Program Guidelines for Special Care Homes

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Purpose of the Ministry of Health
Special-care Home Program Guidelines Manual

The Ministry of Health considers this manual an update to the Program Guidelines for Special-care Homes, 1986.

Publicly funded, facility based long-term care, in Saskatchewan, is offered through designated Special-care Homes and other publicly funded facilities not designated as Special-care Homes, which have beds targeted for long-term-care residents. Based on the Facility Designation Regulations, section 17 (2)(3), all Special-care Homes and other designated facilities that provide this care shall operate in accordance with the standards set out in the Program Guidelines for Special-care Homes. The standards set within this manual are considered minimum standards, and must be adhered to in publicly funded facilities that offer long-term-care services to residents in the province of Saskatchewan.

While the Program Guidelines for Special-care Homes is an integral part of the requirements regarding the operation and provision of quality care, Regional Health Authorities are responsible for the observance of, and compliance with, other regulatory requirements and policies pertaining to the delivery of facility based heavy level care.

This manual has an Interpretation Section which contains terms that are defined specifically for this manual. The on-line version of the manual provides links to Legislative, and other guidelines/documents, that are referenced in the manual, or would contain information that would supplement the manual.

While the Ministry of Health provides global funding to the RHAs, the day-to-day delivery of programs and services, including facility based care for residents that have a level of need that can no longer be met through home-based/community services or options, is the responsibility of RHAs.

This manual was written with the collaboration of Regional Health Authorities, Affiliated Organizations and the Provincial Food and Nutrition Managers Group. We wish to thank them for their expertise and input into the document.
Interpretations

The interpretations contained in this document are intended for use with the Program Guidelines for Special-care Homes. Interpretations are shown in green throughout the document.

Assistance in accessing – where the service is not provided in the special-care home and is not a covered service or where the resident is not eligible for the service but wishes to access the service the organization shall facilitate access to the service; this may include at minimum the provision of contact information.

Charting by exception - all standards for care has been met and the resident responded as expected. Longhand charting is required when there is a change in client response, significant findings and/or when unusual events occur.

Client – a person that is receiving temporary care in a special-care home or is waiting for acceptance to a special-care home through the placement committee.

Concern – an issue, complaint or suggestion for improvement. A concern may pertain to access to service, care delivery, communication, cost, environmental factors and/or other matters. Concerns may be received verbally or in writing.

Discharge Abstract Database (DAD) – a national database maintained by the Canadian Institute for Health Information (CIHI). For information on requirements for reporting to DAD please refer to the DAD Abstracting Manual and the Canadian Coding Standards for ICD-10-CA and CCI.

Ensure – all reasonable steps have been taken within the human and financial resources when measured against other similar organizations.

Evidence – confirmation that each policy criteria is met. Evidence will range from measurable data to data of a more anecdotal nature and could include but not be limited to: Minimum Data Set (MDS); Resident Assessment Instrument (RAI); Visual Inspection; Surveys; Feedback from Residents and Volunteers.

Health Care Organizations – includes an affiliate or a prescribed person that receives funding from a regional health authority to provide services.

Facility based long-term care – long-term care services subsidized by government through regional health authorities, operated through a designated special-care home or other designated facility.

Institutional Supportive Care Homes Information System (ISCH) – is a database maintained by Ministry of Health that records the admissions and discharges for special-care home residents and supports provision of income information to proceed with the
income-testing process. Where this admission/discharge/income testing system is web-based it is referred to as the Special-care homes System (SCHS).

**Long stay care** - For individuals who require 24-hour nursing care and supervision for an indefinite period of time. There is no expectation for discharge to the community. These beds are often referred to as permanent placement beds and are in facilities including special-care homes, hospitals and health centres. Residents occupying long stay care beds have been accepted for placement by the regional health authority placement committee based on a standardized assessment tool, a tool as approved by the Ministry of Health.

**Long-term care** – facility based care for individuals with heavy care needs that cannot be met through home-based/community services for an indefinite period of time or on a temporary basis.

**Long-term care beds** – beds in designated special-care homes and other designated facilities for individuals requiring long stay care and/or temporary care

**Nursing procedures** – nursing procedures that are taught as part of the nursing education programs, where students acquire both the knowledge and clinical practice needed to perform competently.

**Organization** – includes regional health authorities, affiliated organizations and health care organizations.

**Residency requirement** – a resident is not required to reside in Saskatchewan prior to admission to a special-care home; however must meet eligibility requirements.

**Resident** – a person residing in a special-care home.

**Resident and family centred care** - an approach to providing respectful, compassionate, culturally safe and competent care that is responsive to the needs, values, cultural backgrounds and beliefs and preferences of residents and their family members by working collaboratively with them. It has four core concepts: Respect & Dignity, Information Sharing, Participation and Collaboration.

**Responsible person** – person legally authorized to act on behalf of the resident. Should a responsible person not be specified then the nearest relative should be considered as the person that will act on behalf of the resident. Nearest relative is interpreted to be husband or wife, son or daughter, parent, brother or sister, grandparent, grandchild, uncle or aunt, nephew or niece.

**Responsive Behaviours**- when a person with dementia is responding to an unmet need which may include positive and negative, frustrating, stimulating or confusing interactions in his or her environment. The reasons or triggers for these challenging behaviours may be external, social, physical or personal in their environment.
**Special-care homes** – facilities providing subsidized care to individuals that qualify for admission and have met the assessment criteria for placement based on a standardized tool, a tool approved by the Ministry of Health. Where the term special-care home/s is used it is intended that all long-term care beds in other designated facilities such as hospitals and health centres will be included.

**Special nursing procedures** – procedures that are not taught in the basic nursing education program. The agency is responsible for providing the nurse with the education and experiences need to perform the procedure.

**Temporary care** – The provision of care that occurs for a defined period of time including but not limited to palliative, respite, convalescent and rehabilitative care.
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INTENT:

To provide a home-like environment, through a consistent resident and family centred approach with a focus on quality for those individuals requiring facility based care.

LEGISLATIVE AUTHORITY:

_The Regional Health Services Act_

PURPOSE:

A special-care home is a facility that provides long-term care, on a temporary or permanent basis, to meet the needs of individuals, usually with heavy care needs, that cannot be met through home-based/community services. Regional Health Authorities (regions) may operate a special-care home (SCH) directly or through affiliation/contract. SCHs are designated by the Minister under _The Regional Health Services Act_.

All SCHs and other designated facilities that provide long-term care shall operate in accordance with the standards set in the _Program Guidelines for Special-care Homes_.

A SCH and other facilities providing long-term care services shall offer this care in a facility that strives to provide a community home type setting, where residents reside and maximize their potential. Residents shall make decisions about how they want to live. They will be respected, honoured and treated with the upmost respect and dignity. They will live life with meaning and purpose. Consideration will be given to their individual beliefs and preferences.

The Patient First Review Report, _For Patients’ Sake_ released in October 2009 recommended that “the health system make patient- and family-centred care the foundation and principal aim of the Saskatchewan health system” (Dagnone 2009).

Patient and family-centred care (PFCC), as defined in the provincial PFCC framework, is an approach to “providing respectful, compassionate, culturally safe and competent care that is responsive to the needs, values, cultural backgrounds and beliefs and preferences of patients and their family members by working collaboratively with them”. It has four core concepts: Respect & Dignity, Information Sharing, Participation and Collaboration. In SCHs, PFCC will be reworded to resident and family-centred care to more accurately reflect the SCH environment. Residents and their families, or others, as chosen by the resident will be kept informed about decision affecting them and will be included and encouraged to participate in the home and the activities offered.

Where residents are no longer able to make decisions they shall be provided assistance to protect and support them, ensuring that others, who are responsible for them are kept informed and involved in all decisions made.
Staff will work with residents and families to identify and understand the needs and preferences of each resident and together establish a plan of care that promotes quality of life. Through the use of tools, such as the Resident Assessment Instrument-Minimum Data Set (RAI-MDS), quality resident centred care plans can be developed and monitored for quality outcomes. Attention to the changes in the resident, and effective documentation, will assist in providing the quality of care that supports residents to achieve their greatest potential.

SCHs and their staff have the greatest opportunity to positively impact the lives of residents who, due to mental and/or medical conditions, have lost their ability to live independently. Through a resident first resident centred care approach, staff, residents and families will all be rewarded with positive outcomes.
INTENT:
To standardize and promote the philosophical background of the special-care home program.

LEGISLATIVE AUTHORITY:
*The Regional Health Services Act*

POLICY:
The philosophy of the special-care home shall be established including but not limited to:

a) The provision of facility based long-term care services as part of the continuum of care within an integrated health care system;

b) The emphasis being placed on the provision of a home-like environment in which individuals can achieve and maintain as high a level of independence, function and quality of life as possible, while at the same time, maintaining the highest regard for the dignity and worth of each individual;

c) The resident as the primary focus of all aspects in the operation of a special-care home considering:
   i. The need for resident autonomy;
   ii. The inclusion of families and other significant persons as indicated by the resident/responsible person; and,

d) Function within a resident and family centred approach where:
   i. All are treated with respect and dignity;
   ii. Everyone provides and shares information;
   iii. Participation is encouraged and supported; and,
   iv. There is collaboration with all stakeholders.
INTENT:
To standardize and promote the objectives of the special-care home program.

