. Autonomy and control of health programs and resources by local First Nations and Inuit communities are inherent components of the planning of this Program. The intent of the Program is to ensure that First Nations and Inuit are provided with quality care in their own homes and communities.

A Joint Health Canada/DIAND/First Nations/Inuit Working Group was formed to develop a framework for the ***First Nations and Inuit Home and Community Care Program***. The Program is based on accepted home care principles and is flexible and adaptable to cultural values and to the individual needs of First Nations and Inuit communities. The need for an increased focus on community-based home care programs and services to support and maximize independence of First Nations and Inuit in their own communities is an essential component of the framework.

The ***First Nations and Inuit Home and Community Care Program*** is committed to building capacity within the communities served through assessment and evaluation of the needs of its people and the community as a whole. Where possible a comprehensive continuum of services will be available in First Nations and Inuit communities.

The ***First Nations and Inuit Home and Community Care Program*** will collaborate and partner with other providers to deliver care to clients and families in their home setting. Where services exist, duplication of services will not occur.



Graphic from
Resource Kit

Individuals and families will participate in care delivery, individual rights will be respected, traditions and culture will be respected, and the client will have the choice to accept or refuse services.

The Accountability Framework for the First Nations and Inuit Home and Community Care Program is to be used in the development of the standards, policy and procedure manuals for the program.

A Planning Resource Kit has been provided to each First Nations and Inuit community to support the planning development of the **First Nations and Inuit Home and Community Care Program** at the local level. To further assist communities in the development, implementation and ongoing evaluation of their Programs, Home and Community Care Program Standards and Policies Template Manuals have been created.

Program Roles and Responsibilities

Communities

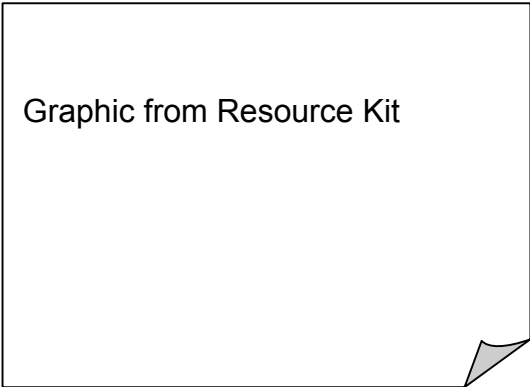
Communities will:

- Plan and deliver home and community care services
- Monitor and maintain the quality of services
- Ensure training requirements are met
- Maintain performance accountability to community members and the Federal Government
- Maintain liability and malpractice insurance, delegation of responsibility
- Collaborate with the Federal Government on the development and maintenance of appropriate First Nations and Inuit home and community care standards of care and practice

Federal Government

The Federal Government will:

- Provide funding resources and ensure appropriate financial arrangements with First Nations and Inuit to facilitate the implementation and maintenance of the ***First Nations and Inuit Home and Community Care Program***
- Ensure that appropriate authorities have been secured for the implementation of services
- Provide various technical, professional and capacity building supports which are developed in collaboration with and mutually agreed to by First Nations and Inuit
- Work in partnership with First Nations and Inuit on the development and maintenance of appropriate First Nations and Inuit home and community care standards of care and practice



Graphic from Resource Kit

Tips for Customizing Standards and Policies to Meet the Needs of Your Community

It is suggested that you review and consider the standards and policies templates as you develop your Program. The templates can then be tailored for the specific needs of your community and the services your Program will be providing.

Specific factors to think about when developing Program standards and policies include:

- your community's infrastructure
- related programs, services and resources
- linkages with other communities

In customizing standards and policies, the following tips are recommended:

1. The process for development, review, revision and approval of standards and policies needs to be clearly documented and understood by everyone. The process may involve a standards and policies committee, a home and community care advisory committee, a health management team, or some combination so that representation of all appropriate input is included. Community leadership needs to be included in the process and this can occur in a number of ways, ie as part of the team, or with a designate or designates who can make recommendations to the leadership for their consideration and approval.
2. Include all members of the Program team in the development of standards and policies, and their ongoing review and revision.
3. Evaluate each standard and policy template as it applies to your community and to your Program and services.
4. Build flexibility into the manuals that you create so that standards and policies can easily be moved, added and revised. For example, the standards and policies can be kept in three-ring binders so pages can be easily changed. Instead of page numbering the entire document, use reference numbers for policies

- and standards. You may also want to page number each of these standards and policies, for example, policy 5.4 could be page numbered as 5.4 page 1, 5.4 page 2, etc.
5. Use symbols or colour code sections of the manuals to make referencing easier. The symbols used in the templates are only offered as an example, and communities are urged to select their own symbols that better reflect each specific community and its Program. Local artists could be invited to create the symbols, or they may be selected from existing artwork and graphics.
 6. Procedures and supporting tools should be developed to reflect practical ways of implementing and achieving the policies and standards that you have identified.
 7. All standards, policies, procedures and tools should be reviewed on an annual basis and revised, as necessary.

Preparing for Accreditation

As communities establish their individual ***First Nations and Inuit Home and Community Care Programs***, they may choose to participate in the accreditation process. Accreditation will provide a measure of the quality of the Program, and help the community to identify current strengths and areas that may require additional effort to improve the Program and its management.

The standards and policies template manuals have been designed to reflect the practices that should be implemented to achieve accreditation. It is important to consider the goal of accreditation at the time you create your Program standards and policies. Otherwise, it may be necessary to rework the standards and policies in the future so that they reflect the requirements to achieve accreditation.

Members of the Working Group for Standards, Scope of Practice, Liability and Training

Todd Armstrong
Pauktuutit
Ottawa, ON

Donna Loft
Chiefs of Ontario
Marysville, ON

Rhonda Blood
Canadian Council on Health
Services Accreditation
Ottawa, ON

Francis Macklin
Health Canada
Winnipeg, MB

Janet Brewster
Inuit Tapisariat of Canada
Ottawa, ON

Maria MacNaughton
Health Canada
Ottawa, ON

Elsa Cheeseman
Baker Lake Hospice
Baker Lake, NV

Tracy Scott
Anishinaabe Mino-Ayaawin
Winnipeg, MB

Linda Deer
Kahnawake, QC

Edna Stevens
Health Canada
Winnipeg, MB

Alma Favel-King
Assembly of First Nations
Ottawa, ON

Carol Trudeau
North Shore Tribal Council
Massey, ON

Deborah Greyeyes
Bonnyville, AB

Helen Verhovsek
Health Canada
Ottawa, ON

Mabel Horton
Manitoba Keewatinowii Okimakanak
Thompson, MB

Heather Young
Health Canada
Edmonton, AB

Michele Landry
Union of Nova Scotia Indians
Sydney, NS



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Leadership	Community Name
Standard: Community Needs Assessment	Standard Number: 1.1

Approval:	Date:
-----------	-------

Standard

The *health status* and needs of the community(ies) served by the *First Nations and Inuit Home and Community Care Program* are regularly evaluated in order to plan appropriate services. This *evaluation* considers the Program in relation to broader population health issues.

Process Steps

Activities for assessing community need may include:

- Training staff in conducting *community needs assessments* and reporting findings
- Informing all concerned about the purpose of the needs assessment and its value
- Setting clear objectives of the needs assessment, and clearly defining the data to collect
- Setting timelines for conducting the needs assessment, summarizing findings, and analyzing results
- Designing an *information management system* for needs assessment data which is secure but easy to use and access by appropriate staff
- Establishing guiding principles for conducting needs assessment research in the community

Section 1 - Leadership



- Documenting procedures that will be used in the needs assessment, including a description of information that will be given to people who choose to participate
- Identifying opportunities to coordinate the assessments with other research in the community
- Conducting informal interviews with randomly selected clients to identify service needs
- Conducting *focus groups* and meetings with randomly selected members of the community to identify service needs
- Conducting round table discussions at meetings with community leadership to identify changing community needs
- Conducting *focus groups*, meetings or informal interviews with other health care providers in the community to identify service needs
- Consulting with local school leaders for early detection of special needs of children
- Consulting with local housing leaders for early identification of trends that may result in changing health care needs
- Setting priorities of service needs, highlighting existing services and gaps in service availability
- Reviewing the literature and research about the *determinants of health* to ensure that the service focus is relevant to broader health issues
- Identifying high *risk* situations relevant to the community
- Tracking the trends in frequency of specific illness and disease in the community
- Tracking the trends of hospital admissions, denials, and early discharges
- Tracking trends in the *demographics* of the community
- Using data to make informed decisions when program planning
- Communicating findings from the needs assessment both internally within the Program, and externally

Evaluative Criteria

The success of *community needs assessment* initiatives may be evaluated by such criteria as:

- Conducting *client satisfaction* surveys
- Conducting satisfaction surveys with housing and school leaders
- Comparing the *determinants of health* and the community assessment activities to ensure balance

Section 1 - Leadership


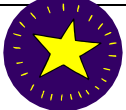



- Comparing local trends with those identified by Statistics Canada as being relevant to First Nations and Inuit Peoples
- Tracking *demographic* trends and health data of clients
- Completing a periodic inventory of services available in the community to identify gaps between availability and need

Challenges to Consider

- Some people may not feel comfortable sharing their opinions in *focus groups* and other meetings, and even in individual interviews
- It can be challenging to gain trust needed for *feedback*
- Those most in need of services are often the ones who do not want to participate in research
- Other community health care providers may not be willing to coordinate assessment projects
- It may be difficult to raise awareness and ensure participation and understanding of the importance of a *community needs assessment*

Suggested Policy References

<p>All of Part 1: The Organization</p>	<p>Community Program Logo HERE</p>
<p>2.1 Services 2.2 Service Delivery Model</p>	
<p>5.1 Quality Planning</p>	
<p>All of Part 6: Operations</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning Resource Kit: 1, 2, 5

Draft Liability Documents: May, introduction, section 2.2

CCHSA AIM Standards, 1999 – Leadership and Partnerships

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

First Nations and Inuit Regional Health Survey

DIAND population figures

Community Workload Increase System population figures

Review Process:	Dates:
------------------------	---------------



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Leadership	Community Name
Standard: Development & Achievement of the Vision	Standard Number: 1.2

Approval:	Date:
------------------	--------------

Standard

The *First Nations and Inuit Home and Community Care Program* has a formal process for developing its *vision*, involving the community in this process, and achieving this *vision* in service delivery.

Process Steps

Activities for *vision* development include:

- Involving the community leadership, clients, staff and the community in development of the *vision*
- Clearly stating the values of the Program and developing a *mission statement* to guide the *vision*
- Understanding services that are available in the community so that the *vision* can be developed to complement these services
- Considering the broader *determinants of health* when developing the *vision*
- Obtaining signed approval for the *vision* and *mission* statements from the community leadership
- Communicating the *vision* to clients, staff and the community so that it is well understood
- Engaging those involved in the development and management of the ***First Nations and Inuit Home and Community Care***



Program in community activities, in order to promote the Program's *vision*

- Regularly communicating the *mission, vision, activities* and decisions of the Program with clients, staff and the community

Evaluative Criteria

The First Nations and Inuit Home and Community Care Program evaluates success in achieving the *vision* by:

- Conducting *client satisfaction surveys* which include measures of the *vision*
- Conducting meetings and *focus groups* with clients to discuss their views and experiences
- Conducting *staff satisfaction surveys* which include measures of the *vision*
- Conducting an annual review with leaders to discuss their views and experiences relating to the Program, and to further develop the *vision*
- Annually reviewing the *vision* and revising it as needed
- *Auditing* internal activities and processes to ensure the fit with the *vision*
- Annually evaluating the *goals* of the Program to ensure a fit with the *vision*

Challenges to Consider

- Literacy challenges may limit opportunities to conduct surveys that allow people to remain unidentified
- Some people may not feel comfortable sharing their opinions in meetings and *focus groups*
- *Vision statements* may be considered by some to lack value



Suggested Policy References

1.1 Mission and Vision 1.2 Values and Beliefs 1.3 Goals and Objectives	Community Program Logo HERE
4.8 Performance Management 4.11 Orientation 4.16 Compensation	
5.2 Quality Planning	
6.4 Annual Program Summary	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: 1, 2

Draft Liability Documents: May, section 17; June pg 27

CCHSA AIM Standards, 1999 – Leadership and Partnerships

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

First Nations and Inuit Regional Health Survey

DIAND population figures

Community Workload Increase System population figures

Review Process:	Dates:
------------------------	---------------



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Leadership	Community Name
Standard: Capacity Building	Standard Number: 1.3

Approval:	Date:
------------------	--------------

Standard

The *First Nations and Inuit Home and Community Care Program* is committed to capacity building both with the Program and in the community. By building local capacities, the Program will establish and sustain quality services in the community.