LEGISLATIVE AUTHORITY:
*The Regional Health Services Act*

POLICY:
Special-care homes provide resident-centered long-term care services to meet the needs of individuals that cannot be met through other home-based or community services and shall include, but not be limited to:

a) The provision of facility based long-term care, within the context of an integrated system and continuum of care, as part of a regional health authority service;

b) The provision of accommodation, programs, and services for individuals that is based on assessed need that cannot be met through home/community-based services;

c) The provision of long-term care services for individuals where care needs can no longer be safely met in the community and it is anticipated that the care needs will remain the same or increase.

d) The provision of palliative care services for residents and other individuals in those situations where the family and available home/community-based services can no longer address the needs of the individual;

e) The provision of convalescent care services for individuals who require additional recuperative time following surgery or illness;

f) The provision of services in the special-care home for individuals who normally reside in their own homes, but require temporary accommodation and care as a respite for the primary care provider; and,

g) The provision of, where possible, other outreach services to individuals who normally reside in their own home, who would benefit from a structured program of activities/services for a portion of the day that may serve to delay admission or offer relief for the primary care provider (i.e. adult day program or night care program).

h) The provision of sufficient information to potential residents/responsible persons to allow informed decisions to be made about care options;

i) The creation and maintenance of a home-like atmosphere that is flexible in nature so as to be conducive to the exercise of individual rights and liberties within the inherent limitations of a group-living situation;

j) The provision of assistance to residents to access, to the extent possible, community-based programs and services when such programs/services are not available within the special-care home; and,
k) The promotion of strategies that assist residents to restore and/or maintain an optimal level of functioning and, wherever possible, to facilitate return to the community.
INTENT:
To provide requirements for resident-centred care in order that each resident is provided with safe care that considers the individual needs, preferences and abilities within the inherent limitations of a group-living situation.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act

RELATED GUIDELINES (LINKS):
None

POLICY:
Care standards shall be established that provide residents the opportunity for quality outcomes through the promotion of health, safety and comfort considering the individual rights of each resident within the inherent limitations of a group living situation. The care standards shall include but not be limited to evidence:

a) That the principles of resident-centered/client centred care are incorporated within the special-care home;

b) That each resident/responsible person is provided the opportunity for involvement in the comprehensive assessment of care needs, the development of an appropriate plan of care, and review of the care plan as per the minimum data set (MDS);

c) Of recognition and acceptance of each resident’s choice in provision of care respecting the group living situation;

d) Of respect for each resident’s individuality, privacy, dignity and sense of security;

e) That personal space and personal belongings of each resident are respected;

f) That each resident is encouraged to maximize their potential for independence;

g) That religious beliefs, customs and cultural traits of each resident are recognized and respected;

h) That psycho-social needs of each resident are being addressed;

i) That the spiritual needs of each resident are addressed;

j) That the environment in the Special-care home is as “home-like” as possible;

k) Of the provision of kind and considerate care;
l) That staff communicate with each resident as they provide care, and that each resident is given time to participate in their care provision;

m) Of good personal hygiene such as clean and healthy appearing skin, clean and trimmed fingernails and toenails, clean and neatly groomed hair, clean teeth and mouth, and an absence of cracked lips;

n) That each resident is up and dressed in their own personal clothing for a reasonable time period every day, as based upon their daily care needs, unless the physician or registered nurse (nurse practitioner) RN(NP) has ordered otherwise or the resident has requested differently;

o) Of the provision of appropriate rest periods, as required or requested;

p) That the health care needs of each resident is treated in a consistent and appropriate manner;

q) Of assistance in accessing appropriate medical, dental, podiatry, optical and auditory services when required and/or requested by the resident/responsible person;

r) Of the review of each resident’s medications by the multi-disciplinary team, that includes the physician registered nurse (nurse practitioner) and pharmacist, on a quarterly basis or more frequently as indicated through the resident assessment process;

s) Of the use of properly fitted, clean and cared for dentures and sensory aids (e.g. hearing aids and eyeglasses) when required or as requested by the resident;

t) Of proper positioning for the comfort and prevention of contractures and pressure sores;

u) That every effort is made to recognize, assess and appropriately manage pain;

v) Of bowel and bladder management programs to respect and support the individual needs of residents;

w) That restraining devices are used safely and as a last resort and as per region/facility policy;

x) That nutritional and hydration status of each resident is monitored and recognized as essential to the enhancement of quality of life;

y) That each resident is offered adequate nutrition including well-balanced meals and appropriate serving sizes in accordance with Canada’s Food Guide to Healthy Eating respecting individual requests and requirements;

z) That food preferences of each resident is considered;

aa) That each resident has access to food suitable for his /her special needs such as a therapeutic diet, mechanically modified food, and supplementary feeding;

bb) That each resident is encouraged to eat as independently as possible (e.g. self-help feeding devices are available for those who require them);

cc) That each resident, if unable to eat independently, is assisted to eat in as normal a manner as possible;

dd) That each resident is not rushed with their meals;

ee) That each resident is offered and encouraged to consume beverages suited to their needs and preferences;

ff) That each resident is weighed on admission and, on a minimum, monthly basis or more frequently as indicated if there is a potential indicator of change in nutritional status;
gg) That each resident is encouraged and supported to participate in leisure time activities of their choice;

hh) That each resident’s family and friends are encouraged to visit and participate in leisure time activities;

ii) Of access to adequate equipment such as walkers, over bed frames, mechanical lifts, and other equipment to meet the mobility needs of each resident;

jj) Of access to appropriate aids, where required, to improve each resident’s ability to carry out the activities of daily living;

kk) That environmental safety features such as handrails in hallways, grab bars in bathrooms, non-skid flooring, etc., are in place, functional and monitored for the safety needs of each resident;

ll) That signaling devices are functional and available at each resident’s bedside;

mm) That where exit alarm systems are in place, they must be functional and in operation at all times;

nn) That, in the case of serious illness, accident, or a missing resident, the family/responsible person are notified immediately unless this is opposing to the wishes of the competent resident; and,

oo) That care records (including Health Care Directives) for each resident are kept in a secure place, and only available to those individuals involved in care and that discussions relating to resident care are held in locations that ensure confidentiality.
INTENT:
To ensure the rights and responsibilities of each resident are communicated and adhered to consistently.

LEGISLATIVE AUTHORITY:
The Canadian Charter of Rights and Freedoms
The Saskatchewan Human Rights Code
The Health Information Protection Act

RELATED GUIDELINES (LINKS):
Policy 5.3 Client Responsibilities – Home Care Policy Manual

POLICY:
The legal rights of every resident in so far as they are competent and capable of looking after their own affairs as is embodied in The Saskatchewan Human Rights Code and The Canadian Charter of Rights and Freedoms shall be respected. Ensuring this right shall include but not be limited to:

a) The identification of the responsibility to ensure the personal rights of each resident are protected at all times, to the extent possible, and to inform each resident/responsible person his/her inherent responsibilities upon admission to the special-care home;

b) The Government of Saskatchewan’s “Know Your Rights” poster must be posted where visible to all residents and the general public.

c) The requirement to ensure written processes are in place that:
   i. Ensure that residents/responsible persons are informed and understand their rights;
   ii. Ensure that residents/responsible persons understand the possible consequences when exercising their rights, should that decision affect the organization’s ability to meet the care needs of the resident;
   iii. Assist residents to exercise their rights; and,
   iv. Direct the investigation and resolution of claims regarding a violation of resident’s rights.

d) The inclusion of the following rights and responsibilities:
   i. Resident Rights:
      Each resident of a special-care home is entitled, but not limited to, the following rights:
 Residents Rights and Responsibilities

- To be informed in writing of their rights and responsibilities upon admission to the special-care home;
- To have access to processes established by the organization that encourages and assist the resident to exercise their rights as a resident and a citizen;
- To be fully informed of the written terms of admission upon admission to the special-care home, including all charges that may be levied by the special-care home and as well the requirement to submit income information annually when requested;
- To be informed in advance of any changes to charges and terms of payment;
- To participate actively in the assessment and care planning process; including participation in inter-disciplinary team conferences, and to make personal choices within the parameters of the services available;
- To safe, adequate and timely care by personnel that are qualified to render the services required to meet the resident’s care needs at the time of admission and thereafter;
- To give or refuse consent to the extent permitted by law and to be informed of the consequences of such action;
- To be treated with consideration and respect with full recognition of dignity, individuality and privacy;
- To be protected from any form of abuse, neglect or exploitation while residing in the special-care home;
- To be protected from injury or harm from any source to the extent that such injury or harm can be reasonably anticipated;
- To have access to appropriate personnel as an individual, or as part of group, to have concerns heard, reviewed, and where possible, resolved without fear of retribution;
- To confidential treatment of all personal information; and,
- To be given reasons for and reasonable notice of relocation within the special-care home or to other appropriate services to ensure an orderly transition.

ii. Resident Responsibilities:

- Each resident/responsible person of a special-care home is responsible for, but not limited to, the following:
- The provision of contact information for the responsible person;
- To comply with policies and practices established by the special-care home in so far as they do not impinge upon the rights of the resident;
- To be considerate of the rights of others;
- To maintain personal independence to the extent possible;
- To contribute, as possible, to the development of a community for all within the special-care home;
- To submit payment to the special-care home in a timely manner for the monthly income-tested resident charge and other charges as indicated in the admission agreement; and,
- To provide income information annually as requested by the organization to establish the appropriate monthly resident charge.
INTENT:

To ensure the rights and responsibilities of special-care homes are communicated and adhered to at all times.

LEGISLATIVE AUTHORITY:

*The Canadian Charter of Rights and Freedoms*
*The Saskatchewan Human Rights Code*
*The Regional Health Services Act*
*The Special-care Homes Rates Regulations*

POLICY:

The rights and responsibilities of the special-care home pertaining to the day-to-day operations shall be identified. They shall include but not be limited to:

a) The identification of the rights and the responsibilities of the special-care home and the process to inform each resident/responsible person of the special-care homes’ rights and responsibilities upon admission to the special-care home;

The rights of the special-care home will include but not be limited to:

i. The expectation that residents and others entering the special-care home conduct themselves according to the policies and practices of the special-care home;

ii. That fees owed to the special-care home for services are paid in a timely manner; and,

iii. The expectation that residents and others entering the special-care home treat all the organization’s staff with respect.

The responsibilities of the special-care home will include but not be limited to:

i. Ensuring that all residents have a responsible person named with contact information, clarification must be received related to when the responsible person shall be notified of resident issues and provided information related to the resident;

ii. The establishment of a procedure to ensure the resident is transferred to a facility that can safely and adequately meet the care needs of the resident, where a residents care needs have exceeded the ability of the special-care home; and shall ensure residents/responsible persons are kept informed during the transfer process;

iii. To inform residents/responsible persons of policies and procedures of the special-care home upon admission;

iv. To inform residents/responsible persons of the programs and services offered within the special-care home;

v. To provide current information regarding charges and terms of payment to the resident/responsible person;
vi. The promotion of quality outcomes for the residents ensuring the care needs can be met safely and adequately within the scope of practice of all providers;

vii. To ensure the considerate and respectful treatment of all residents;

viii. To maintain the personal freedom and dignity of each resident;

ix. To protect the resident from any foreseeable or reasonably anticipated harm from a source under the special-care home’s control, including harm from another resident;

x. To protect the personal property of all residents within the control of the special-care home; and,

xi. To facilitate the establishment of a resident family council and encourage residents/responsible persons to participate.

b) The requirement to ensure written processes are in place that:

i. Assist the residents/responsible persons to understand the rights and responsibilities of the special-care home; and,

ii. Direct the investigation and resolution of claims regarding a violation of the special-care homes’ rights and responsibilities.

c) Where residents are being admitted to the special-care home, transferring between facilities, leaving for other planned appointments or outings or being discharged, the special-care home shall establish a communication plan to ensure the safety of the resident. This plan shall include but not be limited to:

i. When the resident leaves the special-care home;

ii. When the client arrives at the special-care home;

iii. Where a resident is leaving another facility (sending facility) on route to the special-care home; and,

iv. Where the resident arrives at the receiving facility.

d) Documentation shall include:

i. The time the resident left the special-care home or sending facility;

ii. The time the resident arrived at the special-care home or receiving facility;

iii. The mode of transport;

iv. Who ensured the resident safely left or arrived at the special-care home;

v. Who ensured the resident safely left or arrived at the sending or receiving facility;

vi. Discharge or transfer sheet and appropriate persona health information; and,

vii. List of personal items.
INTENT:
To provide an abuse free home for residents of special-care homes.