Process Steps

Activities for capacity building may include:

- Designing and obtaining the community leadership's approval of an organizational structure with clear lines of *accountability*, responsibility and decision-making authority at every level
- Implementing conflict resolution and decision making processes
- Ensuring that the Program leadership is made up of individuals who are representative of the *diversity* in the community
- Documenting clearly defined roles and responsibilities at all levels of the Program and communicating this to staff, clients, families and local partners
- Developing *mission, vision and value statements* with input from clients, families and the community to ensure a good fit with local values
- Developing clear Program *goals* that fit with the local *continuum of care*

Section 1 - Leadership



- Matching the *mission, vision, values, and Program goals* with community needs
- Communicating the *mission, vision, values and goals*, both with the Program and with the community, so that they are well understood
- Planning services and designing processes that are consistent with the Program's *values and goals*
- Using a clear process for developing and carrying out operational plans that fit with the Program's *mission, vision, and goals*
- Developing a culture of continuous *quality improvement*
- Working with the community to provide a *continuum of services* that address the known *determinants of health*
- Implementing a thorough *orientation* program for Program staff, Program leadership and community leaders
- Implementing a *performance evaluation* process for staff and Program leadership, and taking timely action to address performance concerns
- Allocating resources for capacity building at all levels of the Program organization, such as education, training, skill development
- Allocating resources for capacity building in the community through collaboration and consultation with other providers and other communities
- Developing a library of relevant resources and contacts for the Program
- Sharing knowledge and lessons learned in Program development, service delivery and management with other First Nations and Inuit communities
- Sharing resources such as consultants or workshop facilitation costs with other communities
- Supporting and encouraging staff who are interested in furthering their knowledge and skill development
- Following all relevant legislation as changes occur
- Collaborating with other First Nations and Inuit communities in research and information sharing
- Communicating with clients, families and the community about Program services, and local improvements in home and community care service delivery
- Conducting regular *community needs assessments* to ensure the value and fit of services, *mission and goals* of the Program

Section 1 - Leadership



- Engaging clients, families and the community in key Program decision making
- Engaging in local fundraising for the Program, as appropriate
- Maintaining buildings and the physical environment to ensure the safety and well-being of staff, clients, families and the community
- Collaborating with the community to protect its natural resources and improve the working environment
- Working with local programs, organizations and other resources to promote health and well-being in our communities
- Implementing staff *recruitment* and *retention* initiatives into the human resources plan
- Recognizing that the most valuable resource is Program staff and their development, support and skill building is vital to the success of the Program and to the community's ongoing development
- Encouraging staff to improve their skills and knowledge by developing their sense of pride and desire and through incentives

Evaluative Criteria

The First Nations and Inuit Home and Community Care Program evaluates its success in capacity building by:

- Regularly reviewing the *mission, vision* and *value statements* and revised them as needed
- Annually reviewing the Program *goals*, and evaluating if they have been achieved
- Using information from a variety of sources, including *risk* management reports, financial reports, *client satisfaction surveys* and comments, and clinical *outcome* reports, to determine if there is a need to modify strategy
- Modifying Program *goals* as needed, in light of changing community needs and the known *determinants of health*
- Regularly reviewing the scope of roles and responsibilities of staff to ensure a good fit with Program *goals*
- Reviewing *orientation* processes and modifying them as needed
- Reviewing policies to ensure a good fit with legislation and the Program's *values*
- Talking to staff to find out if they are satisfied with the opportunities for learning and growth

Section 1 - Leadership



- Talking to clients, families and the community (including other providers) to find out if they are aware of the Program's services, are confident with the services, and are satisfied with the Program's responsiveness to community needs
- Keeping an inventory of publications, useful contacts, educational opportunities and other resources
- Measuring the successfulness of staff education and Program leadership education initiatives
- Keeping up-to-date with and understanding changing legislation
- Tracking fundraising successes
- Tracking the success of *recruitment* and *retention* initiatives
- Tracking staff education, skills and development

Challenges to Consider

- Capacity building takes careful planning, time and resources
- It can be difficult to recruit and retain staff in rural and remote areas, especially those with special skills who are in high demand
- Funding support for capacity building initiatives can be challenging



Suggested Policy References

<p>1.1 Mission and Vision 1.2 Values and Beliefs 1.3 Goals and Objectives 1.4 Organizational Structure</p>	<p>Community Program Logo HERE</p>
<p>4.1 Equal Opportunity 4.5 Recruitment 4.6 Hiring 4.7 Performance Management 4.11 Orientation 4.13 Employee Relations</p>	
<p>5.3 Quality Improvement</p>	
<p>6.1 Program Management 6.4 Annual Program Summary</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 1, 2

Draft Liability Documents: May, sections 1.3.4, 2.3, 2.4; June, pgs 30-31

Review Process:	Dates:



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Leadership	Community Name
Standard: Resource Management	Standard Number: 1.4

Approval:	Date:
------------------	--------------

Standard

The *First Nations and Inuit Home and Community Care Program* manages financial, human and physical resources efficiently to serve the community in the most dependable, effective way.

Process Steps

Activities for effective resource management may include:

- Implementing a sound and secure *documentation* process for budgets
- Using information from a variety of sources (*e.g. community needs assessment, finance, human resources, quality, clinical outcomes*) to make *resource allocation* and budgeting decisions
- Using community input and *community needs assessment* information to project future service needs and resources
- Identifying resource gaps that may limit ability to meet future needs
- Ensuring *resource allocation* fits with planning priorities and the Program *mission, vision* and goals
- Assessing costs before making changes to the services offered

Section 1 - Leadership



- Engaging the Program leadership and management in an annual budget review and planning process for *capital* and operations
- Using staff input when reviewing budgets
- Engaging staff at all levels of the organization in ongoing *variance analysis*, and modifying spending to meet budgetary targets
- Understanding the impact of investment choices on the community, and making responsible investment decisions in the best interests the community
- Regularly monitoring results of investments made by Program leadership and management and ensuring good *stewardship* with Program funds and any surpluses
- Fundraising, when appropriate
- Following relevant legislation as changes occur
- Working with community leadership to plan and coordinate *resource allocation* in the community
- Partnering with other programs and other communities, whenever possible and appropriate, to share costs

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates the success of resource management initiatives by:

- Measuring the costs and benefits of services
- Obtaining client and community feedback on their satisfaction with the types of services offered by the Program and the way resources are allocated
- Ongoing discussions with other programs in the community, including those outside the health care sector, to find out if the Program is seen as being responsive to community needs
- Tracking surpluses and losses and identifying trends to improve

Challenges to Consider

- Decisions to set priorities of *resource allocation* are difficult when resources are limited
- Fundraising may not be appropriate



Suggested Policy References

<p>1.5 Mission and Vision 1.6 Values and Beliefs 1.7 Goals and Objectives</p>	<p>Community Program Logo HERE</p>
<p>4.5 Recruitment 4.6 Hiring 4.12 Orientation 4.13 Training and Development</p>	
<p>5.2 Quality Monitoring 5.4 Risk Management</p>	
<p>6.1 Program Management 6.5 Financial Management</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 3A, 4

Draft Liability Documents: May, section 2.6

CCHSA AIM Standards, 1999 – Human Resources, Environment

CCHSA Draft Quality Dimensions & Descriptors, 1998

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Leadership	Community Name
Standard: Contract Management	Standard Number: 1.5

Approval:	Date:
------------------	--------------

Standard

The *First Nations and Inuit Home and Community Care Program* engages in ethical and legally sound management of contracts.

Process Steps

Activities for ethical and legally sound *contract management* may include:

- Using contracts whenever purchasing services for the Program or selling the Program's services, research or knowledge
- Implementing processes for establishing a service contract which include a thorough review of the partner(s), the contract, and the potential *risks*
- Including in all contracts the following: signatures, statements of liability, responsibilities, and an *evaluation* plan
- Addressing potential risks before signing contracts, and including the *evaluation* of *risk* issues in contracts
- Ensuring that those who contract with the Program operate in a way that has the best interests of our community in mind
- Ensuring that those who contract with the Program understand and value the Program's *mission, vision* and *values*
- Ensuring that contracts do not involve conflict of interest between organizations or individuals

Section 1 - Leadership



- Negotiating all contract agreements with the community's best interests in mind
- Updating contracts when changes occur or as needed
- Having a clear process to monitor contracts in an ongoing way
- Implementing a process for addressing service-related contract disputes or failure to meet contract obligations
- Working with service contract partners to evaluate services and implement *quality improvement* initiatives
- Implementing a process for evaluating research proposals that includes consideration of the research design, *ethics*, benefits, *risks*, and qualifications of the researchers
- Ensuring that research contracts respect client rights, including privacy and confidentiality
- Establishing clear guidelines for student placements and research initiatives
- Clearly defining access to information by students and researchers, and the consequences for not complying to these guidelines
- Implementing a process for staff, clients and the community to express concerns about research and education contracts
- Working with education partners to ensure that adequate resources and supervision have been provided to students

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates contract management initiatives by:






- Regularly reviewing contracts to ensure that they continue to reflect the service arrangement
- Monitoring the services provided or purchased to ensure that they continue to meet contract obligations
- Regularly reviewing research initiatives to ensure that contract obligations are being met
- Meeting regularly with those involved in education initiatives to ensure contract obligations are being met
- Meeting with contract partners regularly to find out if they are satisfied with contract management processes and service, research or education progress



Challenges to Consider

- The number of contracts that can be effectively managed may be limited by availability of staff to do this function
- Clients may be hesitant to participate in research and education initiatives and their rights must be respected
- Expert legal advice, which may be needed when negotiating contracts, can be costly and difficult to obtain in rural and remote areas

Suggested Policy References

2.2 Service Delivery Model	
4.15 Conflict of Interest	
5.3 Quality Monitoring 5.4 Risk Management	
6.5 Financial Management	
7.5 Liability Protection	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: 1, 3A, 4

Draft Liability Documents: May, sections 4.9, 4.10, 4.12, 4.13, 4.14;
June, pgs 30-33

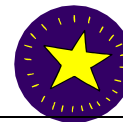
CCHSA AIM Standards, 1999 – Leadership and Partnerships

CCHSA Draft Quality Dimensions & Descriptors, 1998

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Quality	Community Name
Standard: Program Development	Standard Number: 2.1

Approval:	Date:
-----------	-------

Standard

Continuous quality improvement activities are regularly conducted for ongoing program development.

Process Steps

Activities for *program development* may include:

- Adopting a philosophy of *continuous quality improvement*
- Implementing a quality program with clear goals, appropriate staff supports, and an action plan
- Assigning *accountability for quality* to a senior leader in the organization
- Allocating resources for *program development* and *continuous quality improvement* education
- Integrating *program development* with information about the *determinants of health* and their influence in the community
- Involving staff in planning to ensure their understanding and ability to work towards the achievement of *program development* goals
- Clearly defining Program scope, goals, objectives, and target group
- Considering the *continuum of care* and resources and services that are already available in the community in order to optimize the value of the Program

Section 2 - Quality



- Identifying *indicators* for monitoring the achievement of Program goals
- Including *indicators* that measure Program processes, structures, *clinical outcomes*, and *client satisfaction*
- Monitoring performance *indicators* for both clinical and administrative processes (such as payroll, accounts receivable, *staff orientation*, computer training, etc.)
- Documenting *occurrences* related to both clinical and administrative processes
- Involving staff in the ongoing analysis and *evaluation* of Program *indicators*
- *Coaching*, *counselling*, and *mentoring* staff to help them develop and deliver a high *quality* Program
- Measuring *indicators* using a variety of methods including: satisfaction surveys, informal interviews, *occurrence monitoring*, *audits* of client records, and electronic data *audits*
- Communicating the results of Program analysis to the community leadership and Program staff at all levels to promote the continuity and coordination of services and *quality improvement* initiatives
- Identifying *benchmarks* and *best practices* with other community-based providers and other First Nations and Inuit communities
- Reviewing the literature and research to learn about alternative program models, *benchmarks*, and *best practices*
- Participating in conferences and seminars to learn about *program development* opportunities that have worked for others
- Working with other providers and the community to identify and address local service needs
- *Advocating* on behalf of clients for *program development* in other health service sectors
- Coordinating the Program service delivery with other local services
- Responding to *program development* needs in a timely way
- Evaluating the Program frequently to ensure timely response to issues
- Using Program information when planning future services, and when budgeting
- Setting priorities for *quality improvement* initiatives based on *risk*, relative cost and community need
- Encouraging and involving staff at all levels to take responsibility for *quality improvement*



- Documenting *quality improvement* initiatives and the reasons for the need for the initiatives

Evaluative Criteria

The First Nations and Inuit Home and Community Care Program development activities are evaluated by such criteria as the following:

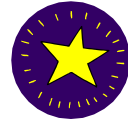
- Conducting *focus groups*, interviews and informal meetings with families and clients to get feedback about programs and recommendations for *program development*
- Conducting informal interviews with staff to get suggestions for *program development* and feedback about processes for *program evaluation*
- Asking other providers, including traditional healers, to give feedback about their satisfaction with the organization's *program development* initiatives
- Auditing *quality improvement* processes
- Maintaining relevant *program development* resource materials
- Implementing appropriate measures to track whether the intended *outcomes* are being achieved through *quality improvement* initiatives
- Continuously reviewing *quality reports*, such as:
 - satisfaction survey findings
 - informal interview findings
 - *occurrence reports*
 - *audits* of client records
 - electronic data *audits*
 - Tracking of trends and the analysis of *quality reports* in a timely way

Challenges to Consider

- If resources are limited, the *quality* program may need to be managed by staff with other roles
- Reports may need to be created manually
- Some people may not feel comfortable sharing their opinions, either verbally or in writing

Suggested Policy References

Section 2 - Quality



<p>Part 5, Quality, and, in addition, all other policies are grounded in quality</p>	
--	--

Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 3A, 5, 6

Draft Liability Documents: May, section 2.2; June, pgs 4-12

CCHSA AIM Standards, 1999 – there are standards in each of the sections that relate to quality activities

CQI Network Website

National Association for Health Care Quality, www.cphq.org

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

<p>Review Process:</p>	<p>Dates:</p>
-------------------------------	----------------------



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Quality	Community Name
Standard: Risk Management	Standard Number: 2.2

Approval:	Date:
------------------	--------------

Standard

Risk issues are monitored, evaluated and addressed in a timely and effective way.