LEGISLATIVE AUTHORITY:
*The Regional Health Services Act*
*The Adult Guardianship and Co-decision-making Act*
*The Public Guardian and Trustee Act*
*The Powers of Attorney Act, 2002*
*Critical Incident Reporting Guidelines*

RELATED GUIDELINES (LINKS):
Policy 17.1 Incident Reviews Investigation and Reporting
Policy 5.2 Client Abuse – Home Care Policy Manual

POLICY:
All reasonable steps shall be taken to ensure residents of special-care homes are provided with an environment that is free of all forms of abuse. This shall include but not be limited to:

a) A indication that abuse, in any form, is unacceptable and will not be tolerated;

b) A comprehensive definition of abuse and the types of abuse residents are at risk of, including, but not limited to physical, verbal, sexual, financial, property, psychological, chemical, emotional, neglect and denial of opportunity;

c) Recommendations for strategies that eliminate the risk of resident abuse;

d) Procedures for the orientation of staff to policy and procedures regarding resident abuse;

e) Procedures for reporting evidence of or suspicion of resident abuse;

f) Procedures to follow to investigate any instance of alleged abuse;

g) Consequences resulting from an investigation that confirms an instance of abuse – including reporting to the appropriate professional organization;

h) Requirements for documentation regarding any instance of alleged abuse; and,

i) Requirements for the reporting of any instance of alleged abuse to the appropriate personnel as indicated.

The procedures shall include, but not be limited to:

i. Reporting:
− All employees shall be responsible for reporting any and all evidence of abuse or suspicion of abuse of a resident. Failure to report evidence or suspicion of abuse of a resident shall be cause for disciplinary action based on the region/facility policy;
− The attending physician or registered nurse (nurse practitioner) shall be promptly notified of the instance of alleged abuse and the need for examination and/or treatment; and,
− Any instance of abuse is subject to the incident reporting requirements outlined in Policy 17.1 Incident Reviews Investigation and Reporting.

ii. Investigation:
− All reports of evidence or suspicion of abuse shall be investigated promptly. If, upon initial investigation, it is determined that there may be any risk to residents, appropriate interventions must be immediately taken to ensure the safety of residents;
− Upon initial investigation, if it is determined that there is cause to report the incident to other professional organizations or services, such as the College of Medicine, the Saskatchewan Registered Nurses Association or a police service, this shall be done promptly.
− The resident’s family/responsible person shall be advised promptly of the alleged incident and apprised of the special-care home’s policy regarding abuse of residents;
− All allegations of abuse, regardless of the time between the alleged act, the discovery and the reporting, shall be investigated; and,
− All investigations conducted shall respect the natural laws of justice; that is, the alleged perpetrator has the right to be treated fairly and to be heard before any final decision is made.
INTENT:
To ensure consent for admission to a special-care home is provided.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act
The Health Care Directives and Substitute Health Care Decision Makers Act
The Adult Guardianship and Co-decision-making Act

POLICY:
Consent for admission to a special-care home shall be documented in writing by the resident.

a) Where a resident is unable to provide consent a responsible person shall be contacted to provide consent.

b) Where residents continue to make their own decisions, confirmation of the residents consent to contact the responsible person related to care of the resident must be documented.
INTENT:
To legally provide and protect resident health information.

LEGISLATIVE AUTHORITY:
*The Health Information Protection Act*

POLICY:
The requirements for the disclosure of resident personal health information shall be based on *The Health Information Protection Act*
INTENT:
To support the establishment of health care directives in special-care homes.

LEGISLATIVE AUTHORITY:

The Regional Health Services Act
The Health Care Directives and Substitute Health Care Decision Makers Act
The Adult Guardianship and Co-decision-making Act

POLICY:
Residents shall be supported in the development of health care directives and where a health care directive is established, and the individual can no longer communicate their medical care wishes, this directive is respected. The Health Care Directives and Substitute Health Care Decision Makers Act shall be incorporated.

The support shall include but not be limited to:

a) Provision of assistance to residents wishing to establish health care directives; and,

b) Training for employees required to participate in the residents’ health care directive, including the location where the directive is stored, the contents and how the directive will be communicated to another facility such as acute care if the resident is transferred.

A written health care directive that has been signed and dated by the person making the directive is valid in the province of Saskatchewan, provided the person had capacity when making the directive.

A health care directive can only be revoked or changed by the person who made the directive, and then only if the person still has capacity.

A health care directive takes effect when the person making the directive no longer has the capacity to make a health care decision respecting a proposed treatment.

** These statements are for general guidance only and are not to be relied on as legal advice for regions, facilities, residents or families.
INTENT:
To ensure a consent process is established for routine diagnostic tests for residents in the special-care home.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act
The Health Information Protection Act
The Health Care Directives and Substitute Health Care Decision Makers Act
The Adult Guardianship and Co-decision-making Act

RELATED GUIDELINES (LINKS):
Policy 2.2 Residents Rights and Responsibilities
Policy 3.5 Consent for Treatment of Residents Attending to a Hospital or Health Centre

POLICY:
A resident/responsible person shall provide consent prior to routine diagnostic tests being carried out. Consent process shall include but not be limited to:

a) The assurance that the resident/responsible person is provided with all information necessary to make an informed consent;

b) The opportunity for the resident/responsible person to refuse to provide consent and the decision be respected;

c) Where a resident/responsible person refuses to sign consent, the ordering physician or nurse practitioner shall be notified;

d) The requirement that the following are considered forms of consent:
   i. Written consent;
   ii. Verbal consent; or,
   iii. Implied consent.

e) Where a written consent is required for the completion of routine diagnostic tests being carried out in the special-care home, this type of consent may take the form of:
   i. A consent embodied in the admission agreement;
   ii. A consent that is required to be renewed within a designated time frame; or,
   iii. A specific consent form completed each time the diagnostic tests are carried out.
f) Where verbal or implied consent has been given for the completion of routine laboratory tests being carried out in the special-care home, it must be documented in the resident’s care record that consent was obtained; and,

g) If a resident attends a hospital, health centre or other health care facility for the purpose of having out-patient diagnostic tests, it is the responsibility of the receiving facility to obtain consent. Refer to Policy 3.5 Consent for Treatment of Residents Attending to a Hospital or Health Centre.
INTENT:
To ensure a consent process is established where residents are attending a hospital or other health care facility for treatment.

LEGISLATIVE AUTHORITY:

The Health Information Protection Act
The Health Care Directives and Substitute Health Care Decision Makers Act
The Adult Guardianship and Co-decision-making Act

RELATED GUIDELINES (LINKS):
Policy 4.10 Communication Processes for Residents Entering, Leaving and Returning to the Facility.

POLICY:
Consent must be obtained when a resident from a special-care home attends at, or is admitted to receive treatment in a hospital, health centre or other health care facility as specified in The Health Care Directives and Substitute Health Care Decision Makers Act.

The consent process shall include but not be limited to the following requirements:

a) In the event a resident from a special-care home attends at or is admitted to a hospital, health centre or other health care facility to receive treatment, it is the receiving facility’s responsibility to obtain the resident’s informed, voluntary and written consent;

b) If the resident is incapable of providing an informed consent, such consent should be obtained from the responsible person;

c) In the absence of the responsible person or in situations where reasonable attempts to locate the responsible person are unsuccessful, The Health Care Directives and Substitute Health Care Decision Makers Act provides a framework by which the physician may secure substitute consent; and,

d) Personnel from a special-care home cannot give consent except in cases where they are the responsible person.
INTENT:
To ensure a coordinated access to long-term care services.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act

RELATED GUIDELINES:
Policy 6.3 Clients’ Rights Regarding Assessments - Home Care Policy Manual
Policy 6.4 Assessment and Approval Process - Home Care Policy Manual

POLICY:
Residents shall be admitted to facility based long-term care through a single-point of entry coordinated through the Regional Health Authority to ensure:

a) Residents are prioritized based on greatest assessed need and living at greatest risk;

b) Facility based long-term care beds are appropriately occupied;

c) Residents are offered placement in the facility that can safely manage their care needs;

d) The identification of gaps in programming, to effectively use resources within the region and to identify need for new initiatives; and,

e) A case management approach, avoiding duplication of services and that appropriate services are offered.
INTENT:
To provide the eligibility requirements for admission to a special-care home.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act

RELATED GUIDELINES:
The Special-care Homes Rates Regulations
Policy 3.1 Coordinated Access - Home Care Policy Manual

POLICY:
The eligibility requirements for admission to a special-care home include:

a) Consideration for admission to a special-care home must meet the following eligibility criteria:
   i. The applicant holds a valid Saskatchewan Health Services Card; or
   ii. The applicant and, where applicable, his/her spouse must be in the process of establishing permanent residence in Saskatchewan and have applied for and qualify for a Saskatchewan Health Services Card. There is no residency requirement for admission to a special-care home in Saskatchewan; or,
   iii. The applicant is a resident of Manitoba or Alberta in a border area where the Ministry of Health has approved a contractual arrangement.

b) Where a client is not a Canadian citizen or permanent resident and does not qualify for a Saskatchewan Health Services Card, they will be charged the full cost of care; and,

c) Out of region individuals will be provided the opportunity to access long-term care services based on their preference in the same manner as individuals living with region boundaries.