Process Steps

Activities for monitoring, evaluating and addressing *risk* issues may consist of:

- Including *risk management* in the *quality management* program
- Defining the different levels of *risk*, ie high, medium, low
- Documenting *occurrences* regardless of *risk* level
- Investigating all high *risk occurrences* and ensuring timely follow-up in all *risk* situations
- Educating staff about different levels of *risk* and how to identify *risk*
- Implementing procedures for resolving *risk* issues, at each level, in a timely and effective way
- Implementing changes to prevent the same *risk* from happening again
- Communicating effectively with clients throughout the process of addressing *risk* issues
- Implementing an *occurrence monitoring* process
- Enabling staff to share experiences and planning for *risk* prevention



- Regularly monitoring the Program and processes to ensure obligations of the Program are met
- Documenting potential *risk* issues on the client record
- Following all *risk*-related legislation as changes occur
- Following professional standards of practice as changes occur
- Encouraging staff to communicate openly about situations that could pose *risk* to the client, staff, organization, or community
- Reviewing staff qualifications and checking *references* prior to hiring
- Conducting criminal reference checks on staff as necessary
- Exercising the right to decline service delivery in situations that pose *risk* to either staff or clients
- *Advocating* on behalf of clients who are at *risk* in the community
- Informing community leadership and funders about common *risk* issues

Evaluative Criteria

Risk is evaluated by such criteria as:

- *Trending occurrence* data, paying special attention to the types of *risk* the organization is exposed to and levels of *risk*
- Conducting informal interviews with staff to find out if the organization identifies and addresses *risk* issues in a timely way
- Conducting meetings and interviews with clients and families to find out if the organization is being responsive to *risk* issues
- *Benchmarking* the frequency and nature of *risk* issues with other First Nations and Inuit communities
- Monitoring situations in which contract obligations are not being met, and evaluating the timeliness and nature of the organization's response
- *Trending successes* in minimizing client *risk* through *advocacy*


Challenges to Consider

- Some people may not feel comfortable sharing their opinions, either verbally or in writing
- Existing *benchmarks* in home support services are limited
- *Advocating* for clients may create tensions with other organizations and community leaders



- Minimizing *risk* when providing services in the community can be difficult

Suggested Policy References

<p>All of Part 5, Quality, and 6.5, Annual Program Summary. In addition, all other policies are grounded in quality and intended to enhance client outcomes, improve quality of work life and reduce risk.</p>	
--	--

Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 3A, 5, 6

Draft Liability Documents: May, section 2.2; June, pgs 4-12

CCHSA AIM Standards, 1999 – the entire document refers to risk

CCHSA Draft Quality Dimensions & Descriptors, 1998

Professional Standards of Practice, and those of home support associations, such as the Ontario Community Support Association

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

<p>Review Process:</p>	<p>Dates:</p>
-------------------------------	----------------------



<p>First Nations and Inuit Home and Community Care Program Standards Template Manual</p>	<p>Community Logo</p>
<p>Section: Home and Community Care Services</p>	<p>Community Name</p>
<p>Standard: Services Delivery</p>	<p>Standard Number: 3.1</p>

<p>Approval:</p>	<p>Date:</p>
-------------------------	---------------------

Standard

The *First Nations and Inuit Home and Community Care Program* is committed to delivering services that are accessible, appropriate, and effective.

Process Steps

Activities for delivering Program services that are accessible may include:

- Providing clients with access to the Program office and staff to the fullest extent possible, and having alternative support to ensure access 24 hours a day, 7 days a week
- Developing an efficient and effective *referral and intake* process
- Being flexible about the location of service delivery in order to suit client need
- Working with transportation services to meet client and family needs
- Providing services in buildings that can be accessed by clients with physical limitations
- Ensuring that resources are allocated responsibly to meet client and community need

Section 3 – Home and Community Care Services



- Increasing community awareness of services through discussions at local meetings and other community activities
- Developing a cooperative relationship with other programs or communities to ensure continuation of services
- Providing information, both in writing and verbally, to increase community awareness of service availability and *eligibility*
- Establishing networks with local physicians, nurses and other providers to increase awareness of service availability and *eligibility*

Activities for delivering Program services that are appropriate may include:

- Ensuring community awareness of the Program and service expectations
- Providing services in the client's language of choice
- Conducting *client assessments* when *health status* changes, and modifying the *care plan* as needed
- Providing services for as long as the client needs them
- Involving the client and/or family in the development and/or revisions of the *care plan*
- Involving appropriate team members in the delivery of care
- Ensuring that the appropriate length of time is taken to monitor services
- Coordinating care goals and methods of service delivery with the client's health condition, family support network and home environment
- Respecting the client and/or family's wishes and the right of the client to live at *risk*
- Developing procedures for *charting* and a *chart audit tool* that includes a review of the diagnosis, goals, action plans, progress that has been made, and *outcomes*
- Communicating with the client's physician and/or other providers to ensure appropriate services are being delivered
- Obtaining informed client consent for sharing information with other programs or providers, as necessary

Activities for delivering Program services that are effective may include:

- Implementing an extensive staff *orientation* program
- Developing *care plans*

Section 3 – Home and Community Care Services



- Identifying *best practices* by reviewing the literature, contacts with Programs in other communities, and other home care providers
- Reviewing the Program's processes to identify *best practices*
- Reviewing *clinical outcomes* to achieve the best possible results
- Defining the population and health characteristics of groups that are targeted for the Program's services
- Always working on service development and improvement
- Linking services with the known *determinants of health*
- Ensuring staff commitment through participation, education and appropriate remuneration

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates the accessibility of Program services by:

- Obtaining *client satisfaction* feedback which includes questions about service accessibility and awareness
- Conducting reviews of the Program's processes to ensure that the *referral and intake* activity is functioning efficiently and effectively
- Keeping a list of cases in which the Program could not provide service in the client's location of choice
- Conducting informal interviews with randomly selected members of the community to find out if they are aware of the Program's services and *eligibility* requirements
- Conducting informal interviews with randomly selected physicians, nurses and other providers to find out if they are aware of the Program's services and *eligibility* requirements
- Reviewing transportation services with the providers of these services, on an ongoing basis
- Communicating with the community leadership to determine the nature of requests and complaints community members have raised and whether or not the number of requests and complaints has decreased

The ***First Nations and Inuit Home and Community Care Program*** evaluates the appropriateness of Program services by:

- Keeping a list of languages spoken by staff
- Obtaining *client satisfaction* feedback that includes questions about service appropriateness and any gaps in service provision

Section 3 – Home and Community Care Services



- Conducting reviews of client records to ensure that clients and their families are involved in the development of the *care plan*, and to ensure that plans are adjusted as needs change
- Conducting informal interviews with randomly selected physicians, nurses and other providers to find out if they are satisfied with the Program's service delivery and staff's communication with them
- Tracking situations in which long term placement or hospitalization could have been avoided if Program services were expanded

The ***First Nations and Inuit Home and Community Care Program*** evaluates the effectiveness of Program services by:

- Obtaining *client satisfaction* feedback that includes questions about their views on service effectiveness
- Tracking *clinical outcomes*
- Evaluating the use of *care plans*
- Conducting staff meetings to share experiences
- Evaluating process/service changes which were implemented as a result of reviews of the Program's processes and services
- Regularly comparing the services provided with the *determinants of health* to ensure the determinants are recognized in the services






Challenges to Consider

- Clients may not have access to a telephone
- Local transportation services may be limited
- Literacy challenges may limit opportunities to conduct written surveys and can limit the value of information pamphlets
- Some people may not feel comfortable sharing their opinions in meetings or *focus groups*
- It can be difficult to gain the client and community trust needed for feedback
- Other providers may not be interested in working together with the Program and its staff
- Accessing the community leadership may be difficult
- Time is required for effective communication

Section 3 – Home and Community Care Services



Suggested Policy References

All of Part 2, Scope of Services	
3.1 Client Rights	
4.11 Orientation 4.12 Training and Development	
All of Part 5, Quality	
6.1 Program Management	
All of Part 7, Health and Safety	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: All sections

Draft Liability Documents: May, sections 3.5, 3.7, 3.10, 3.13, 3.19, 4.1;
June, pgs 15, 17, 18, 20-22, 25, 28

CCHSA AIM Standards, 1999 – Home Care Services, Leadership and Partnerships

CCHSA Draft Quality Dimensions & Descriptors, 1998

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:



<p>First Nations and Inuit Home and Community Care Program Standards Template Manual</p>	<p>Community Logo</p>
<p>Section: Home and Community Care Services</p>	<p>Community Name</p>
<p>Standard: Continuity of Services</p>	<p>Standard Number: 3.2</p>

<p>Approval:</p>	<p>Date:</p>
-------------------------	---------------------

Standard

The *First Nations and Inuit Home and Community Care Program* coordinates Program services, both within the Program and with other services, to help to achieve *continuity* of service provider and *continuity* of care for clients.

Process Steps

Activities for coordinating Program services may include:

- Designing a service delivery model which assigns one provider as the key contact for the client and who is responsible for ensuring *continuity*, whenever possible
- Establishing *interdisciplinary care teams* who meet regularly to coordinate services for common clients
- Developing *care plans* and making them easily accessible in the client records, so that care is consistent among different providers
- Communicating about the *care plan* with other providers and the client's family to ensure the coordination of services and help achieve the best possible health *outcomes*

Section 3 – Home and Community Care Services



- Teaching clients and/or families about *self-care* to promote greater independence and control
- Educating staff about the importance of *continuity*
- Talking with other providers to understand other services that are available in the community
- Talking with other providers to coordinate services for clients, when appropriate *informed client consent* is given
- Educating clients and families about service options, within the Program and with other services available, especially when *discharge planning*
- Linking clients and families with other care providers
- Being flexible about the time of service delivery in order to suit client need

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates service coordination by:

- Obtaining *client* satisfaction feedback that includes questions about how they view the *continuity* of services and staff's helpfulness in linking them with other services
- Reviewing client records to determine if *self-care* was achieved with clients and their families
- Getting staff's feedback about the care model to find out if it helps to achieve *continuity*
- Calculating the *continuity* of service providers on a monthly basis, and tracking this information for *quality improvement* planning
- Working with Program providers in other communities to identify *benchmarks*

Challenges to Consider

- Limited human resources and clients spread over large geographic areas make it difficult to achieve *continuity* of provider
- Other providers and families may not be interested in working together on the *care plan* development
- Gaps in the availability of community services may make it difficult to promote *continuity* of care after *discharge*

Section 3 – Home and Community Care Services



- Literacy challenges may limit opportunities to conduct written surveys and it may be difficult to obtain feedback

Suggested Policy References

1.5 Roles and Responsibilities	Community Program Logo HERE
2.1 Services 2.2 Service Delivery Model	
3.1 Client Rights 3.4 Documentation	
4.11 Orientation	
5.2 Quality Monitoring	
6.1 Program Management	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: 1, 3A, 4, 5

Draft Liability Documents: June, pg 16

CCHSA AIM Standards, 1999 – Home Care Services, Leadership and Partnerships

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



<p>First Nations and Inuit Home and Community Care Program Standards Template Manual</p>	<p>Community Logo</p>
<p>Section: Home and Community Care Services</p>	<p>Community Name</p>
<p>Standard: Health Promotion, Disease Prevention and Protection Services</p>	<p>Standard Number: 3.3</p>

<p>Approval:</p>	<p>Date:</p>
-------------------------	---------------------

Standard

The *First Nations and Inuit Home and Community Care Program* works with clients, the community and other providers to provide health promotion, disease prevention, and protection services.

Process Steps

Activities for providing health promotion, disease prevention and protection services may include:

- Including health promotion, disease prevention and protection in the Program's *mission, vision, goals, objectives, and value statements*
- *Allocating resources* for the development of health promotion, disease prevention and protection programs
- Implementing programs for health promotion, disease prevention and protection, which address the *determinants of health*
- Implementing elements of health promotion, disease prevention and protection into individual *care plans*

Section 3 – Home and Community Care Services



- Providing staff with programs that support them in making healthy lifestyle changes
- Educating staff about health promotion, disease prevention and protection and the *determinants of health*
- Educating staff about high *risk* behaviour that may lead to illness/disease
- Working with other providers, programs and organizations to identify health promotion, disease prevention and services that are available in the community and to fill gaps
- Adopting a *holistic* philosophy of health which values spiritual, cultural, mental and social aspects of well-being
- Increasing community awareness of the possible impacts of lifestyle choices on health
- Motivating clients and community members to make healthy lifestyle choices
- Working with school leaders for early detection of disease/illness

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates the activities for providing health promotion, disease prevention and protection by:




- Talking with other programs and organizations regularly to share experiences
- Annually reviewing the use of health promotion, disease prevention and protection funds
- Comparing the services provided with the *determinants of health* to ensure a fit
- Monitoring the effectiveness of health promotion, disease prevention and protection services
- Tracking service *outcomes* to determine the impact on community health
- Conducting meetings and *focus groups* with community members to measure satisfaction with the range of health promotion, disease prevention and protection services
- Interviewing and surveying clients discharged from health promotion, disease prevention and protection programs to find out if they thought the services were helpful
- Reviewing client records to find out if health promotion, disease prevention and protection are being included in *care plans*



Challenges to Consider

- It may be hard to obtain feedback, and literacy challenges make it difficult to conduct written surveys
- The effectiveness of interventions for health promotion, disease prevention and protection programs are difficult to measure, especially when these activities are only part of the services that the client is receiving

Suggested Policy References

2.1 Services	
5.1 Quality Planning 5.2 Quality Monitoring 5.4 Risk Management	
All of Part 7, Health and Safety	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning Resource Kit: 2, 5
Draft Liability Documents: May, section 5.9

CCHSA *AIM Standards, 1999* – Home Care Services
Provincial/Territorial and Federal Legislation
DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



<p>First Nations and Inuit Home and Community Care Program Standards Template Manual</p>	<p>Community Logo</p>
<p>Section: Home and Community Care Services</p>	<p>Community Name</p>
<p>Standard: Obtaining Consent for Services</p>	<p>Standard Number: 3.4</p>

<p>Approval:</p>	<p>Date:</p>
-------------------------	---------------------

Standard

The *First Nations and Inuit Home and Community Care Program* is committed to obtaining *informed client consent* in the delivery of Program services.