d) Request for admission to a special-care home must be considered from any Saskatchewan resident or out of province resident, access is determined based on assessed need and the availability of beds and service to meet the care needs.
INTENT:
To provide direction related to acceptance for access to facility based long-term care services.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act

RELATED GUIDELINES:
Policy 4.2 Eligibility Criteria
Policy 4.7 Referrals to Other Agencies
Policy 6.3 Clients’ Rights Regarding Assessments - Home Care Policy Manual
Policy 6.4 Assessment and Approval Process - Home Care Policy Manual

POLICY:
Acceptance criteria for admission to facility based long-term care services shall include:

a) Meeting all eligibility requirements as indicated in Policy 4.2 Eligibility Criteria;

b) All community and/or home-based services have been explored and are not appropriate to the care needs;

c) Clients with the greatest assessed need and living at the greatest risk are given priority for admission to facility based long-term care services;

d) Completion of an assessment process approved by the Ministry of Health that provides for a comprehensive, multi-dimensional account of the person’s current situation recognizing personal circumstances;

e) Consideration of the following:
   i. Any appropriate service alternatives that are available to the client;
   ii. The relative cost effectiveness and availability of other appropriate service alternatives available to the client;
   iii. The immediate consequences to the client if long-term care admission is not provided; and,
   iv. The availability of long-term care services to meet the needs of the person.

f) Service shall be provided at a facility with bed availability, that can support quality outcomes through safe and adequate care based on available staff, staffing mix and the appropriate physical environment to meet the care needs of the resident; and,

rg) Establishment of a process for the referral of persons to other Regional Health Authority services or other appropriate organizations when facility based long-term care services in the home region are not suitable to meet the client’s needs based on Policy 4.7 Referrals to Other Agencies.
INTENT:
To ensure all residents enter into a written admission agreement prior to or during the admission process to a special-care home.

LEGISLATIVE AUTHORITY:
*The Regional Health Services Act*

RELATED GUIDELINES:
4.2 Eligibility Criteria
4.3 Acceptance Criteria

POLICY:
Each resident admitted to a special-care home shall enter into a written admission agreement with the special-care home at the time of admission that includes but not limited to:

a) Statements indicating the responsibilities of the special-care home including but not be limited to:
   i. The protection of the rights of the resident;
   ii. Provision of safe and adequate care;
   iii. Physician and/or nurse practitioner services;
   iv. Protection of personal health information;
   v. How the residents' belongings will be cared for;
   vi. The identification of what services will be offered in the facility including process to access emergency care; and,
   vii. The procedure for arranging transfer for additional medical care as indicated.

b) The identification of the responsibilities of the resident including not limited to:
   i. The provision of a name and contact information of a responsible person.
   ii. Adherence to facility policy;
   iii. Expectations surrounding the terms of payment of both the income-tested resident charge and any additional charges that may be incurred;
   iv. The requirement that the resident/responsible person submit income information as requested annually to determine the income-tested resident charge; the resident/responsible person may choose an automated process to submit annual income tax return information by signing a Canada Customs and Revenue Agency (CCRA) form;
   v. The requirement that the resident/responsible person must indicate in writing or by initializing the admission agreement that they understand that where income
information is not submitted the charge will be the maximum resident charge and is refundable only to the first of the year in which the income information is provided;

vi. Clothing and other personal belonging requirements;

vii. The notice that is required when a resident plans to move out of the home;

viii. The timelines related to vacating the room when discharged; and,

ix. The facility policy regarding charges post discharge.

c) The identification of the amendment process, where amendments to the admission agreement are required, any changes made to the agreement must be made on the original document and must include:

i. Clear statements of what has changed;

ii. The date each change was made; and,

iii. The initials or signatures of the resident/responsible person.

d) The admission agreement shall be maintained by the special-care home.
INTENT:
To establish a resident family centred process for resident transfers.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act
The Health Information Protection Act

RELATED GUIDELINES:
Policy 4.7 Referrals to Other Agencies
Policy 4.10 Communication Process for Residents Entering, Leaving and Returning to the Facility
Policy 16.2 Confidentiality

POLICY:
The process for the transfer of residents within the special-care home, from one special-care home to another special-care home, from the special-care home to the hospital or other health care facility, to medical or other health related appointments and from one regional health authority to another regional health authority shall include but not be limited to:

a) Transfer from Room to Room:
   i. A resident/responsible person may request a transfer to another room within the special-care home;
   ii. Based on bed availability and appropriateness of transfer the request will be accommodated and arrangements will be made with those responsible for the move to arrange for the move of the residents belongings; and,
   iii. A resident transfer within the special-care home may also be required based on resident need or facility need. In such cases, the resident/responsible person will be contacted and explanation will be provided prior to the transfer, except in an urgent situation. If the situation is urgent, contact will be made as soon as possible once the resident’s care needs are met and explanations will be provided. In this case the staff will be responsible to move the residents’ belongings.

b) Transfer to Another Special-care Home:
   i. Persons assessed as requiring long-term care may be offered the first available bed in the regional health authority and this may not be their facility of choice. If a resident has been offered a bed in a special-care home that is not their facility of choice, they will be
given the option to transfer to the facility of their choice when a bed becomes available. When a bed becomes available in the facility of choice:

- The resident/responsible person shall be notified in advance and arrangements made for the transfer of the resident and their belongings, if the bed in the facility of choice is accepted by the resident;
- The resident/responsible person shall be consulted regarding mode of transportation. If an ambulance is required due to the care needs or condition of the resident, the resident/responsible person is to be informed if ambulance fees will be the responsibility of the resident.

ii. Based on the specific care needs of a resident, the resident may require transfer to another special-care home. Refer to Policy 4.7 Referrals to Other Agencies.

c) Transfer to Hospital or other Health Care Centre:

i. A significant change in a resident’s health condition or an incident may necessitate a transfer to hospital or health centre. In such cases, it is the expectation that the resident will continue to maintain their room in the special-care home until such time it is deemed that the resident will be unable to return to the special-care home. During a resident’s absence from the special-care home, the room shall not be utilized for the accommodation of another resident without consulting the resident/responsible person;

ii. When requested the resident/responsible person request a transfer for care and treatment to a hospital or other health care centre, they shall be supported to transfer and the attending physician or registered nurse (nurse practitioner) shall be notified;

iii. The responsible person shall be notified immediately of the need to transfer a resident to hospital or other health care centre; and,

iv. Except in situations where the ambulance is the only option based on the resident’s medical status, the resident/responsible person shall be consulted regarding mode of transportation. If an ambulance is deemed to be the preferred method of transfer, the resident/responsible person is to be informed if ambulance fees will be the responsibility of the resident.

d) Transfer for Medical or Other Health Related Appointments

i. The resident/responsible person shall be consulted regarding mode of transportation.

ii. Where the resident requires an individual to accompany them to their appointment the responsible person shall be contacted, unless the physician or registered nurse (nurse practitioner) has ordered a care provider to accompany the resident.

e) Transfer to Another Regional Health Authority:

i. A resident/responsible person may request a transfer to a facility in another regional health authority:

- When a bed becomes available, the resident/responsible person shall be notified in advance and arrangements made for the transfer of the resident and their belongings; and,
- The resident/responsible person shall be consulted regarding mode of transportation. If an ambulance is deemed to be the preferred method of transfer, the resident/responsible person is to be informed if ambulance fees will be the responsibility of the resident.
ii. Based on the specific care needs of a resident, the resident may require transfer to another regional health authority. Refer to Policy 4.7 Referrals to Other Agencies.

f) Communication Process:
   i. Refer to Policy 4.10 Communication Process for Residents Entering, Leaving and Returning to the Facility.

g) Transfer of Resident Care Records:
   Resident care records will be transferred in accordance with The Health Information Protection Act and the organization’s policy, including but not limited to:
   
i. Ensuring that appropriate physical, administrative and technical safeguards are utilized to ensure the security of the resident care record during transfer including securely containing the resident care record in an envelope that is sealed and labeled; and,

   ii. Whenever reasonably practicable a copy of the resident care record may accompany the resident during transfer, with the original being maintained in the facility of origin. In those instances in which the original records accompany the resident, a record of the transfer of the resident care record should be maintained in the facility of origin or with the regional health authority office.
INTENT:
To establish a process that facilitates discharge planning for residents returning to the community from a special-care home.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act

RELATED GUIDELINES:
Policy 4.10 Communication Processes for Residents Entering, Leaving and Returning to the Facility
Policy 15.1 Death of a Resident
Policy 15.4 Refusal of Care
Policy 5.1 Client Rights – Home Care Policy Manual

POLICY:
A process shall be established that assists residents with transition to the community from the special-care home including but not limited to:

Self-Discharge
a) Where a resident chooses to return to the community against medical advice the special-care home must include in their documentation on the resident’s care record:
   i. The current status of the resident;
   ii. Counseling and alternative care options discussed to meet current care requirements of the resident; and,
   iii. That the resident/responsible person elected to self-discharge against medical advice.

Discharge to Community, Hospital or Health Centre
a) Where a resident will be discharged to the community, the special-care home shall ensure the resident’s care needs can be safely and adequately met in the community; and,

b) Where a resident is transferring to a hospital or health centre, they shall not be discharged from the special-care home until the special-care home is advised that the resident will not be returning to the facility:
   i. Where the resident does not return to the facility from a hospital visit, the discharge date becomes the day the resident was transferred to the hospital.
Communication Plan

a) Refer to Policy 4.10 Communication Processes for Residents Entering, Leaving and Returning to the Facility

Discharge to the Morgue

a) Refer to Policy 15.1 Death of a Resident.
INTENT:
To establish a referral process to another facility when a resident has care needs that exceed the capabilities of the current facility or bed availability is limited.

LEGISLATIVE AUTHORITY:
*The Regional Health Services Act*

RELATED GUIDELINES:
Policy 4.5 Transfers
Policy 4.10 Communication Processes for Residents Entering, Leaving and Returning to the Facility

POLICY:
A process shall be established directing the referral process when a resident’s care needs exceed the capabilities of the current special-care home or bed availability is limited, this process shall include but not be limited to:

a) The requirement to place residents in special-care homes that have the appropriate resources and the environment to safely and adequately accommodate their care needs resulting in quality outcomes for the resident while maintaining quality of life;

b) The requirement to consult other appropriate organizations or other regional health authorities to determine appropriate placement options should the resident’s care needs exceed the services offered by the special-care home/regional health authority;

c) A written procedure to follow to ensure the prompt assessment and transfer of residents at risk that have care needs beyond the scope of the resident’s home or current facility;

d) A written procedure to follow where there is no facility immediately available to transfer the resident, to ensure safe and adequate care is provided in the home facility temporarily;

e) Ensure that the resident and the responsible person have been notified where there is the potential for transfer and have the opportunity to participate in the transfer as appropriate; and,

f) A communication plan, refer to Policy 4.10 Communication Processes for Residents Entering, Leaving and Returning to the Facility.
INTENT:
To establish placement criteria for long-term care services offered in special-care homes.