Process Steps

Activities for obtaining *informed consent* to care may include:

- Reviewing potential *risks* and benefits of treatment and services to be provided with clients and families
- Ensuring that clients and families support the care goals
- Presenting care options to clients and families
- Providing clients and families with ongoing opportunities to ask questions about their care
- Presenting clients with information about their care in a format that they are comfortable with and can understand
- Providing translation services to ensure understanding
- Obtaining written proof of *informed consent* to treatment and including it in the client record
- Educating clients about their right to refuse service

Section 3 – Home and Community Care Services



- Educating clients about their right to specify *advanced directives*
- Documenting *advanced directives* on the client record and discussing this with the care team, when applicable
- Reviewing and updating the *informed consent* to treatment if the client's *care plan* changes
- Ongoing review of *informed consent* legislation

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates success in obtaining *informed consent* by:



- Obtaining *client satisfaction* feedback that includes questions about *informed consent*
- Regularly *auditing* client records to confirm that:
 - written *consent* was obtained
 - appropriate education about care was provided
 - *advanced directives* were documented when necessary
 - *informed consent* to treatment was reviewed when any changes in the *care plan* were made
- Talking with care teams to ensure that all members are up to date about *advanced directives*
- Reviewing complaints to monitor incidents related to *informed consent*

Challenges to Consider

- Literacy challenges may limit opportunity for clients and families to understand written *informed consent* forms and to document their own *advanced directives*
- Interpreters may not have the knowledge of the health field to translate information and messages accurately
- There may be few service options available to clients in small rural or remote communities
- Clients may hesitate to complain about *informed consent* issues if service options or providers are limited



Suggested Policy References

<p>1.6 Roles and Responsibilities</p>	<p>Community Program Logo HERE</p>
<p>3.1 Client Rights 3.3 Consent to Treatment 3.4 Documentation</p>	
<p>5.2 Quality Monitoring</p>	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning Resource Kit: 4, 5 (refer to Handbook 4 for client consent form)
Draft Liability Documents: May, 5.1-5.20; June, pgs 34-37

CCHSA *AIM Standards*, 1999 – Home Care Services, Information Management
 CCHSA *Draft Quality Dimensions & Descriptors*, 1998
Canadian Law of Consent to Treatment, 2nd edition, Lorne Rozovsky
 Provincial/Territorial and Federal Legislation
 DIAND/FNIHB Home and Community Care Directives

<p>Review Process:</p>	<p>Dates:</p>
-------------------------------	----------------------



<p>First Nations and Inuit Home and Community Care Program Standards Template Manual</p>	<p>Community Logo</p>
<p>Section: Home and Community Care Services</p>	<p>Community Name</p>
<p>Standard: Client Rights</p>	<p>Standard Number: 3.5</p>

<p>Approval:</p>	<p>Date:</p>
-------------------------	---------------------

Standard

The *First Nations and Inuit Home and Community Care Program* is respectful of client rights when delivering Program services.

Process Steps

Activities to ensure that client rights are respected may include:

- Including respect for client rights in the Program's *value statement*
- Explaining to clients their rights, both verbally and in writing, and making sure that they understand them
- Implementing an easy-to-use complaints and compliments process for clients
- Responding to client complaints in a timely and effective way
- Documenting complaints and other *occurrences* related to client rights
- Following client rights legislation and monitoring changes
- Implementing a process for clients to obtain a copy of their file
- Involving clients and families in the development of *care plans* and decisions about care
- Encouraging families to respect client rights
- Designing tools for *charting* to record client information

Section 3 – Home and Community Care Services



- Educating clients about their illness/condition so that they can make informed choices
- Keeping clients informed about all aspects of their condition and their care
- Educating staff about respecting clients' wishes
- Delivering service in the clients' location of choice, to the fullest extent possible
- Delivering service at the clients' time of choice, to the fullest extent possible
- Respecting a client's right to refuse service and/or participate in research
- Educating clients about *risks* associated with their care choices
- Providing safe and *competent* care
- Keeping client information private and confidential
- Obtaining *informed consent* before sharing client information with other providers
- Enabling clients to die with dignity
- Being responsive to cultural and spiritual needs when delivering Program services
- Advocating on behalf of clients whose rights are not being respected by others
- Supporting community initiatives that promote respect for client rights

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates success in respecting client rights by:

- Conducting informal interviews with clients and families to find out if they feel the Program and the staff are respectful of their rights, and if they are satisfied with the information they are given
- Talking to staff to find out if they think the Program is respectful of client rights
- Regularly *auditing* client records for evidence of client involvement in decision making and client education
- Keeping an inventory of *advocacy* initiatives and community involvement which promote respect for client rights
- Tracking *occurrences* related to client rights



Challenges to Consider

- In remote areas care alternatives are often limited, which may stop clients from talking about concerns regarding their rights
- Some clients may not be able to understand their rights. They also may not have family supports to represent them
- Some clients may not want their family members to represent them
- Sometimes being respectful of client's rights puts them at *risk*

Suggested Policy References

1.5 Roles and Responsibilities	
2.3 Access to Services 2.4 Appeal Process	
All of Part 3, Client Care	
4.3 Ethics 4.11 Orientation 4.15 Conflict of Interest	
5.2 Quality Monitoring 5.3 Quality Improvement	
7.7 Client Abuse	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: 3A, 5

Draft Liability Documents: May, sections 3.1, 4.1-4.13, 5.15, 6.8; June, pg 16

CCHSA AIM Standards, 1999 – Home Care Services

CCHSA Draft Quality Dimensions & Descriptors, 1998

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



<p>First Nations and Inuit Home and Community Care Program Standards Template Manual</p>	<p>Community Logo</p>
<p>Section: Home and Community Care Services</p>	<p>Community Name</p>
<p>Standard: Ethical Issues</p>	<p>Standard Number: 3.6</p>

<p>Approval:</p>	<p>Date:</p>
-------------------------	---------------------

Standard

The *First Nations and Inuit Home and Community Care Program* conducts all aspects of the Program's service delivery in an *ethical* manner, showing respect and sensitivity toward clients, the community and staff.

Process Steps

Activities to ensure that clients, the community and staff are treated *ethically* may include:

- Understanding what is meant by *ethical* issues
- Including the understanding of *ethical* issues in the Program's *value statements*
- Implementing a process for addressing *ethical* issues in a timely and effective way
- Describing the process for reviewing *ethical* issues to staff, clients and the community
- Talking to clients and families about their rights and ensuring that they understand them
- Including *ethics* education in staff *orientation* and ongoing training

Section 3 – Home and Community Care Services



- Treating clients, the community and staff with respect and dignity
- Respecting client choice to refuse service, and/or live at *risk*
- Respecting client confidentiality
- Encouraging clients and their families to express their wishes and make care choices
- Encouraging staff to express their ideas and share information
- Making services *accessible* to all community members regardless of their race, culture or spiritual beliefs
- Treating staff and clients equitably regardless of their race, culture or spiritual beliefs
- Educating clients and staff about how to file a complaint
- Educating clients and staff about their right to be free from abuse and neglect
- Allocating resources in a way that is responsive to community need
- Supporting community health initiatives of other providers
- Fitting the *mission* and *values* of the Program into all aspects of service delivery
- Monitoring *ethics* legislation and updating policies where appropriate
- Engaging in fundraising and promotional activities that are in line with contract agreements and legal obligations
- Engaging in research initiatives that meet internal *ethical* guidelines, which include giving clients the opportunity to refuse to participate
- Obtaining *informed consent* to treatment
- Ensuring that all activities and all contracts are free from *conflict of interest*

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates success in delivering *ethical* services by:

- Monitoring client and staff complaints related to *ethical* issues
- Monitoring legal cases related to *ethical* issues
- Obtaining *client satisfaction* feedback which asks questions about *ethical* issues and assesses the clients' views about the Program's ethics

Section 3 – Home and Community Care Services



- Conducting an ongoing service review to ensure a fit with the Program's *mission* and *values*
- Conducting an ongoing review of *resource allocation* to ensure an appropriate fit with community needs
- Ensuring that research involving clients goes through an approved *ethical* review process

Challenges to Consider

- Ongoing education and training is needed to help all staff understand and follow the basic principles of *ethical* service delivery
- External supports may need to be contracted to help resolve some difficult *ethical* issues

Suggested Policy References

1.2 Values and Beliefs	<p style="text-align: center;">Community Program Logo HERE</p>
3.1 Client Rights 3.3 Consent to Treatment 3.4 Documentation	
4.1 Equal Opportunity 4.2 Human Rights 4.3 Ethics 4.4 Harassment 4.9 Disciplinary Process 4.10 Confidentiality 4.11 Orientation 4.15 Conflict of Interest 4.18 Termination of Employment	
7.7 Client Abuse	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: 2, 4, 5

Draft Liability Documents: May, sections 3.3, 5.14; June, pgs 22, 24

CCHSA AIM Standards, 1999 – Leadership and Partnerships, Home Care Services

CCHSA Draft Quality Dimensions & Descriptors, 1998

Canadian Nurses Association, National Code of Ethics

International Counsel of Nurses, International Code of Nursing Ethics

Canadian Health Records Association, Code of Practice and Principals and Guidelines for Access to and Release of Health Information

Registered Nurses Act, by jurisdiction

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



<p>First Nations and Inuit Home and Community Care Program Standards Template Manual</p>	<p>Community Logo</p>
<p>Section: Home and Community Care Services</p>	<p>Community Name</p>
<p>Standard: Confidentiality</p>	<p>Standard Number: 3.7</p>

<p>Approval:</p>	<p>Date:</p>
-------------------------	---------------------

Standard

The First Nations and Inuit Home and Community Care Program protects the confidentiality of its clients.

Process Steps

Actions taken to protect client *confidentiality* may include:

- Including *confidentiality* education in staff *orientation* and ongoing training activities
- Monitoring *confidentiality* legislation
- Ensuring *anonymity* of individuals in research
- Ensuring *anonymity* of individuals when tracking Program data
- Reassuring clients that their personal information and the fact that they are receiving care are safeguarded
- Limiting the details of care and access to client records to members of the care team
- Ensuring that client records are secure at all times
- Obtaining *informed client consent* before sharing details of care with other service providers and/or family
- Having password access to computerized information systems and databases for protection



Evaluative Criteria

The **First Nations and Inuit Home and Community Care Program** evaluates success in securing client *confidentiality* by:






- Obtaining *client satisfaction* feedback which includes questions about *client confidentiality*
- Monitoring client complaints related to *confidentiality*
- Monitoring legal cases related to *client confidentiality*
- Evaluating staff's understanding of professional and legal obligations related to *confidentiality*
- Conducting reviews of the Program's processes to ensure that client records are kept secure and that there is a clear policy for the release of information
- Monitoring community views of the Program's service

Challenges to Consider

- It can be difficult to keep the fact that a client is receiving care confidential in a small, close-knit community
- Clients may hesitate to express confidentiality concerns if service options or provider options are limited



Suggested Policy References

<p>1.6 Roles and Responsibilities</p>	<p>Community Program Logo HERE</p>
<p>All of Part 3, Client Care</p>	
<p>4.9 Disciplinary Process 4.10 Confidentiality 4.11 Orientation 4.18 Termination of Employment</p>	
<p>5.2 Quality Monitoring 5.3 Quality Improvement</p>	
<p>6.1 Program Management 6.2 Record Management 6.3 Communications 6.4 Annual Program Summary</p>	
<p>7.7 Client Abuse</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Getting Started, Appendix A of 2, 5

Draft Liability Documents: May, sections 3.3, 3.13, 6.5, 6.8; June, pgs 15, 22

CCHSA AIM Standards, 1999 – Information Management

CCHSA Draft Quality Dimensions & Descriptors, 1998

Canadian Health Records Association

Registered Nurses Act, by jurisdiction

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Environment	Community Name
Standard: Health and Safety	Standard Number: 4.1

Approval:	Date:
------------------	--------------

Standard

The *First Nations and Inuit Home and Community Care Program* provides a safe and healthy home and community care service environment for clients and staff.

Process Steps

Actions taken to provide a safe and healthy service environment include:

- Educating staff about how to detect *risk*, and staff's duty to communicate health and safety *risk* issues to clients and to the Program. The Program then has the responsibility to communicate these issues to the community and to its partners
- Educating and supporting staff about their right to decline from working in situations that pose health and safety *risks* to themselves or clients
- Educating staff about how to handle aggressive behaviour
- Following occupational health and safety legislation changes
- Ensuring registration with the provincial/territorial workers' safety program
- Ensuring that appropriate workers' safety programs are in place, with representatives in appropriate roles, based on the legislation

Section 4 - Environment



- Following *professional practice guidelines*
- Ensuring equipment used in delivery of service is regularly checked/repaired
- Training staff to neutralize high *risk* behaviour, including physical violence
- Supporting staff when they have been involved in a difficult *occurrence*
- Documenting *incidents* of client and staff abuse, and taking appropriate next steps
- Documenting *occurrences* in the workplace whether they result in injury or not
- Changing work processes that pose a *risk* to health or safety for clients and/or staff
- Setting clear *guidelines* for expectations of staff *competency* and performance
- Implementing procedures for dealing with chemical, biological, and environmental health issues
- Implementing infection prevention and control procedures
- Implementing procedures for dealing with service emergencies or complications
- Ensuring that emergency equipment is easily accessible to relevant staff
- Training staff in emergency procedures
- Providing treatments that are safe for both clients and staff
- Reviewing professional practice literature to keep informed about new treatment options as they relate to improved health and safety for clients and staff
- Recommending lifestyle changes to clients when current choices pose a *risk* to health or safety
- Educating clients about environmental health and safety *risks* to which they are exposed
- Supporting community initiatives to minimize local health and safety *risks*
- *Advocating* on behalf of clients living in institutions who are exposed to health and safety *risks*
- Implementing emergency plans for situations in which weather limits access to the client
- Providing staff with the tools and training that they require to make their working conditions suitable to their physical needs



Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates the success of health and safety initiatives by:




- Conducting client satisfaction surveys which include questions about health and safety aspects
- Conducting *performance evaluations* among team members to identify concerns about staff *competency*
- Reviewing staff *competency* regularly, including *certification* reviews
- Reviewing legislation regularly
- Tracking *incidents* of client and staff abuse
- Tracking *occurrences*

Challenges to Consider

- Staff may hesitate to report health and safety issues in small, close-knit communities with limited alternatives for clients who are in need of supports
- Staff may hesitate to report health and safety issues if they feel that it will put their job at *risk* or make their relations with local leaders difficult
- Replacement equipment may not be available



Suggested Policy References

<p>4.7 Employment Relationship 4.11 Orientation 4.12 Training and Development</p>	
<p>All of Part 5, Quality</p>	
<p>All of Part 7, Health & Safety</p>	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning Resource Kit: 4, 5

Draft Liability Documents: May, sections 1.3.6, 3.3, 5.9; June, pgs 16, 22, 28

CCHSA AIM Standards, 1999 – Environment

CCHSA Draft Quality Dimensions & Descriptors, 1998

Occupational Health and Safety Act of Canada

Environmental Health and Safety Act

Hazardous Products Act of Canada

Fire and Safety Act

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

<p>Review Process:</p>	<p>Dates:</p>
-------------------------------	----------------------



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Environment	Community Name
Standard: Equipment and Materials	Standard Number: 4.2

Approval:	Date:
------------------	--------------

Standard

The *First Nations and Inuit Home and Community Care Program* takes all necessary measures to ensure the safe use and storage of equipment and materials.

Process Steps

Actions taken to ensure the safe use and storage of equipment and materials may include:

- Storing equipment and materials safely at the Program office
- Following legislation about the safe use and storage of equipment and materials
- Educating clients about the safe use and storage of equipment and materials that will be kept in their home
- Educating staff about the safe use and storage of equipment and materials, and educating staff about what they can do when they have problems with equipment or materials
- Ensuring that staff are properly *certified* to operate equipment or use materials, when necessary
- Ensuring that equipment and materials are properly labelled
- Safely disposing of materials that are past their date of expiry
-

Section 4 - Environment



- Safely disposing of *recalled*, defective or hazardous materials and sharps
- Ensuring supports are available to answer questions about the safe use of equipment and materials 24 hours a day, 7 days a week
- Only using equipment and materials, including medications, which are approved by appropriate organizations
- Ensuring that equipment is appropriate for client need
- Making equipment and materials quickly available to clients, when necessary, to ensure their safety
- Ensuring the servicing of equipment and testing of materials and supplies
- Following all instructions given by the equipment manufacturer and educating clients and families about these instructions
- Following all material and medication instructions and educating clients and families about these instructions
- Documenting *occurrences* related to unsafe use and storage of equipment and materials and resolving these issues in a timely way
- Documenting *occurrences* related to equipment and materials problems and resolving these issues in a timely way
- Engaging in continuous *quality improvement* activities to prevent *incidents* regarding equipment and materials from happening again
- Implementing material and equipment related emergency plans in case of:
 - Power/utility failure
 - Equipment failure
 - Difficulty accessing clients in hazardous conditions
- *Networking* with local providers to share information and skills related to the use of equipment and materials
- Taking advantage of opportunities to invest in equipment or storage space with other programs and nearby communities

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates the safe use and storage of equipment and materials by:

- Gathering staff feedback about potential *risks* or challenges associated with equipment and materials use and storage

Section 4 - Environment







- Tracking *occurrences* related to equipment and materials
- Checking with manufacturers when necessary
- Talking with clients to find out if they have any questions about the equipment and materials that they use
- Tracking the number and nature of client questions about equipment and materials

Challenges to Consider

- Limited resources may make it difficult to provide equipment and materials for all clients, therefore increasing *risk* in the community
- Clients may not have access to a telephone
- Clients with literacy challenges may not be able to read instructions for the use and storage of equipment and materials

Suggested Policy References

4.11 Orientation 4.12 Training and Development	
5.2 Quality Monitoring 5.4 Risk Management	
6.1 Program Management	
7.1 Hazardous Waste Management 7.4 Incident Reporting 7.5 Liability Protection 7.8 Infection Control	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: 3A, 4

Draft Liability Documents: May, sections 3.18, 4.1-4.8; June, pgs 25, 28

CCHSA AIM Standards, 1999 – Environment

CCHSA Draft Quality Dimensions & Descriptors, 1998

Occupational Health and Safety Act of Canada

Environmental Health and Safety Act

Hazardous Products Act of Canada

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Environment	Community Name
Standard: Building/Physical Space	Standard Number: 4.3

Approval:	Date:
------------------	--------------

Standard

The *First Nations and Inuit Home and Community Care Program* will take all possible measures to provide clients and staff with a safe and healthy building/physical space for the administration and delivery of home and community care services.

(Note that this standard refers to the buildings and physical spaces leased, owned or managed by the Program. It does not refer to the clients' homes.)

Process Steps

Actions taken to provide a healthy and safe physical space for Program administration and service delivery may include:

- Reviewing legislation related to the design of physical space
- Installing appropriate lighting, air circulation devices, heating systems and devices, temperature control devices, and ventilation devices in the buildings leased/owned/managed by the Program
- Ensuring that the buildings leased/owned/managed by the Program are clean and equipped with basic *personal hygiene* products

Section 4 - Environment



- Giving staff appropriate space and furniture they need to do their job in the buildings leased/owned/managed by the Program
- Ensuring that the buildings leased/owned/managed by the Program are wheelchair accessible and secure
- Conducting an examination of the locations where the Program will be managed and services will be delivered, and making recommendations for change to minimize *risk*
- Educating staff and clients about building/physical space conditions that can pose *risk*
- Exercising staff and/or client rights to decline services in unsafe environments that pose health and safety *risks* to staff and/or clients
- Encouraging staff and/or other providers to share their experiences with one another and to problem solve together to reduce building/physical space *risks*
- Documenting *occurrences* in the workplace related to conditions of the building/physical space
- Supporting community initiatives to improve local buildings/physical spaces and reduce possible *risks*
- Maintaining fire alarms in good working order
- Testing fire alarms and running fire evacuation drills regularly

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates building/physical space safety initiatives by:

- Conducting safety *audits* to identify building/physical space *risks* and regularly documenting actions taken to minimize them
- Talking to staff to find out their satisfaction with the physical spaces in buildings leased/owned/managed by the Program
- Talking to staff to identify if the Program is successfully *advocating* on their behalf for safe building/physical work environments
- Talking to clients and the community to find out if staff are helping them understand the limitations that a building/physical environment can pose for home and community care service delivery
- Tracking the number of *occurrences* related to building/physical space issues and identifying trends

Section 4 - Environment





- Tracking the number of cases in which service was not provided due to building/physical space issues

Challenges to Consider

- Building/physical space options may be limited in some communities, and the resources that would be required to build a new facility, or renovate an existing facility, may not be available
- Some community members and local organizations may not be willing to participate in environmental changes that will reduce *risk*
- Insurance may be higher in areas where opportunities to reduce *risk* are limited

Suggested Policy References

5.2 Quality Monitoring 5.4 Risk Management	
6.1 Program Management 6.5 Financial Management	
7.1 Hazardous Waste Management 7.2 Disaster Response 7.3 Fire and Evacuation 7.5 Liability Protection 7.8 Infection Control	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 1, 2

Draft Liability Documents: May, sections 4.1-4.8; June, pgs 9, 28

CCHSA AIM Standards, 1999 – Environment

CCHSA Draft Quality Dimensions & Descriptors, 1998

Occupational Health and Safety Act of Canada

Fire and Safety Act

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Environment	Community Name
Standard: Partnerships/Community Linkages	Standard Number: 4.4

Approval:	Date:
------------------	--------------

Standard

The *First Nations and Inuit Home and Community Care Program* endorses and participates in partnerships/community linkages to coordinate services across the *continuum* and to find effective solutions for community health issues.

Process Steps

Activities for partnering and linking with other community providers may include:

- Having ***First Nations and Inuit Home and Community Care Program*** representation in local groups outside the health care sector, such as education, housing, economic development and community leadership
- Having ***First Nations and Inuit Home and Community Care Program*** representation in local groups within the health care sector, such as health centres, long term care facilities, and elder lodges
- Participating in conferences, seminars and regional activities to establish partnerships and linkages
- Allocating resources to the development and maintenance of partnerships and community linkages



- Including partnerships and community linkages in the Program's goals
- Ensuring that all linkage agreements are in writing, signed and dated
- Using partnerships and linkages to more effectively prepare the community for disasters and emergencies
- *Advocating* with partners for *public policies* to improve community health
- Working with local service providers to coordinate services and achieve continuity of care
- Partnering with other health care providers to reduce duplication of services, address service gaps and understand different programs and their roles and responsibilities
- Working with education, housing, social services, economic development and local environmental leaders to contribute to community health more effectively
- Partnering with other health care providers to identify resources that can be shared to gain efficiencies in the communities
- Partnering with other ***First Nations and Inuit Home and Community Care Program*** providers in other communities to establish *best practices* and *service benchmarks*
- Educating clients, families and staff about services available in the community
- Encouraging community participation in the Program through meetings, *focus groups*, and committees
- Linking with government officials at all levels
- Encouraging and supporting the active, positive involvement of volunteers and family members of clients
- Providing information about the Program to other providers both within and outside the community

Evaluative Criteria

The First Nations and Inuit Home and Community Care Program evaluates partnerships and linkages by:

- Assessing the value of the partnerships and linkages the Program has by monitoring the activities and benefits of each of these relationships

Section 4 - Environment



- Annually reviewing resources allocated to establishing partnerships to determine if they are adequate and providing value
- Annually reviewing the Program's goals and identifying the most useful partnerships to help achieve these goals
- Monitoring the impacts of *advocacy* on local *public health* policies
- Consulting with staff to find out how aware they are of the Program's partners
- Monitoring community involvement, other than as clients, in the Program

Challenges to Consider

- Some local programs or organizations, especially those that are well established, may not want to partner with the new Program. There may be a feeling that a new program may take limited resources away from others
- *Advocacy* initiatives can create local tensions with others who may not support the cause
- Volunteers for Program development, committees, and other supports may be difficult to find
- Partnerships and linkages outside of the community may be difficult to establish and/or maintain due to such issues as communication challenges and remoteness



Suggested Policy References

<p>1.1 Mission and Vision 1.2 Values and Beliefs 1.3 Goals and Objectives 1.5 Roles and Responsibilities</p>	<p>Community Program Logo HERE</p>
<p>2.2 Service Delivery Model</p>	
<p>5.1 Quality Planning 5.2 Quality Monitoring 5.3 Quality Improvement</p>	
<p>6.1 Program Management 6.5 Annual Program Summary</p>	
<p>7.2 Disaster Response 7.3 Fire and Evacuation</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 1, 2, 3A

Draft Liability Documents: May, sections 1.3.6, 2.2, 2.4-2.15; June, pgs 6-12, 16

CCHSA AIM Standards, 1999 – Leadership and Partnerships, Environment

CCHSA Draft Quality Dimensions & Descriptors, 1998

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Environment	Community Name
Standard: Emergency and Disaster Planning	Standard Number: 4.5

Approval:	Date:
------------------	--------------

Standard

The *First Nations and Inuit Home and Community Care Program* has practical plans in place to deal effectively and quickly with emergencies and disasters.

Process

Activities for emergency and disaster planning may include:

- Developing and implementing processes for serving clients, or providing alternative services, if there is a disaster
- Designing a system for prioritizing client visits in case of an emergency or disaster
- Working with local transportation providers to plan for client transfer and/or home visits in remote and rural areas in case of emergency or disaster
- Implementing processes for coming to the aid of clients and/or staff involved in fires
- Developing and coordinating emergency and disaster plans and resources with other programs and local organizations, and with other communities as appropriate

Section 4 - Environment



- Ensuring that supplies, including food and water as well as medical supplies and medications, are available in the event of a disaster or emergency
- Designing and implementing a process to contact and alert clients, families and staff in case of local emergencies or disasters
- Educating and testing staff about their role in case of an emergency or disaster
- Ensuring that necessary client information is easily accessible in case of an emergency or disaster
- Involving community volunteers in emergency and disaster planning
- Implementing processes for identifying and controlling *infectious diseases*
- Educating staff about the timely identification and isolation of *infectious diseases*
- Developing isolation and precaution plans for infection control
- Immediately investigating documented *infectious disease* and determining level of *risk* to the community and staff
- Preventing infected staff from coming into direct contact with clients, and supporting staff as they recover from their health condition
- Communicating with clients and families about infection control, and emergency and disaster plans
- Documenting equipment failure, emergencies that arise in the delivery of care, and infection identification and control measures
- Implementing procedures for the safe cleaning, storage and disposal of medical supplies and devices, and educating staff about the procedures
- Ensuring that clients know how to contact the Program in case of an emergency
- Monitoring legislation changes regarding the handling and reporting of diseases to government agencies

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates emergency and disaster planning initiatives by:

Section 4 - Environment






- Regularly testing staff's knowledge of infection control, emergency plans and disaster plans
- Conducting informal interviews with randomly selected clients to find out if they understand the Program's emergency and disaster plans
- *Auditing* charts to review the documenting of *infectious diseases*, emergencies, and disasters

Challenges to Consider

- Some clients may not have telephones, which will limit their ability to contact the Program in an emergency
- If clients are spread over a large geographical area, or do not have telephones, it will be difficult to access them quickly in an emergency
- Unregulated water supplies can make it difficult to isolate *infectious diseases*

Suggested Policy References

4.11 Orientation 4.12 Training and Development	
5.1 Quality Planning 5.4 Risk Management	
7.2 Disaster 7.3 Fire and Evacuation 5.3 Incident Reporting 7.8 Infection Control	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 1, 2

Draft Liability Documents: May, section 1.3.6; June, pg 25

CCHSA AIM Standards, 1999 – Environment

CCHSA Draft Quality Dimensions & Descriptors, 1998

Fire and Safety Act

Occupational Health and Safety Act of Canada

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Human Resources	Community Name
Standard: Planning	Standard Number: 5.1

Approval:	Date:
-----------	-------

Standard

The *First Nations and Inuit Home and Community Care Program* plans for human resources needs in a proactive and responsive manner.