LEGISLATIVE AUTHORITY:
*The Regional Health Services Act*

RELATED GUIDELINES:
4.1 Coordinated Access
4.2 Eligibility Criteria
4.3 Acceptance Criteria
4.4 Admission Agreements
4.5 Transfers

POLICY:
A process shall be established that identifies the placement criteria for long-term care services in special-care homes that includes but is not limited to:

a) Placement in a special-care home shall be based upon the availability of appropriate long-term care services;

b) Placement priority is based first on level of need and the risk of the client’s current living arrangement otherwise placement is provided in chronological order;

c) Where clients will remain in the community to await placement in a special-care home supports based on need and availability shall be offered, such as increased home care;

d) Clients shall be considered for placement in the home community whenever possible. When placement occurs based upon a first available bed process and it is outside of the resident’s home community or not in the facility of choice, the procedure to return to the facility of choice shall be established;

e) In situations where residents are placed in the first available bed outside of their home community, the maximum distance that a resident will be placed from their home community shall be identified;

f) Where a client/responsible person prefers to remain in the community until there is a bed in the facility of choice, the client shall be placed on the facility’s chronological placement list at the time of acceptance for placement and be supported within region resources to stay in the community;
g) Where the client/responsible person is remaining in the community, for placement in the facility of choice, they shall be supported through home care within the resources of the regional home care program;

h) A procedure that prioritizes placement in the same facility for married couples and others that have lived together over many years, when both are assessed as requiring long-term care; and,

i) In situations where one spouse qualifies for long-term care and one spouse continues to reside in the home community, regions shall assist the couple to spend time together.
INTENT:
To provide direction to clients/responsible persons who wish to appeal the regional placement committee’s decision.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act

RELATED GUIDELINES:
Policy 6.6 Appeal Process - Home Care Policy Manual

POLICY:
The placement appeal process shall be identified and include but not limited to:

a) Indicate that clients/responsible persons have the right to appeal decisions made by the regional placement committee;

b) Ensure staff are knowledgeable and can provide advice to clients/responsible persons on how to access the appeal process; and,

c) The requirements as identified in Policy 6.6 titled Appeal Process in the Home Care Policy Manual.
INTENT:
To provide a communication approach for resident admissions, transfers and discharges to ensure residents arrive and leave safely.

LEGISLATIVE AUTHORITY:
*The Regional Health Services Act*

RELATED GUIDELINES:
Policy 20.2 Emergency Plans

POLICY:
The communication process to ensure residents arrive and leave facilities safely includes but shall not be limited to:

a) When a resident is being transferred to a special-care home from another facility (acute care, another special-care home, personal care home, home care services in a private home, etc.), the special-care home shall ensure that specific details are received from the transferring facility to ensure the safety of the resident.

This plan shall include but not be limited to:

i. The time the resident is expected to leave the transferring facility;
ii. The time the resident is expected to arrive at the special-care home;
iii. The mode of transportation by which the resident will be travelling, including whether or not the resident will be accompanied by another responsible person;
iv. The specific location in which the resident will arrive (e.g. main doors);
v. The special-care home will provide confirmation to the transferring facility when the resident arrives; and,

vi. If a resident does not arrive to the special-care home at the anticipated time, the transferring facility will be contacted to confirm the transfer has occurred. If the resident is not able to be located, the emergency preparedness procedure for a “Missing Resident” shall be activated.

b) When a resident is being transferred from a special-care home to another facility (acute care, another special-care home, personal care home, home care services in a private home, etc.), the special-care home shall establish a communication plan with the receiving facility that ensures the safety of the resident.
This plan shall include but not be limited to:

i. The time the resident is expected to leave the special-care home;
i. The time the resident is expected to arrive at the receiving facility;
iii. The mode of transportation by which the resident will be travelling, including whether or not the resident will be accompanied by another responsible person;
iv. The specific location in which the resident will arrive (e.g. main doors);

v. The special-care home will request confirmation from the receiving facility when the resident arrives; and,

vi. If the special-care home does not receive confirmation of the resident’s arrival at the receiving facility at the anticipated time, the special-care home shall contact the receiving facility to ensure the resident’s arrival. If the resident is not able to be located, the emergency preparedness procedure for a “Missing Resident” shall be activated.

c) Documentation of the communication plan will be completed on the resident chart including but not limited to:

i. The time the resident left the facility;
ii. The time the resident arrived at the facility;
iii. The mode of transport; and,
iv. Who ensured the resident arrived and departed safely?
INTENT:
To establish long stay care program requirements.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act

RELATED GUIDELINES:
Policy 4.2 Eligibility Criteria
Policy 4.3 Acceptance Criteria
Policy 6.1 Income-tested Resident Charges
The Special-care Homes Rates Regulations

POLICY:
Requirements for long-term care services in special-care homes shall include, but not be limited to:

a) The main purpose of long-term care being:
   i. To provide individuals long-term care services when all community options have been considered and it is anticipated that the individual is not able to return to the community, based on the current care needs (as identified through the regional health authority assessment process);

b) Meeting eligibility and acceptance criteria for admission to a special-care home as identified in Policy 4.2 Eligibility Criteria and 4.3 Acceptance Criteria;

c) Access to long-term care services will be through the regions single point of entry services as identified in Policy 4.1 Coordinated Access and based on the availability of resources;

d) Establishment of the process and requirements for admission to a special-care home, including submission of income information as required in The Special-care Homes Rates Regulations; and,

e) Reporting requirements to the Ministry of Health including:
   i. Submission of admissions/discharges forms (Health 31-7794); and,
   ii. As outlined in the “Institutional Supportive Care Information System Manual.”
INTENT:
To establish adult day program requirements.

LEGISLATIVE AUTHORITY:
*The Regional Health Services Act*

RELATED GUIDELINES:
Policy 6.2 Adult Day Program Charges
Policy 4.10 Communication Processes for Resident Admission, Transfers, Discharges and Other Outings

POLICY:
Where an organization will be offering adult day program in facility based long-term care, the regional health authority shall establish a policy including but not be limited to the:

a) Main purpose of an adult day program being:
   i. To maintain or increase an individual’s ability to perform activities of daily living; and,
   ii. To prevent premature admission to facility based long-term care.

b) Eligibility requirements for admission to an adult day program;

c) Access to the day program will be based upon individual assessed need and the availability of resources;

d) Days and hours of operation of the adult day program;

e) Basic services of an adult day program shall include, but not be limited to:
   i. Social and recreational activities;
   ii. Rest and exercise;
   iii. Snacks and a noon or evening meal;
   iv. Personal care e.g. baths, trimming nails, hair care; and,
   v. Nursing care.

f) Additional services that may be provided, including but not limited to:
   i. Rehabilitative services;
   ii. Nutrition guidance;
   iii. Individual counseling;
   iv. Self-help skills; and,
   v. Periodic shopping services.
g) Procedures for simplified admission and discharge in the adult day program;

h) Requirement to establish a simplified resident care record, including a resident care plan;

i) Provincially determined adult day program charges as identified in Policy 6.2 Adult Day Program Charges;

j) Fees for transportation, where required, recognizing the fee shall not be a barrier to program attendance and should be such that it is affordable for individuals on limited income;

k) Communication plan based on Policy 4.10 Communication Processes for Resident Admissions, Transfers, Discharges and Other Outings.
INTENT:
To establish palliative care program requirements where palliative care is offered in special-care homes.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act
The Special-care Homes Rates Regulations, 2011

RELATED GUIDELINES:
Policy 6.3 Palliative Care Charges
Policy 3.3 Health Care Directives
Policy 10.6 Palliative Care - Home Care Policy Manual
Policy 15.8 Palliative Care Supplies and Charges - Home Care Policy Manual

POLICY:
Requirements for palliative care services in special-care homes shall include, but not be limited to:

a) A statement indicating that the main purpose of the palliative care program is to offer the provision of active, compassionate care to a terminally ill resident where it has been determined that treatment for cure or prolongation of life is no longer the primary object of the care being provided;

b) Eligibility requirements for admission to a palliative care program include:
   i. The client’s condition has been diagnosed by a physician as terminal with life expectancy of weeks or months;
   ii. Active treatment to prolong life is no longer the goal of care; or,
   iii. The client assessment process has determined that the individual is palliative as per Policy 10.6 Palliative Care in Home Care Policy Manual.

c) Procedures for admission to the palliative care program;

d) Procedures for discharge/transfer of the resident where required;

e) Procedures for the completion of a palliative care admission agreement that details the responsibilities of the resident/responsible person and the special-care home and may include the resident’s Health Care Directive;
f) The requirement to establish a resident care record;

g) Procedure for application of palliative care charges pursuant to the *Special-care Homes Rates Regulations* as indicated in the Policy 6.3 Palliative Care Charges;

h) Reporting requirements to the Ministry of Health including:

   i. Submission of admissions/discharges using the Institutional Supportive Care Admission/Discharge form (Health 31-7794); and,
   
   ii. The reporting requirements as outlined in the Institutional Supportive Care Information System Manual.
INTENT:
To establish respite care program requirements.