Process Steps

Activities for human resources planning may include:

- Developing a human resources plan with clear goals and timelines
- Ensuring that the human resources plan is closely linked with the priorities that are identified in the program development plan
- Aligning the human resources plan with the Program *mission, vision* and *goals*
- Identifying all the major administrative tasks that will require staff
- Aligning human resources with current and projected client *demographics, social trends, and health trends*
- Identifying the types of professionals and skill sets needed to provide services
- Identifying the special qualities that staff should have to meet the language, cultural, and spiritual needs of the community
- *Benchmarking* with other communities in similar environments to decide on salary levels, *benefits* and hours of work

Section 5 – Human Resources



- Developing *job descriptions* which include skill, education and experience requirements of the job and special qualities needed to provide services in the community
- Developing employment contracts and modifying future contracts to meet changing human resources needs
- Developing a staff *orientation* process
- Investing in ongoing knowledge and skill development of staff to meet changing health care needs of the community
- Linking with universities and colleges to help foster and attract students to careers in home care to meet current and future human resource needs
- Learning about the types of people that are usually attracted to careers in home care so that the Program can target them for *recruitment*
- Networking with other health care providers to plan efficiencies for human resource use in the community
- Purchasing liability and malpractice insurance, and monitoring and working with insurance agencies to modify coverage as necessary
- Learning about what staff value most in the work place so that the Program can promote staff well-being and quality of work life
- Promoting staff *retention* by establishing positive staff management relations through regular communication with staff, role clarification, and staff participation on committees and in decision making
- Providing ongoing education about new human resources practices
- Monitoring human resources legislation for changes

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates activities for human resources planning by:

- Annually reviewing the human resources plan to find out if goals were met and to make sure that the plan still fits with the Program development plan
- Evaluating changing methods of service delivery to determine impact on staffing
- Monitoring the labour supply in the community
- Regularly reviewing population, social and health care trends in the community

Section 5 – Human Resources







- Tracking the changing expectations of clients and the community
- Monitoring gaps in staff skill and knowledge
- Conducting *exit interviews* with staff and using feedback when planning human resources
- Conducting *focus groups* with staff to monitor relationships with management
- Regularly reviewing human resources legislation for changes

The Challenges

- Limited human resources in health care make it difficult to recruit and retain staff, especially in rural and remote areas
- Investment in staff education can be difficult in rural and remote areas which are far away from universities, colleges and health teaching centres
- The community leadership may lack understanding of human resource management



Suggested Policy References

<p>4.5 Recruitment 4.6 Hiring 4.7 Employment Relationship 4.11 Orientation 4.12 Training and Development 4.13 Employee Relations 4.16 Compensation</p>	
<p>5.1 Quality Planning 5.2 Quality Monitoring</p>	
<p>6.4 Annual Program Summary</p>	
<p>7.5 Liability Protection</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: 2, 3A, 4

Draft Liability Documents: May, section 3.7; June, pgs 15, 18, 25, 26

CCHSA AIM Standards, 1999 – Leadership and Partnerships, Human Resources

CCHSA Draft Quality Dimensions & Descriptors, 1998

Statistics Canada

Human Resources Development Canada, Labour Sector Study in Nursing, in progress; Labour Sector Study in Home Care, pending

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Human Resources	Community Name
Standard: Recruitment and Retention	Standard Number: 5.2

Approval:	Date:
-----------	-------

Standard

The *First Nations and Inuit Home and Community Care Program* engages in fair, timely and effective *recruitment and retention* initiatives to obtain appropriate human resources for the Program's services delivery.

Process Steps

Activities for *recruitment and retention* may include:

- Following legislation related to *recruitment and retention*
- Recruiting staff whose languages, culture and spiritual beliefs are representative of the community
- Recruiting staff whose skills and knowledge match the needs of the community
- Planning staff *recruitment* for projected changes in community need, so that the Program's response is timely
- Monitoring local, regional and national data to keep aware of trends in human resources availability and changing population needs
- Working with local providers to maximize human resources available in the community and the local area
- Working with the community to develop local *competencies* to promote local *recruitment*

Section 5 – Human Resources



- Engaging in *recruitment* and *retention* initiatives that fit with the Program's *mission, vision, and strategic goals*
- Standardizing *evaluation criteria* to prevent *discrimination*
- Checking *references, certifications, education, and criminal records* before hiring staff
- Implementing fair and competitive *compensation packages* for staff, which include *benefits* and vacation pay
- Recruiting enough staff to ensure that workload is evenly and safely distributed throughout the Program
- Implementing incentive or bonus systems to reward and retain qualified staff
- Promoting staff internally whenever possible
- Using information from *exit interviews* and *performance reviews* to improve *recruitment* and *retention* activities
- Providing staff with opportunities for education, training, personal growth, and team building so that a positive quality of work life is established
- Ensuring a good fit between staff skills and their role in the Program
- Clearly defining roles, responsibilities, reporting relationships, and qualifications when recruiting staff. This should also be done when roles change in order to help retain staff
- Ensuring that reporting relationships enable the flow of information, effective service management and the coordination of services
- Helping staff to understand their role in achieving Program goals and community health
- Implementing a formal and fair process for *termination*, recognizing that *retention* of qualified staff may be threatened if the Program continues to employ weak team members

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates *recruitment* and *retention* initiatives by:

- Regularly reviewing *job descriptions* to ensure that they accurately reflect the roles, responsibilities, reporting relationships, and qualifications for the job
- Conducting *exit interviews* and *performance reviews*. The information gathered is a good *indicator* of the success of *recruitment* and *retention* initiatives

Section 5 – Human Resources



- Asking staff in *performance reviews* if they understand their role in achieving Program goals and community health

Challenges to Consider

- It can be difficult to recruit staff, especially those with special skills, in rural areas unless *compensation* is very competitive
- It can be difficult to recruit staff with special language skills
- Many communities have “preferential hiring” policies requiring community members to be hired
- There may be an issue of union formation in First Nations communities

Suggested Policy References

All Part 4, Human Resources	The logo from the top of the page, showing a stylized blue human figure above a green and blue globe.
5.2 Quality Monitoring	A yellow five-pointed star centered on a purple circular background with a white border.
6.1 Program Management 6.4 Annual Program Summary	A golden balance scale with a red heart on the left pan and a stack of green coins on the right pan.
7.6 Negligence	A red cross on a white circular background, enclosed within a green square border with a white inner border.



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 2, 3A, 4

Draft Liability Documents: May, sections 1.3.1, 1.3.2, 2.2, 2.13; June, pgs 12, 18

CCHSA AIM Standards, 1999 – Human Resources

CCHSA Draft Quality Dimensions & Descriptors, 1998

Statistics Canada

Canada Labour Code

Human Resources Development Canada, Labour Sector Study in

Nursing, in progress; Labour Sector Study in Home Care, pending

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Human Resources	Community Name
Standard: Evaluating Performance	Standard Number: 5.3

Approval:	Date:
-----------	-------

Standard

The *First Nations and Inuit Home and Community Care Program* regularly evaluates and develops staff performance.

Process Steps

Activities for evaluating and developing performance include:

- Implementing a supervisor's review for *performance evaluation*, **and other types of review as appropriate, including self review and peer review**
- Implementing a three month *probationary period* for new staff, which is followed by a *performance review*
- Including a review of both strengths and opportunities for improvement in the *performance evaluation*, as jointly identified by the staff person and supervisor
- Identifying measures to determine an individual's performance
- Developing goals for individual performance
- Encouraging staff to monitor their performance indicators and identify their learning needs
- Reviewing staff and managers' performance annually, evaluating objectives, identifying areas for improvement, and setting objectives
- Addressing individual staff performance issues in a timely way

Section 5 – Human Resources



- Providing staff with education that is needed to meet requirements and standards for practice and competency
- Ensuring that staff understand the risks and implications of poor performance
- Implementing individual staff performance improvement plans when poor performance is identified
- Implementing a disciplinary process when performance improvement goals have not been met
- Ensuring that staff keep up to date with relevant licensing, registration and *certification*
- Monitoring performance issues to identify trends and training needs
- Modifying the staff *orientation* process to address trends identified with performance
- Adjusting *job descriptions* to clarify roles when lack of clarity affects performance
- Recognizing staff who deliver *quality care* to their clients and participate in *quality improvement* initiatives
- Implementing a compliments process to track and document positive feedback from clients and *peers*
- Monitoring staff performance when new skills or technology are introduced
- Keeping *performance evaluations* in staff files for secure and confidential storage

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates success of *performance evaluation* initiatives by:

- Obtaining client feedback to find out if they are satisfied with the performance of service providers
- Tracking individual performance to ensure that goals are met, and, if they are not met, that processes to improve performance have been implemented
- Conducting surveys after education is provided to determine if it effectively builds knowledge and skills
- Consulting with staff to find out if adequate opportunities to maximize performance are being provided

Challenges to Consider

Section 5 – Human Resources



- It can be difficult, and even impossible, to keep the reviewers anonymous in a *peer performance evaluation*
- Investment in staff education can be difficult in rural and remote areas which are far away from universities, colleges and health teaching centres
- Staff can attribute poor performance to many personal, skill and related knowledge factors
- It may be difficult to ensure that administration supports the evaluator's appraisal

Suggested Policy References

4.7 Employment Relationship 4.8 Performance Management 4.10 Confidentiality 4.12 Training and Development 4.13 Employee Relations 4.14 Grievances	A stylized icon of a person with arms raised, standing on a green and blue globe representing Earth.
5.4 Risk Management	A yellow five-pointed star centered within a purple circle with small white dots around the perimeter.
6.1 Program Management	A golden balance scale with a red heart on the left pan and a green plant on the right pan.



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: 4

Draft Liability Documents: May, sections 3.3, 3.12, 3.13; June, pgs 12-18, 22-23, 28

CCHSA AIM Standards, 1999 – Human Resources

CCHSA Draft Quality Dimensions & Descriptors, 1998

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Human Resources	Community Name
Standard: Education, Training and Development	Standard Number: 5.4

Approval:	Date:
-----------	-------

Standard

The *First Nations and Inuit Home and Community Care Program* encourages and supports staff to further their education, and regularly provides training and development opportunities to build core skills and competencies.

Process Steps

Activities for supporting education, training, and development include:

- Allocating resources for education, training and development
- Assigning *accountability* for education, training, and development to a senior manager in the Program
- Implementing a thorough, formal *orientation* process for Program staff, management and leadership
- Ensuring that the *orientation* process includes reference to the Program's *mission, vision, values, goals, partnerships, and community needs*
- Evaluating staff's ability to perform their duties before they begin and providing appropriate training as needed
- Continuing to monitor staff's ability to perform their duties and providing ongoing training as needed



- Supporting staff who choose to enhance their education and training
- Being flexible with staff scheduling for those who need time to attend classes and distance education sessions
- Providing staff with recognition when they obtain certificates, diplomas and degrees
- Encouraging staff to participate in seminars and conferences
- Providing clinical training for providers to maintain and enhance *competencies*
- Providing training for managers to maintain and enhance their management *competencies*
- Training staff about quality management and the information management processes, the tools and reports available, and their role in these processes
- Providing training of cultural and spiritual relevance to managers and providers so that service delivery is sensitive to the community and individual clients
- Providing staff with training when Program changes impact their work
- Sharing experiences with other communities, in an ongoing way, to be learning from one another about Program development, management and service delivery
- Establishing links with universities and colleges, including the provision of student work placements and distance education opportunities
- Linking with other providers to share knowledge and skills
- Making relevant education materials, such as publications, videos, and resources, available to staff

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates success in skill and knowledge building activities by:

- Obtaining *client satisfaction* feedback which include measures of clients' views on staff knowledge
- Conducting *staff satisfaction surveys* which include measures of their views of gaps and opportunities for knowledge and skill building
- Consulting with staff to identify gaps in education, training and development opportunities







- Monitoring the training provided, the topics addressed, and the staff who attend
- Evaluating staff satisfaction with the training provided
- Measuring staff knowledge on specific issues before a training session is provided and then again afterward to identify if knowledge was improved
- Obtaining feedback from universities and colleges about satisfaction with student work placements

Challenges to Consider

- Recruiting staff in rural and remote areas can be a challenge, which makes it even more important to enhance the *competencies* of existing staff
- The distance from colleges and universities can make education and training opportunities a challenge



Suggested Policy References

<p>1.4 Organizational Structure</p>	<p>Community Program Logo HERE</p>
<p>2.3 Access to Services 2.4 Appeal Process</p>	
<p>4.5 Recruitment 4.6 Hiring 4.8 Performance Management 4.9 Disciplinary Process 4.11 Orientation 4.12 Training and Development 4.14 Grievances 4.15 Conflict of Interest</p>	
<p>5.2 Quality Monitoring 5.4 Risk Management</p>	
<p>6.4 Annual Program Summary</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 2, 3A, 4

Draft Liability Documents: **May, section 3.4; June, pgs 15, 19, 22**

CCHSA AIM Standards, 1999 – Home Care Services

CCHSA Draft Quality Dimensions & Descriptors, 1998

Professional Practice Standards, including those of nursing and licensed practical nursing associations and also such organizations as the Ontario Community Support Association and other provincial and territorial associations

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Human Resources	Community Name
Standard: Quality of Work Life	Standard Number: 5.5

Approval:	Date:
-----------	-------

Standard

The *First Nations and Inuit Home Care Program* provides a positive quality of work life for staff and is respectful of staff's needs.

Process Steps

Activities for a positive quality of work life may include:

- Conducting ongoing communication about the Program's activities with staff
- Encouraging staff participation in the development of Program *goals*
- Encouraging staff to openly express their ideas and share information
- Implementing a process for staff to express complaints and concerns, and communicating the process so that it is understood
- Responding to staff complaints and concerns in a timely, objective and fair way
- Implementing *quality improvement* initiatives, based on staff input
- Providing staff with recognition for their contributions
- Supporting staff creativity and innovation
- Respecting and supporting staff's spiritual and cultural needs



- Supporting staff's professional development objectives and fitting them with the Program's goals
- Providing staff with programs that support them in making healthy lifestyle changes
- Providing opportunities and resources to build team skills
- Providing staff with a safe and positive work environment, treating them with respect and dignity, and building a sense of pride in their work and the Program
- Allocating resources, including time and money, for team building

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates the quality of work life by:

- Conducting *staff satisfaction surveys* that include questions about the quality of work life
- Conducting *focus group* meetings with staff to obtain their feedback about the quality of work life
- Tracking the number of staff complaints to identify trends regarding the nature of their concerns
- Reviewing, on an ongoing basis, staff suggestions and feedback and the changes resulting from their input
- Conducting interviews with clients and other community partners to find out their views of staff well-being

Challenges to Consider

- Conditions outside of the Program, over which there is no direct control, can impact quality of work life
- Staff will value each of the elements that contribute to quality of work life differently. Since priorities differ it can be difficult to achieve high levels of overall satisfaction
- Quality of work life will be very important to some staff and less important to others. The value of investing in activities to improve work life may not be viewed by all as valuable



Suggested Policy References

1.4 Organizational Structure	Community Program Logo HERE
All of Part 4, Human Resources	
5.1 Quality Planning 5.2 Quality Monitoring	
7.5 Liability Protection 7.8 Infection Control	

Some Suggested References

CCHSA AIM Standards, 1999 – Leadership and Partnerships, Human Resources

CCHSA Draft Quality Dimensions & Descriptors, 1998 Canadian Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Information Management	Community Name
Standard: Information Needs	Standard Number: 6.1

Approval:	Date:
------------------	--------------

Standard

The First Nations and Inuit Home and Community Care Program practices ongoing assessment and planning for current and future information needs.

Process Steps

Activities for assessing and planning information needs may include:

- Assigning responsibility for information management to a senior person in the Program
- Developing an information management plan with clear goals and steps for coordinating information
- Ensuring that the information management plan addresses information needs that can be addressed manually and also electronically, if computers are being used
- Implementing the structure and processes needed to support the information management plan
- Assigning resources to purchase technology, develop the structure and processes needed, and provide staff education
- Talking with staff, management and Program leadership to identify their information needs
- Defining information needs in a way that will help to determine if objectives at every level of the organization are met

Section 6 – Information Management



- Talking with clients, families, and the community to define their various information needs
- Encouraging staff to participate in making decisions about information that is to be shared with clients, their families, and the community
- Talking with legislative agencies to define their information needs
- Monitoring changes, both within the Program and outside of the Program, that will affect information needs
- Understanding how information will be used
- Setting priorities for information needs according to the Program's *goals*
- Using technology to help to achieve the information management plan wherever possible
- Educating staff about how to collect, process and use information
- Communicating progress of the information management plan to staff

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates activities for assessing and planning information needs by:

- Reviewing the Program's *goals* and *objectives* to ensure that they are supported by the information management plan
- Tracking the number of complaints about information needs that are not effectively being met
- Conducting informal interviews, meetings or *focus groups* with staff to find out if their information needs are being met
- Reviewing staff's understanding of data collection, information processing and use
- Annually reviewing resources allocated to the information management plan
- Understanding required information links within the Program and evaluating efforts to coordinate information needs
- Reviewing and adjusting the information management plan to take into account new technology, changing information needs, and changing Program *goals* and *objectives*



Challenges to Consider

- It can be difficult to limit the number of reports because information needs are often very different
- It is also difficult to limit the amount of information or ensure the right information is being collected and is useful until reports are developed and tested for their value
- The technology and processes involved in information management can be overwhelming

Suggested Policy References

<p>1.3 Goals and Objectives 1.4 Organizational Structure</p>	<p>Community Program Logo HERE</p>
<p>2.1 Services 2.2 Service Delivery Model</p>	
<p>4.11 Orientation 4.12 Training and Development</p>	
<p>All of Part 5, Quality</p>	
<p>All of Part 6, Operations</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 2

Draft Liability Documents: May, sections Introduction of 6, 6.1, 6.2, 6.7; June, pgs 6-7, 20-21, 37-39

CCHSA AIM Standards, 1999 – Information Management

CCHSA Draft Quality Dimensions & Descriptors, 1998

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Information Management	Community Name
Standard: Data Collection and Reporting	Standard Number: 6.2

Approval:	Date:
------------------	--------------

Standard

The *First Nations and Inuit Home and Community Care Program* collects reliable and relevant data, and reports it in a timely and accurate way for easy access to those who need it.

Process Steps

Activities for data collection and reporting may include:

- Clearly defining information that will be collected and *indicators* that will be measured
- Reporting on a balance of *indicators* to monitor all aspects of service including:
 - Accessibility
 - Availability
 - Appropriateness
 - Effectiveness
 - Efficiency
 - Safety
- Designing electronic *databases* that can easily be used to develop reports
- Designing tools and forms to collect data that can be easily used to create reports manually

Section 6 – Information Management



- Developing a clear process for data collection, data entry and the development of reports
- Developing a clear process for report distribution
- Developing a clear process for changing forms and tools, which includes talking with appropriate staff
- Educating staff about data collection and data entry
- Educating staff about how to read and understand reports and use report findings
- Involving staff in decision making about data collection and developing reports
- Assigning clear lines of responsibility for data collection, data entry and development of reports
- Communicating to staff who they should contact if they have questions or concerns about a report or would like it changed
- Developing a clear process for making changes to reports, which includes talking with appropriate staff
- Limiting the number of staff who can change data that is stored electronically
- Implementing clear processes for adding to data, in electronic or paper format, and being careful to follow legislation related to changing documentation
- Ensuring that only appropriate staff have access to data
- Enabling appropriate staff to run their own reports
- Linking and coordinating reports among programs, services and providers to limit the number of different reports
- Ensuring *quality improvement* activities for data collection and reporting are part of the information management plan

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates data collection and reporting activities by:

- Conducting informal staff interviews to find out if they know how to make a report request and how to read and understand reports
- Conducting *staff satisfaction surveys* to find out if they are satisfied with processes for collecting data and developing reports, and with the content of those reports
- Reviewing charts to determine if data is being collected in an accurate, appropriate, complete, and timely way

Section 6 – Information Management



- Reviewing data entry processes to determine if data is being entered in an accurate, appropriate, complete, and timely way
- Reviewing reports for accuracy, clarity, *duplication*, and timely availability

Challenges to Consider

- Many people are involved in data collection and reporting; therefore, it can take a lot of resources to coordinate and standardize information and processes
- In addition to their other work activities, effort is required by people to ensure data is collected
- Technology skills and comfort with technologies may be limited

Suggested Policy References

<p>1.3 Goals and Objectives 1.4 Organizational Structure</p>	<p>Community Program Logo HERE</p>
<p>3.2 Service Delivery Model</p>	
<p>4.10 Confidentiality 4.11 Orientation 4.12 Training and Development</p>	
<p>All of Part 5, Quality</p>	
<p>6.1 Program Management 6.2 Record Management 6.4 Annual Program Summary</p>	
<p>7.7 Client Abuse</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 2, 4, 5

Draft Liability Documents: May, sections 6-6.8; June, pgs 7-9, 37-39

CCHSA AIM Standards, 1999 – Information Management, Leadership and Partnerships

CCHSA Draft Quality Dimensions & Descriptors, 1998 Canadian Professional Standards of Practice

Colleges and/or universities for ethics issues in data collection

Canadian Health Record Association, *Code of Practice and Principles and Guidelines for Access to and Release of Health Information*

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Information Management	Community Name
Standard: Analysis and Evaluation	Standard Number: 6.3

Approval:	Date:
------------------	--------------

Standard

The *First Nations and Inuit Home and Community Care Program* thoroughly analyzes and evaluates *indicators* as they apply to the Program and to the entire community environment.

Process Steps

Actions taken to thoroughly analyze and evaluate measures of *indicators* produced in reports include:

- Ensuring the fit of the *indicators* being measured in reports with the Program's *goals* and *objectives*
- Educating staff about the formulas used to calculate measures of *indicators* so that they can more easily understand and interpret the results
- Educating staff about how to analyze and evaluate reports and providing them with ongoing support
- Using appropriate *statistical methods* to evaluate report information
- Tracking measures of *indicators* over time and comparing variations that occur
- Clearly defining the most important and useful form of analysis (e.g. the program, a particular client population, a particular service, etc)



- Conducting reviews of the Program and other services, programs and organizations in the community when looking for a deeper understanding of results
- Recognizing that the Program may be able to influence some activities and initiatives in the community and building this into the *evaluation* of information
- Comparing measures of *indicators* with *benchmarks* in the field
- Talking with Programs in other communities to find out if they are experiencing similar results
- Challenging the *indicators* that are being measured when the tracking of results suggests that the Program has no areas that could be improved
- Enabling staff who are involved in education programs to influence the Program's development of analysis and *evaluation* techniques based on what they are learning

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates activities for analyzing and evaluating *indicators* by:



- Conducting *staff satisfaction surveys* that include questions about the training and support provided for analyzing information and reports
- Measuring staff's knowledge of analysis techniques and their analytical skills both before and after training sessions
- Including the identification of information needs into the Program's annual planning process to ensure the most valuable information is being monitored and used to improve the Program
- Evaluating Program and community trends with the Program's leadership and explaining the impact of these trends on analysis
- Reviewing analysis techniques with those knowledgeable in the field to ensure they are appropriate

Challenges to Consider

- Data analysis will need to be manual if electronic *database* management systems are not in place
- Interpretation and analytical skills of staff may be limited and require a great deal of training and support to build
- Challenges with computer technologies



Suggested Policy References

1.3 Goals and Objectives	Community Program Logo HERE
5.2 Quality Monitoring 5.3 Quality Improvement	
6.1 Program Management 6.4 Annual Program Summary 6.5 Financial Management	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 2, 4, 5, 6

Draft Liability Documents: May, section 2.2; June, pgs 4-7

CCHSA AIM Standards, 1999 – Information Management

CCHSA Draft Quality Dimensions & Descriptors, 1998

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Information Management	Community Name
Standard: Information Exchange	Standard Number: 6.4

Approval:	Date:
------------------	--------------

Standard

The *First Nations and Inuit Home and Community Care Program* engages in timely and appropriate information exchange within the Program, within the community and outside the community.

Process Steps

Activities for engaging in timely and appropriate information exchange may include:

- Incorporating information exchange activities into the information management plan
- Making ongoing information exchange with clients, families, staff and the community part of the Program's values and practice
- Ensuring a smooth flow of information among staff, management and Program leadership
- Enabling appropriate staff to have timely access to client and/or staff information
- Standardizing data collection formats so that information can be easily exchanged among different users
- Standardizing the processes for information exchange by establishing and maintaining clear timelines for the sharing of reports and analyses

Section 6 – Information Management



- Standardizing information storage processes for easy and secure access to information
- Whenever possible, exchanging information in written format, rather than verbally, to achieve greater accuracy and efficiency
- Maintaining contact with physicians and other providers to exchange client health care information, when approved by the client
- Enabling care teams to meet and exchange information about their experiences in providing service
- Enabling staff to meet with other providers to exchange information about service delivery processes
- Participating in conferences and seminars to exchange information with colleagues
- Documenting *occurrences* involving inappropriate information exchanges or lack of information exchange, whether harm or potential harm was the result
- Participating in local activities to share information regarding services and client needs

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates information exchange initiatives by:






- Obtaining *client satisfaction* feedback that includes questions about information exchange
- Conducting informal interviews with staff to find out if they are satisfied with the exchange of information, within the Program and with others
- Conducting informal interviews with other providers to find out if they are satisfied with the exchange of information
- Tracking the number and kind of situations in which client and/or staff information is not available to appropriate staff and others in a timely way
- Tracking the number of complaints and legal cases that involve client and/or staff dissatisfaction with the exchange of information
- Tracking the number of *occurrences* that create potential *risks* as a result of inappropriate or lack of information exchange



Challenges to Consider

- Clients, staff and/or other providers may not be willing to exchange information
- If electronic information management systems are not in place it can be difficult to manage the smooth flow of information both within the Program and with others

Suggested Policy References

3.1 Services	
4.10 Confidentiality	
5.2 Quality Monitoring 5.3 Quality Improvement 5.4 Risk Management	
6.2 Record Management 6.3 Communications 6.4 Annual Program Summary 6.5 Financial Management	
7.4 Incident Reporting 7.6 Negligence	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 2, 4, 5, 6

Draft Liability Documents: May, sections 4.9, 6.5; June, pgs 7-9, 28

CCHSA AIM Standards, 1999 – Information Management, Leadership and Partnerships

CCHSA Draft Quality Dimensions & Descriptors, 1998

Canadian Health Record Association, Code of Practice and Principles and Guidelines for Access to and Release of Health Information

Canadian Institute for Health Information

Bill C54 Personal Information Protection and Electronic Documents Act

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:



First Nations and Inuit Home and Community Care Program Standards Template Manual	Community Logo
Section: Information Management	Community Name
Standard: Program Changes and Improvements	Standard number: 6.5

Approval:	Date:
------------------	--------------

Standard

The *First Nations and Inuit Home and Community Care Program* effectively uses information for Program changes and improvements.

Process Steps

Activities for using information to make Program changes and improvements may include:

- Implementing a continuous *quality improvement* program
- Using information to guide continuous *quality improvement* at all levels of the organization and in all areas, including human resources, operations, service delivery, finance, and information systems
- Using information to allocate resources, decide what services will be offered, project future need, and identify other providers that need to be linked in the community
- Implementing processes for the regular review of Program-specific reports
- Adopting proven *benchmarks*
- Assigning *accountability* for ongoing report review to relevant information users throughout the Program

Section 6 – Information Management



- Ensuring the fit of *indicators* being measured with Program goals and objectives
- Monitoring technical advances in electronic information management systems
- Monitoring clinical advances in the delivery of home and community care services
- Monitoring advances in service delivery and administration of home and community care services
- Involving clients, families, staff and the community when planning program changes, and providing them with the information and analyses that they will need for decision making
- Comparing information before and after Program changes have been implemented to confirm that improvements were made
- Sharing information with others in the Program, and with the community, funders, other health providers, and other communities
- Ensuring that continuous *quality improvement* initiatives are implemented in a timely way
- Ensuring that continuous *quality improvement* initiatives are evaluated
- Providing staff with timely access to information so that they can use it for *evidence-based* decision making
- Providing clients with timely information and encouraging them to participate in decision making about their care

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates the use of information for Program change and improvement by:




- Talking with staff to find out if they are knowledgeable about their role in managing information for continuous *quality improvement*
- Reviewing Program changes and improvements to find out if information was used appropriately, and to ensure that follow-up information was collected
- Reviewing the processes for providing staff with information to ensure that it is being received in a timely way
- Reviewing client records to find out how information is being used for care



Challenges to Consider

- It can be difficult to set priorities for program improvement initiatives, especially in programs that are new
- *Clinical outcomes* are difficult to measure and few *benchmarks* exist in home and community care services

Suggested Policy References

1.4 Organizational Structure	<p>Community Program Logo HERE</p>
3.3 Consent to Treatment	
All of Part 5, Quality	
All of Part 6, Operations	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 2, 4, 5, 6

Draft Liability Documents: May, section 2.2; June, pgs 3-12

CCHSA AIM Standards, 1999 – Leadership and Partnerships,
Information Management

CCHSA Draft Quality Dimensions & Descriptors, 1998

FNIHB Website

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------



<p>First Nations and Inuit Home and Community Care Program Standards Template Manual</p>	<p>Community Logo</p>
<p>Section: Information Management</p>	<p>Community Name</p>
<p>Standard: Confidentiality of Information</p>	<p>Standard Number: 6.6</p>

<p>Approval:</p>	<p>Date:</p>
-------------------------	---------------------

Standard

The *First Nations and Inuit Home and Community Care Program* maintains information management systems that are secure and protect confidential data.