LEGISLATIVE AUTHORITY:

The Regional Health Services Act

The Special-care Homes Rates Regulations, 2011

RELATED GUIDELINES:
Policy 6.1 Income-tested Resident Charges
Policy 6.4 Respite Care Charges

POLICY:
Requirements for respite care services in special-care homes shall include, but not be limited to:

a) The main purpose of a respite program being:
   i. To offer a planned period of temporary care to persons who normally reside at home, and
      who are dependent on family members or others in the community for intermittent or
      continuous care; and,
   ii. To offer emergency temporary care (quick response) to persons who normally reside at
      home, and for whom there is a sudden and unplanned breakdown in the support network.

b) Eligibility requirements for admission to a respite program;

c) Access to the respite program will be based upon individual assessed need and the
   availability of resources;

d) Procedures for admission and discharge in the respite program;

e) Procedures for the completion of a respite admission agreement that details the
   responsibilities of the resident/family and the special-care home that includes, but is not
   limited to:
   i. Length of stay;
   ii. Procedure for early discharge or extensions to a respite stay;
   iii. Procedure for physician services, emergency transfers (acute care admission);
   iv. Support plan in place for the resident upon discharge; and,
   v. Fee that is charged.
f) Procedure for application of respite charges pursuant to the *Special-care Homes Rates Regulations, 2011*, including any additional charges that may be assessed during the respite stay;

g) The requirement to establish a resident care record based on current information available at time of admission;

h) Discharge will be planned with the client/responsible person that provides for care arrangements in the community and through the transition back to the community;

i) The requirement to complete an MDS assessment for any resident staying longer than 14 days and the recommendation that an MDS assessment shall be completed for residents who have routine admissions on a relatively frequent basis; and,

j) Reporting requirements to the Ministry of Health including:
   
i. Submission of admissions/discharges forms (Health 31-7794); and,
   
ii. As outlined in the Institutional Supportive Care Information System Manual.
INTENT:
To establish convalescent care program requirements.

LEGISLATIVE AUTHORITY:
*The Regional Health Services Act*

RELATED GUIDELINES (LINKS):
Policy 6.1 Income-tested Resident Charges
Policy 6.5 Convalescent Care Charges
*The Special-care Homes Rates Regulations, 2011*

POLICY:
Requirements for the convalescent care program services offered in special-care homes shall include, but not be limited to:

a) The main purpose of a convalescent program being:
   i. The provision of an additional period of recuperative time following surgery or serious illness intended to provide persons with the opportunity for recovery of health and independence in order to return safely to the community setting, generally not extending beyond 30 to 60 consecutive days.

b) Eligibility requirements for admission to a convalescent care program;

c) Procedure for reviewing a client’s status as a convalescent care admission if she/he remains in convalescent care for a period greater than 30 consecutive days and again if the period extends to 60 days;

d) Procedures for admission and discharge in the convalescent care program;

e) Procedures for the completion of a convalescent admission agreement that details the responsibilities of the client or the responsible person and the special-care home that includes, but is not limited to:
   i. Length of stay;
   ii. Procedure for early discharge or extensions of a convalescent stay;
   iii. Procedure for physician services, emergency transfers (acute care admission);
   iv. Establishment of a support plan for the client upon discharge; and,
   v. Explanation of the implementation of charges for stays exceeding 30 days including any additional charges that may be assessed during the convalescent stay.

f) Access to the convalescent care program will be based upon individual assessed need and the availability of resources;
g) Discharge will be planned with the client/responsible person that provides for care arrangements in the community and through the transition back to the community;

h) The requirement to establish a client care record;

i) The requirement to complete a Resident Assessment Instrument Minimum Data Set (RAI MDS) assessment for any client staying longer than 14 days; and,

k) Reporting requirements to the Ministry of Health including:
   i. Submission of the Institutional Supportive Care Admission/Discharge form (Health 31-7794); and,
   ii. As outlined in the Institutional Supportive Care Information System Manual.
INTENT:
To provide guidance regarding rehabilitative care requirements.

LEGISLATIVE AUTHORITY:
*The Regional Health Services Act*

RELATED GUIDELINES:
*The Special-care Homes Rates Regulation, 2011*

POLICY:
Requirements for rehabilitative care in special-care homes shall include, but not be limited to:

a) The main purpose of Rehabilitation care being:
   i. Restoration following disease illness or injury to the highest possible level of function. In addition to medical care, access to physiotherapy, occupational therapy, speech-language therapy and other therapies whose main objective is to restore function and return to the community.

b) Eligibility requirements for rehabilitation care;

c) Access to the rehabilitative care program will be based upon individual assessed need and the availability of resources;

d) Procedures for admission for rehabilitative care;

e) Procedures for discharge/transfer of the resident;

f) Procedures for the completion of a rehabilitation admission agreement that details the responsibilities of the resident/responsible person and the special-care home;

 g) The requirement to establish a resident care record;

h) Procedure for application of any additional charges that may be assessed during the stay;

i) Reporting requirements to the Ministry of Health includes:
   i. Submission of admissions/discharges using the Institutional Supportive Care Admission/Discharge form (Health 31-7794).
INTENT:
To establish night care program requirements.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act

RELATED GUIDELINES:
Policy 6.2 Adult Day Program Charges
Policy 6.11 Night Program Charges
The Special-care Homes Rates Regulations, 2011

POLICY:
Where an organization will be offering night care in facility based long-term care, the regional health authority shall establish a policy.

The policy shall include, but not be limited to the:

a) Main purpose of a night care program being:
   i. To offer a planned period of temporary care to persons who normally reside at home, and who are dependent on family/community members for intermittent or continuous care; and,
   ii. To offer emergency temporary care to persons who normally reside at home, and for whom there is a sudden and unplanned breakdown in the support network.

b) Eligibility requirements for admission to a night care program;

c) Access to the night care program will be based upon individual assessed need and the availability of resources;

d) Procedures for the completion of a night care admission agreement that details the responsibilities of the resident/responsible person and the special-care home that includes, but is not limited to:
   i. Length of stay;
   ii. Procedure for early discharge or extensions to a night care stay;
   iii. Procedure for physician services, emergency transfers (acute care admission); and,
   iv. Support plans in place for the resident upon discharge.
e) Procedure for application of night care charges based on the day program charges policy;
f) Procedures for simplified admission and discharge in the night care program;
g) Requirement to establish a resident care record, including a resident care plan; and,
h) Reporting requirements to the Ministry of Health will be included on the day program report.
INTENT:
To provide the requirements for charges of long-term care services.

LEGISLATIVE AUTHORITY:
*The Regional Health Services Act*
*The Facility Designation Regulations*
*The Special-care Homes Rates Regulations, 2011*

POLICY:
Requirements for implementing the income-tested resident charges for long-term care services based on the Special-care Homes Rates Regulations shall include but is not limited to:

a) The identification of when charges may be applied including:
   i. The resident is residing in a publicly subsidized designated Special-care Home (including a long-term care bed in a facility designated as a Hospital or Health Centre); or,
   ii. The resident has qualified for long-term care services and is receiving care in an acute care or health centre bed waiting for placement in a Special-care Home.

b) An explanation on how the cost of long-term care is funded including but not limited to:
   i. Government through the global budget process subsidizes long-term care costs and residents contribute through an income-tested resident charge; and,
   ii. The government subsidized funding is applied to the attendant care portion of the cost per bed first. The income-tested resident charge is applied first to the rent and accommodation. In some cases, based on facility specific costs the income-tested resident charge may cover a portion of attendant care.

c) Required documentation on Admission and Discharge:
   i. The completed Special-care Home System Admission/Discharge form electronically:
      - Refer to the Special-care Home System Manual for guidelines for completion of the forms and the requirements for reporting to the Special-care Home System.
   ii. Where residents qualify for long-term care services but are receiving services in an acute care bed, documentation is required on both the Special-care Home System as well as in the Discharge Abstract Database (DAD).

d) Responsibilities of Residents:
i. All residents of special-care homes and those qualifying for long-term care services but receiving care in an acute care bed while waiting placement will pay an income-tested resident charge; and,

ii. Income information is required on admission, annually and if income changes in order to calculate the income-tested resident charge; where this information is not provided the maximum resident charge is implemented and is refundable only to the start of the year in which income information was provided.

e) Income-testing Guidelines:

i. Resident charges are based on annual income plus any earned interest. Personal assets such as land, houses and bank accounts are not taken into account in determining the charge. Ministry of Health, utilizing the formula(s) outlined in The Special-care Homes Rates Regulations, determines the income-tested resident charge;

ii. For married residents, the resident and spouse’s income is combined, divided equally, and then the formula as outlined in the regulations is applied. Married residents who live in separate dwellings for reasons beyond their control may choose to complete an Optional Designation Form for the purpose of determining the resident charge. With this designation, only the resident’s income is considered. This designation is also available to common-law couples. This option is only of benefit in situations where the spouse in the community has higher income than the resident;

iii. Each quarter, all resident charges may be adjusted. This increase is based on increases provided in OAS/GIS as announced by the Federal Government. Increases are equivalent to the percentage increase in these amounts;

iv. A resident/responsible person may request a recalculation of the resident charge by submitting a written request to the Ministry of Health along with supporting documentation in situations when:

- The resident/responsible person disagrees with the resident’s monthly charge;
- The resident has had a significant change in financial circumstances since the residents monthly charge was last calculated; or,
- The difference between the annual reported income and the annual net income of the resident, the resident’s spouse, is one per cent or more.

v. If there were to be a change in the resident charge as a result of the recalculation, the revised charge would become effective the first day of the month for which the resident’s income changed but not beyond the most recent annual review period.

f) Appeal Process:

i. Where residents/responsible persons disagree with the re-calculation they shall indicate their concerns in writing to:

   Ministry of Health  
   Drug Plan and Extended Benefits  
   Income Assessment Unit  
   System and Client Support Services  
   3475 Albert Street  
   REGINA SK S4S 6X6

ii. The Ministry of Health, Income Testing Unit will initiate the appeal process with the Community Care Branch.
g) Inquiries or questions relating to the income-tested resident charge should be directed to:

   Ministry of Health
   Drug Plan and Extended Benefits
   Income Assessment Unit
   System and Client Support Services
   3475 Albert Street
   REGINA SK S4S 6X6
   1-306-787-5023 (Regina)
   1-306-787-3543 (Regina)
   1-800-667-4884 (toll-free)
   (306) 787-8679 (fax)

h) Forms are available on-line by logging into the Special-care Home System
   https://www.schs.health.gov.sk.ca and choose the tab “Forms and Information” on the menu
to the left. All information related to income-testing shall be provided to
residents/responsible persons when preparing for admission or at the time of admission.
INTENT:
To provide direction related to charges for access to adult day programs provided in special-care homes.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act

POLICY:
Charges for attendance in adult day programs in a special-care home shall include but not be limited to the requirements as directed by the Ministry of Health:

a) That a provincially consistent charge is set by the Ministry of Health based on consultations with the regional health authorities;

b) That the charge will be adjusted on an annual basis in keeping with changes to the Old Age Security and Guaranteed Income Supplement (OAS/GIS) pensions;

c) Those participants of adult day programs will be notified one month in advance of an increase in charges; and,

d) That the standard charge may not include a fee for transportation. In situations where transportation is provided and subject to an additional charge, the charge shall not be a barrier to program attendance and the charge should be such that it is affordable for individuals on limited income.
INTENT:
To provide requirements for charging clients receiving palliative care services in a special-care home.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act
The Facility Designation Regulations
The Special-care Homes Rates Regulations, 2011