Process Steps

Actions taken for information security and *confidentiality* may include:

- Implementing *passwords* for electronic information systems
- Organizing electronic data in a way that enables multi-level password protection so that different levels of access can be given for different types of information
- Limiting access to both electronic and paper-based client information to those who need it to do their job
- Implementing technology that is proven to be secure
- Ensuring high quality protection for important components of the electronic information system
- Implementing security measures for spaces that contain important components of either the manual or electronic information system
-



- Implementing procedures for the secure disposal of computer equipment which may contain confidential information
- Educating information management staff about security measures, for both manual and electronic systems
- Implementing daily electronic data backup processes
- Implementing emergency and disaster protection and recovery procedures for electronic data
- Limiting the number of people who can change data in manual or electronic client and staff *databases*
- Limiting access to storage spaces that contain confidential paper files
- Designing secure spaces for storing confidential paper files
- Implementing release of information procedures, including special procedures for emergencies and education or research purposes
- Educating human resources and health records staff about processes for releasing confidential information
- During *orientation* and in ongoing training, educating all staff about security and confidentiality policies, procedures, and legal issues, including consequences of any *breaches* of confidentiality, during *orientation* and in ongoing training
- Implementing procedures for the secure disposal of confidential information
- Ensuring safe storage of client/staff information outside of the Program office to meet legislative requirements
- Having a clear policy regarding the release of information and client approval in this process

Evaluative Criteria

The ***First Nations and Inuit Home and Community Care Program*** evaluates the security and *confidentiality* of information management systems by:

- Tracking the number and nature of complaints and *occurrences* related to information security and *confidentiality*
- Tracking the number of legal cases related to information security and *confidentiality*
- Building review processes into electronic information management systems to monitor access to and treatment of data

Section 6 – Information Management



- Monitoring the access to confidential client and staff information that is available in paper format
- Reviewing staff's knowledge of *confidentiality* policies, procedures and legal issues on an ongoing basis
- Reviewing information management plans for emergencies and disasters to ensure that they are still relevant and understood throughout the organization

Challenges to Consider

- No matter how secure the information management system, staff must understand that it is their responsibility to protect client and staff *confidentiality*
- When human resources are limited, the decision to terminate staff who break *confidentiality* guidelines is even more difficult

Suggested Policy References

3.2 Service Delivery Model	
4.10 Confidentiality 4.11 Orientation 4.12 Training and Development 4.18 Termination	
5.2 Quality Monitoring 5.3 Quality Improvement 5.4 Risk Management	
6.3 Communications	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Appendix A of 2, 4, 5

Draft Liability Documents: May, sections 3.21, 6.5, 6.6; June, pg 22

CCHSA AIM Standards, 1999 – Information Management

CCHSA Draft Quality Dimensions & Descriptors, 1998

Canadian Health Record Association, Code of Practice and Principles and Guidelines for Access to and Release of Health Information

Canadian Institute for Health Information

Bill C54 Personal Information Protection and Electronic Documents Act

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
------------------------	---------------

The First Nations and Inuit Home and Community Care Program Standards and Policies Template Manuals

REFERENCES

The following resources are referenced in the standards and policies and may be of value as you create and revise your own documents. The list is not exhaustive and serves as a starting point. It is also valuable to link with other Programs and communities to learn more about what they have developed.

- **The First Nations and Inuit Home and Community Care Draft Liability Documents**
- **The First Nations and Inuit Home and Community Care Planning Resource Kit**
- **The First Nations and Inuit Home and Community Care Website**
- Bill C54, Personal Information Protection and Electronic Documents Act
- Canada Labour Code
- *Canadian Council on Health Services Accreditation (CCHSA) AIM Standards, 1999*
- *CCHSA Draft Quality Dimensions & Descriptors, 1998*
- Canadian Health Records Association, *Code of Practice and Principles and Guidelines for Access to and Release of Health Information*
- Canadian Institute for Health Information
- Canadian Nurses Association, *National Code of Ethics*
- Colleges and Universities for ethics issues in data collection
- Community Workload Increase System population figures
- CQI Network Website
- DIAND Population Figures
- DIAND/FNIHB Home and Community Care Directives
- Environmental Health and Safety Act
- Fire and Safety Act
- First Nations and Inuit Regional Health Survey
- Hazardous Products Act of Canada

Section 7 – Supports for Using This Manual

- Human Resources Development Canada, Labour Sector Study in Nursing, in progress; Labour Sector Study in Home Care, pending
- International Counsel of Nurses, *International Code of Nursing Ethics*
- National Association for Health Care Quality, www.cphq.org
- Occupational Health and Safety Act of Canada
- Professional Standards of Practice, including those of nursing and licensed practical nursing associations, home support associations, such as the Ontario Community Support Association, and other provincial and territorial associations
- Provincial/Territorial and Federal Legislation
- *Registered Nurses Act*, by jurisdiction
- Rozovsky, Lorne, *Canadian Law of Consent to Treatment*, 2nd edition
- Statistics Canada
- WHMIS

***The First Nations and Inuit
Home and Community Care Program
Standards and Policies Template Manuals***

GLOSSARY

Accountability:

- The responsibility for a particular outcome, service or program. Tasks within a service or program can be delegated but the responsibility cannot.

Advanced Directives:

- Also referred to as living wills, a written set of instructions given by a competent client in the event that the individual will not be able to communicate care and treatment wishes due to illness, injury or impaired cognition. Advanced directives can include instructions about financial affairs, health care, legal issues, etc.

Advocacy:

- Specific actions that show support for a client's or group's concerns.

Allocation of Resources:

- See ***Resource Allocation***

Anonymity:

- An unknown source of information.

Auditing:

- A systematic review of processes and documentation. Audits are most often done at year-end for financial data or conducted in an ongoing way as a quality improvement activity for client data.

Benchmarks:

- Comparing the evaluative results of organizational programs and services to other programs and services (often external to the organization) that are perceived to have achieved excellence. This comparison assumes common similarities between programs and client populations.

Section 7 – Supports for Using This Manual

Benefit(s):

- Additional non-salary compensation such as paid vacation, paid sick days, pension plans, etc. Benefits also include group insurance, such as medical or dental coverage.

Best Practices:

- Processes that have been proven to be very successful in achieving desired outcomes.

Care Plan:

- A written document of the interventions required to achieve a particular goal. Care plans are developed based on client assessments and the identification of needs, and are regularly evaluated to measure their success or failure.

Capital:

- Expenditures are not associated with operating costs (such as salaries, supplies). Examples of capital expenditures include the purchase of computers or office furniture. Capital is usually associated with expenditures over a particular dollar limit, ie any expenditure over \$500 or \$1000 dollars.

Certification(s)

- A mandatory annual membership with a professional college or association that sets the standards of practice, such as the College of Nurses.
- An internal process of education for staff to ensure knowledge and competence in performing advanced skills. This process might include a learning package, self-test, lecture, demonstration and/or return demonstration, etc.

Client Assessments:

- A systematic process to evaluate the physical, emotional, social and spiritual needs of clients. The client assessment will help determine the amount and level of care required and the goals and outcomes of service.

Client Satisfaction Surveys:

- A process to gather information on the client's perceptions of the service, and whether the service has met expectations and needs. Client surveys can be done in writing or verbally, either while the client is receiving services, or after being discharged.

Section 7 – Supports for Using This Manual

Clinical Outcome(s):

- The results achieved after a particular treatment or service has been provided to a client or group of clients.

Community Needs Assessment:

- A process that gathers information to identify the characteristics and potential needs of a particular population. This information will guide the development of new programs and services. Assessments are most often done through the analysis of demographic data and surveys.

Conflict of Interest:

- Examples of conflicts of interests include activities that interfere with performance or responsibilities, solicitation or acceptance of money or gifts from clients, and competing for services provided by the organization. These conflicts place an individual in a compromising position because personal and organizational interests are not aligned.

Contract Management:

- Processes to monitor the effectiveness and the ability to achieve the terms and conditions agreed to in a particular contract. This might be done through occurrence monitoring, quarterly or annual reports, or monthly variance analysis.

Compensation:

- The amount of salary and benefits paid to an employee.

Competencies:

- The skills and knowledge necessary to fulfil the requirements of a particular position within the organization. Competencies can be clinical, managerial or administrative.

Continuity of Care/Continuum of Care:

- A seamless transition of services to meet the needs of a client or group of clients. A seamless transition is achieved through internal and external service integration and coordination.

Criteria:

- Guidelines that facilitate making a decision. For example some of the criteria for admission to the program might be valid demonstrated need, the availability of physician's orders, and a safe home environment.

Section 7 – Supports for Using This Manual

Demographics:

- Data used to describe a particular community or population, such as analysis based on language, age, disease trends, income levels, etc.

Determinants of Health:

- Demographic, genetic, and other environmental factors that influence the well being of people in their community. Examples of such factors include income levels, size and characteristics of the community, education, access to services, and family history.

Discrimination:

- The unfair or inequitable treatment of one individual or group of individuals. The basis for some discriminatory practices could include age, race, or religion.

Diversity:

- Characteristics that are unique to individuals or populations, such as language, culture and religion.

Ethics:

- Guides behaviour that is morally acceptable. Used as standards of conduct for most professional organizations.

Evaluation:

- Processes used to determine the degree of success or failure of a program, service or procedure. The criteria/tools used in the evaluation are usually developed prior to initiating the program, service or procedure.

Exit Interviews:

- A face-to-face meeting between the manager and the employee at the time the employment relationship ends. This meeting is to identify reasons for leaving the organization, thus providing some information regarding strengths and areas for improvement for the organization as perceived by the terminating employee.

Focus Groups:

- Meetings conducted with select groups of people (such as clients, family caregivers, staff, community members). These meetings use a framework for guiding discussion to obtain input from the various participants regarding certain issues.

Section 7 – Supports for Using This Manual

Goals:

- Statements that identify the ambitions of the organization, program, service, or individual and guide activities to achieve those ambitions. An organizational goal might be “To enhance community health care through the development of new home and community services”.

Health Status:

- A measurement of the state of well being of a client, community or population that includes physical, emotional, social and spiritual needs.

Holistic:

- A philosophy of care that encompasses the physical, emotional, social and spiritual needs of clients in addition to the symptoms of a disease.

Impaired Mental Capacity:

- A predetermined condition that inhibits a person's ability to make informed decisions. Conditions that cause impaired mental capacity might be age, Alzheimer's disease, or mental illness.

Incidents:

- An occurrence or action that is considered out of the ordinary and may have a negative impact on the client, staff, community or organization. Incidents should always be measured in terms of the degree of risk.

Indicator(s):

- A measurement that can be used to determine the degree of success or failure in achieving desired outcomes. Indicators can be applied to all areas of the organization such as clinical (ie, is the wound smaller in size?); financial (ie, travel time, km per visit, productivity); and human resources (ie, staff turnover rate).

Informed Client Consent:

- Giving voluntary permission for a treatment or service after all details and risks of the treatment or service and the consequences of declining or refusing the treatment or service have been explained. To obtain informed consent it is assumed that the client is competent to understand the information. If the client is not competent then a substitute decision maker must be used to gain consent.

Section 7 – Supports for Using This Manual

Job Descriptions:

- Detailed, written outlines of specific functions, responsibilities and reporting lines in an organization. All management, clinical and support staff require job descriptions to guide behaviour and measure performance.

Living Will:

- Also known as advanced directives, a written set of instructions given by a competent client in the event that the person becomes unable to communicate wishes due to illness, injury or impaired cognition. An example of the content of a living will might include orders not to resuscitate or use mechanical devices to prolong life.

Mission/Mission Statement:

- A written statement that identifies the customers, stakeholders and goals of the organization and guides the policy development.

Orientation:

- A process that familiarizes staff with the mission, vision, values, programs, services, policies and procedures of the organization. Orientation may include a period of time for preceptorship (the shadowing of the new employee with an experienced employee).

Performance Review/Performance Evaluation:

- A written description of the knowledge, skills and professional behaviours of the staff that includes strengths, weaknesses, and a plan for improvement. Performance reviews are most often completed annually and at the end of the probationary period.

Quality:

- The degree to which the expectations and needs of clients, staff, funders, communities, and the organization are met.

Quality Improvement:

- An organizational philosophy that guides the analysis of information to identify trends and make changes in processes/procedures. These changes enhance programs and services to meet client/community needs, reduce organizational risk, improve efficiencies and improve the work environment.

Section 7 – Supports for Using This Manual

Recruitment:

- The process used to attract, inform and select qualified individuals to meet the human resource needs of the organization. Recruitment strategies include local advertising, job fairs, and referrals for existing staff and others.

Reference(s):

- A written or verbal verification of the employment and/or performance of a current or previous employee. Permission from the employee must be obtained prior to the release of any information.

Referral and Intake:

- The process of client identification and eligibility for a particular program or service.

Resource Allocation:

- The identification of the human resource needs and staff utilization. This is often stated as full time equivalents (FTEs) and includes full time and part time staff.

Retention:

- The ability of an organization to keep staff from pursuing employment elsewhere. Some retention strategies include professional development opportunities, promotions within the organization, and increased compensation related to skill level.

Risk:

- The measurement of the potential harm that may come to clients, the community, staff or the organization. Risk is most often measured as low, medium, or high.

Stewardship:

- To act on behalf of others, in this case the community, to ensure that resources, both financial and human, are used effectively and efficiently

Self-care:

- The ability of a client to safely do the tasks associated with activities of daily living and health maintenance. Such activities might be cooking, cleaning, shopping, attending appointments, as well as managing some of their own health care, such as monitoring their condition, managing their own medications, etc.

Section 7 – Supports for Using This Manual

Substitute Decision Maker:

- A person identified by the client to make decisions in the event that the client lacks the ability to do this for him/herself. This process is usually confirmed in writing.

Termination:

- A process where by the employment relationship is ended due to dismissal with cause, retirement, reduction of workforce or resignation. All terminations should be done in writing.

Value/Value Statement:

- A written statement of the beliefs of an organization that guide the development of programs and services.

Variance Analysis:

- An examination of the reasons for not meeting a particular target or outcome. The results of the examination guide improvement activities.

Vision/Vision Statement:

- A written statement that provides direction for the organization and guides the development of the strategic goals.