RELATED GUIDELINES:
Policy 3.3 Health Care Directives
Policy 5.3 Palliative Care
Policy 10.6 Palliative Care - Home Care Policy Manual
Policy 15.8 Palliative Care Supplies and Charges - Home Care Policy Manual

POLICY:
Charges for residents receiving palliative care vary based on stage and program. The following identifies the requirements where charges are applied and where charges are not applied.

a) The standardized assessment tool in addition to the Palliative Performance Scale developed by the Victoria Hospice Society and Capital Region Home Nursing Care in British Columbia¹ will assist in determining the stage of palliative care as early/intermediate or end stage;

b) Monthly Resident Charge
   i. A client that is admitted to a long-term care bed for the purpose of receiving acute care management of symptoms related to palliative care or end-stage palliative care will not have a monthly resident charge applied;
   
   ii. A client that is admitted to a special-care home and assessed as early/intermediate palliative, a monthly resident charge is applied as directed in The Special-care Homes Rates Regulations:
iii. Where a resident, who is already living in a special-care home becomes end-stage palliative or requires acute care management of symptoms the income-tested resident charge that they have currently been paying will continue;

c) A procedure for informing residents/responsible persons of the monthly resident charging schedule must be identified in writing;

d) The procedure for the application of any additional charges that may be assessed during the stay shall be identified and includes:

All residents who have been designated as early or intermediate stage palliative by the Regional Health Authority’s assessment and case management process will incur the same charges as regular long-term care residents.

All residents who have been designated as acute care management of symptoms or end stage palliative care on admission will be provided without charge all supplies listed in Group A, Group C, and Group D of policy 6.10 Supply Charges.

Oxygen coverage

i. The full cost of approved oxygen and corresponding equipment prescribed by a physician is covered by Saskatchewan Aids to Independent Living (individuals must be designated as “end stage” palliative through the Regional Health Authority’s assessment process); and,

ii. Blood gas and oximetry criteria are waived for those clients designated “end stage” palliative and considered eligible for additional benefits through the Regional Health Authority’s assessment and case management process.

Drug Coverage

i. Physicians have the authority to designate individuals as palliative and therefore eligible for drug plan coverage for regular formulary and exception drug status drugs; and,

ii. Individuals in the later stages of their illness, for whom care consists primarily of managing symptoms such as pain, nausea and stress, may be eligible for full coverage of benefit drugs under the Saskatchewan Prescription Drug Plan. (Drug Plan coverage does not depend on the Regional Health Authority’s designation of the individual as “palliative,” but rather on the physician’s designation. As well, drug coverage is not restricted to the end stage of the palliative process).

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INTENT:
To provide requirements for charging clients accessing respite care that is provided in a long-term care bed in a special-care home.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act
The Facility Designation Regulations
The Special-care Homes Rates Regulations, 2011

RELATED GUIDELINES:
6.1 Income-tested Resident Charges

POLICY:
Client charges for respite care received in a special-care home shall include but not be limited to:

a) The maximum amount to be charged is the minimum income tested resident charge for the days that he/she occupied the respite care bed for less than a full calendar month based on section 13 of The Special-care Homes Rates Regulations.

b) The minimum resident charge for stays comprised of a full calendar month and up to 60 days; and,

c) Where a client has been reassessed as requiring continued respite care beyond 60 days, the client will be charged based on income as directed in The Special-care Homes Rates Regulations. Where the client or responsible person of a client does not provide income information as requested the maximum resident charge will be implemented.
INTENT:
To provide requirements for charging clients accessing convalescent care in a special-care home.

LEGISLATIVE AUTHORITY:
*The Regional Health Services Act*

RELATED GUIDELINES (LINKS):
5.5 Convalescent Care
6.1 Income-tested Resident Charges
*The Facility Designation Regulations*
*The Special-care Homes Rates Regulations, 2011*

POLICY:
This policy is currently under discussion at the Ministry of Health.
INTENT:
To provide requirements for identifying charges for resident under age 18 accessing care in a special-care home.

LEGISLATIVE AUTHORITY:

The Regional Health Services Act
The Child and Family Services Act
The Facility Designation Regulations
The Special-care Homes Rates Regulations, 2011

POLICY:
The charges for residents under 18 years of age residing in a special-care home shall include but not be limited to:

a) No charge to the parent or property guardian of a resident who is under the age of 18 years where they are personally responsible for providing the financial resources for the resident;

b) The minimum resident charge applies where a resident under the age of 18 is:
   i. Permanently committed to the care of the Minister of Social Services under The Child and Family Services Act; or
   ii. A third party is liable for the cost of the resident’s care; and,
   iii. For other individuals, the income-tested charge is waived.

c) A resident is deemed to be under the age of 18 years for the entire calendar month in which he or she turns 18 years of age;

d) The facility shall discuss the residents under 18 funding option provided by the Ministry of Health, with the parent/property guardian and request their permission to request the funding;

e) Where a parent or property guardian is responsible for the payment of the resident charge, the regional health authority/facility shall with the consent of the parent/property guardian contact the Ministry of Health to arrange payment by the Ministry of Health; and,

f) With the consent of the parent or property guardian the regional health authority shall provide to the Ministry of Health the following information:
   i. Facility/region where the client will be residing;
   ii. Name of client;
   iii. Parents/property guardian name and address;
   iv. Date of birth; and,
   v. Date accepted for placement.

g) The Ministry of Health once payment is approved will provide the region and the parents or property guardian a letter confirming the payment plan.
INTENT:
To provide direction where other organizations are responsible for the monthly resident charge in a special-care home.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act
The Automobile Accident Insurance Act
Workers Compensations Act, 2013

RELATED GUIDELINES:
The Facility Designation Regulations
The Special-care Homes Rates Regulations, 2011
National Social Programs Manual

POLICY:
The charges for residents that have other organizations responsible for the monthly resident charge include but are not limited to:

a) Workers Compensation Board (WCB)
   i. A resident’s monthly charge is full cost of care if the cost of the care is covered by compensation paid pursuant to the Workers Compensations Act, 2013;
   ii. Regional Health Authorities and their facilities shall work directly with the WCB when determining monthly payment;
   iii. Income-testing is not required by the Ministry of Health, Income Testing Unit when WCB are responsible for payment;
   iv. The Ministry of Health Income-testing Unit does not provide a dollar figure to the health regions but rather document third party payer when WCB is responsible for payment; and
   v. Charges for other medical supplies must be coordinated with the WCB.

b) Saskatchewan Government Insurance (SGI)
   i. A resident’s monthly charge is the income-tested resident charge where SGI is responsible for the monthly charge;
   ii. Based on the Automobile Accident and Insurance Act, residents will typically be billed directly and be reimbursed by SGI; however on a case by case basis SGI may have alternate billing arrangements.
c) First Nations

i. First Nations residents under the age of 65 years monthly resident charge and personal living allowance will be covered by the Ministry of Social Services if the resident is eligible for provincial assistance and if they normally resided off reserve prior to admission. Note hospital stays off reserve do not constitute residency off reserve;

ii. First Nations residents under the age of 65 years monthly resident charge and personal living allowance will be covered by Indigenous and Northern Affairs Canada (INAC) if the resident is eligible for federally funded social assistance and if normally residing on reserve prior to admission.

iii. Individuals who typically live on-reserve, who are off-reserve for the purpose of obtaining care not available on-reserve, continue to be considered a reserve resident and continue to be eligible for funding through the Assisted Living program, assuming that all eligibility criteria is met through the National Social Programs Manual and they do not exceed Type I or II care as described in the National Social Programs Manual.

Type I care- This level of care identifies a person who is ambulant or independently mobile, who has decreased physical or mental faculties, and who primarily requires supervision or assistance with activities of daily living and provision for meeting psycho-social needs through social and recreational services. The period of time during which care is required is indeterminate and related to the individual condition. A person recognized as Level I would not normally be admitted to a residential care facility.

Type II care-This level of care identifies a person with a relatively stabilized (physical or mental) chronic disease or functional disability, who having reached the apparent limit of his/her recovery, is not likely to change in the near future, who has relatively little need for the diagnostic and therapeutic services of a hospital, but who requires availability or personal care on a 24-hour basis, with medical and professional nursing supervision and provision for meeting psycho-social needs. The period of time during which care is required may consist of a number of months or years.

*Type I and Type II care are defined in the federal classification system for INACs assisted living program’s institutional care, and should not to be confused with provincial levels of care (level 1 to 4).
INTENT:
To support the collection of income-tested resident charges and other additional charges related to medical supplies and drugs specific to individualized provision of care in a special-care home.

LEGISLATIVE AUTHORITY:
The Special-care Homes Rates Regulations, 2011

POLICY:
All regional health authorities shall establish a procedure for the collection of monthly resident charges and other charges for resident receiving long-term care services that includes the collection of charges that are in arrears.
INTENT:

To provide requirements for charging full cost of care in situations where residents refuse to leave a temporary care bed in a special-care home or where the responsible person refuses to assist the resident to leave the temporary care bed.

POLICY:

Clients/responsible persons are responsible for the full cost of care as reasonably estimated by the operator, when a client refuses to leave a temporary care bed when no longer authorized by region officials to occupy the temporary care bed. The policy shall include but not be limited to:

a) A process to communicate the temporary care plan to the client/responsible person prior to accepting a client for temporary care including but not limited to:
   i. Type of admission (respite, convalescence, rehabilitative, or palliative);
   ii. Length of stay as authorized by the region;
   iii. Discharge plan; and,
   iv. Charge for stay.

b) The requirement that the region shall ensure that all options for discharge from temporary care have been explored and provided to the client/responsible person with the goal of finding a care setting appropriate to the needs of the client while supporting the transition;

c) A statement indicating that charging full cost of care is the last resort;

d) Identification of the senior official position that shall authorize implementation of the full cost of care charge;

e) The full cost of care must only be implemented three days after issuing written notice of the change in charges; and,

f) A statement indicating that the region will consider cancelling the full cost of care charges once appropriate action towards leaving the temporary care bed has been implemented.
INTENT:
To provide consistent charges for additional supplies, not specifically covered by the income-tested resident charge, for permanent placement residents in special-care homes.

LEGISLATIVE AUTHORITY:
*The Regional Health Services Act*

RELATED GUIDELINES (LINKS):
6.1 Income-tested Resident Charges
*The Facility Designation Regulations*
*The Special-care Homes Rates Regulations, 2011*
*Old Age Security and Guaranteed Income Supplement (OAS/GIS)*

POLICY:
Charges for additional supplies, not specifically covered by the income-tested resident charge, for permanent placement residents, who do not have additional coverage such as a third party responsible for care, in special-care homes shall include:

a) A charge that is consistent across regions and has been established by the Ministry of Health based on consultations with the regional health authorities;

b) An adjustment to the supply charge will be done on an annual basis in keeping with changes to the *Old Age Security and Guaranteed Income Supplement (OAS/GIS)*;

c) Notification of residents/responsible persons must occur one month in advance of an increase in charges; and,

d) Details as identified in the attached document.

e) Facilities are not to charge a handling fee to residents for any supplies.
<table>
<thead>
<tr>
<th>Group A – no charge to resident</th>
<th>Group B – an additional charge to the resident at actual cost</th>
<th>Group C – incontinent supplies, a charge at actual cost to continue to resident</th>
<th>Group D – fully covered by supply charge- charged to resident (adjusted annually to increases in OAS/GIS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Basic foot care provided by the facility</td>
<td>• Transportation to facility of choice</td>
<td>• Incontinent supplies (attends, colostomy, ileostomy supplies)</td>
<td>• Personal hygiene items such as toothpaste, toothbrushes, denture cleaning supplies, denture adhesive, mouthwash, cotton tip applicators, shampoo, conditioner, hand soap, body cleansers, basic lotion, baby oil, body powder, Peri-wash, lubricating gel, etc.</td>
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<tr>
<td>• Nutritional supplement supplies if clinically indicated</td>
<td>• Cable television</td>
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<tr>
<td>• Safety Engineered Sharps Devices (SESDs)</td>
<td>• Private telephone service</td>
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<tr>
<td>• Storage fees</td>
<td>• Barber/hairdressing service</td>
<td></td>
<td></td>
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<tr>
<td>• Identification bracelets/photos</td>
<td>• Wandering alert bracelet</td>
<td></td>
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<tr>
<td>• Name plate on resident’s door</td>
<td>• Specialized equipment as requested by the resident/family member</td>
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<td></td>
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<tr>
<td>• Labelling of resident belongings including clothing, dentures, eyeglasses, etc.</td>
<td>• Oxygen equipment</td>
<td></td>
<td></td>
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<tr>
<td>• Monitoring alarm systems including bed, chair, room and wandering alarms</td>
<td>• Non-reusable hip protectors</td>
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<tr>
<td>• Facility-owned equipment including Broda chairs, wheelchairs, walkers, sheepskins, slings, turning sheets, specialty mattresses, etc. (any equipment that is reusable from resident to resident)</td>
<td>• Post discharge charges to 3 days if bed is vacant</td>
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</tr>
<tr>
<td>• Specialized equipment deemed medically necessary by the care team for the resident, for example equipment for intravenous therapy, nutritional supplements, wound vac machine, catheter, catheter supplies etc.</td>
<td>• Specialized foot care provided by podiatrist/other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Wound care supplies</td>
<td>• Nutritional supplement supplies if not clinically indicated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INTENT:
To provide direction related to charges for access to night programs provided in special-care homes.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act

RELATED GUIDELINES:
6.2 Adult Day Program Charges

POLICY:
Charges for attendance in night programs in a special-care home shall include but not be limited to the requirements as directed by the Ministry of Health:

a) That night care program charges will be consistent with that charged for day program as identified policy 6.2 Adult Day Program Charges.
INTENT:
To assist residents of special-care homes to access income security benefits.

RELATED GUIDELINES:
Old Age Security Pension
Guaranteed Income Supplement
Canada Pension Plan (CPP) Retirement Pension
Veterans Affairs Canada
Saskatchewan Aids to Independent Living (SAIL)

POLICY:
Residents/responsible persons shall be provided with information to assist in accessing income security benefits and assistance programs.

Consideration shall be given to the following programs when assisting residents to access financial assistance and benefits:

a) Old Age Security (OAS):
   i. Guaranteed Income Supplement (GIS); and,
   ii. Seniors Income Plan (SIP).

b) Canada Pension Plan

c) Additional Resources and Assistance:
   i. Veteran’s Benefits;
   ii. Saskatchewan Assistance Plan;
   iii. Supplementary Health Services Coverage;
   iv. Saskatchewan Aids to Independent Living (SAIL) Benefits; and,
   v. Third Party Agency.

INFORMATION:

a) Old Age Security (OAS):

   The Old Age Security pension is a monthly payment available to most Canadians aged 65 or older. Seniors must apply to receive benefits. Application for Old Age Security benefits may be made six (6) months prior to an individual’s 65th birthday.

   i. Guaranteed Income Supplement (GIS):

      The Guaranteed Income Supplement (GIS) is a monthly benefit. GIS provides additional money, on top of the OAS, to low-income seniors living in Canada. To be eligible for the
GIS benefit, seniors must be receiving the Old Age Security pension and meet the income requirements.

Application must be made for the Guaranteed Income Supplement (GIS). The GIS can be re-applied for by filing your income tax return. In cases where a senior qualifies, as identified through the tax system for GIS, and has not applied an application will be sent inviting the senior to apply.

Married pensioners may apply for the single person’s GIS entitlement when it is necessary for the couple to live apart for reasons other than marital breakdown. For example: a married couple may apply for two single person’s GIS entitlements when one enters a special-care home and the other is still living at home; or a married couple may apply for two single person’s GIS entitlements when both are living in the same special-care home but occupying separate rooms (federal policy does not allow for the payment of two single person’s GIS entitlements when a married couple is sharing the same room in a special-care home).

- **Seniors Income Plan:**

  The Seniors Income Plan is intended to provide additional funds to senior citizens who have minimal income other than Federal Old Age Security and Guaranteed Income Supplement. Benefits are based on the amount of Guaranteed Income Supplement that an individual receives.

  Guaranteed Income Supplement recipients, whose incomes are below the designated levels, will automatically receive benefits under the Seniors Income Plan. This amount is included in the OAS/GIS payment.

  For additional information contact:

  Ministry of Social Services
  Seniors Income Plan (SIP)
  2nd Floor, 2125 Scarth Street
  REGINA SK S4P 2H8
  In Regina, call: (306) 787-2681
  Outside of Regina, call Toll-free: 1-800-667-7161

b) **Canada Pension Plan:**

  The Canada Pension Plan (CPP) is a monthly benefit for people who have contributed to CPP. Application may be made if:

  i. The person is at least 65; or,
  ii. Between 60 and 64 meeting the earning requirements as set out in the legislation.

  Application must be made to receive CPP.

  Additional information and applications forms for OAS, GIS and CPP are available by calling toll free 1-800-277-9914 or by accessing the website at http://www.esdc.gc.ca/en/cpp/oas/index.page

c) **Additional Assistance:**

  i. **Veterans Benefits:**
Veteran’s benefits through Veteran’s Affairs Canada are case specific.

If an individual identifies him/herself as a Veteran or believes that they have service that would qualify them for Veterans benefits, contact should be made with the nearest Veterans Affairs Canada District Office.

There is one Veterans Affairs Canada District Offices in Saskatchewan to serve client needs:

Regina District
108 - 1783 Hamilton Street
REGINA SK S4P 2B6
Telephone: 1-866-522-2122 (Toll-free)
Fax: (306) 780-5559 (Fax)

ii. Saskatchewan Assistance Plan (SAP):

The Ministry of Social Services provides financial and health benefits to families and individuals who lack the resources to meet their basic living requirements.

For additional information on the SAP call 1-866-221-5200.

iii. Supplementary Health Services Coverage:

Residents who are experiencing difficulty in covering the cost of health care services may be eligible for supplementary Health Services coverage provided they meet the following criteria:

− The resident is 65 years of age or older;
− The resident is receiving benefits from the Saskatchewan Income Plan; and,
− The resident is receiving Level 3 or 4 care in a special-care home.

This program provides coverage for non-insured health services for people nominated by the Ministry of Social Services. If the Ministry of Social Services assesses the resident as eligible for this assistance, Saskatchewan Health will cover certain services not normally covered e.g. dental services, drugs, medical supplies/appliances, optical services, chiropractic services and emergency medical transportation costs.

If a resident meets the above criteria, the Regional Health Authority or other special-care home official will complete a Health Coverage Advice form indicating a request for Supplementary Health Services coverage and submit it to:

Ministry of Social Services 1-306-787-2681 (Regina)
Seniors Income Plan 1-800-667-7161 (Toll Free)
2nd Floor, 2125 Scarth Street (306) 787-2134 (Fax)
REGINA SK S4P 2H8

The Health Coverage Advice forms are available in all regional health authorities, if this form is not available contact Seniors Income Plan, Ministry of Social Services in Regina at 787-2681 or outside of Regina, call toll-free: 1-800-667-7161

iv. Saskatchewan Aids to Independent Living (SAIL) Benefits:
This program facilitates the independence of persons with permanent physical disabilities and those with select chronic conditions. There is an extensive range of benefits but some are particularly relevant to institutional supportive services including home oxygen, and mobility devices through the Special Needs Equipment Program operated by the Saskatchewan Abilities Council.

For more information on SAIL benefits, refer to the following website at https://www.saskatchewan.ca/residents/health/accessing-health-care-services/health-services-for-people-with-disabilities/sail or contact:

Saskatchewan Health
Drug Plan and Extended Benefits
3475 Albert Street
REGINA SK S4S 6X6

Phone: (306) 787-7121

v. Third Party Agency:

In special circumstances, a third party agency may be obligated to provide for the full cost of care of a resident. Full cost of care means that the third party agency is covering all expenses incurred by the facility in maintaining the resident in institutional supportive care.
INTENT:

To ensure residents of special-care homes are accessing all options for coverage for prescription drugs.

LEGISLATIVE AUTHORITY:

The Regional Health Services Act

The Prescriptions Drugs Act

RELATED GUIDELINES:

Seniors’ Drug Plan

Drug Plan

Formulary Medications

Policy 6.10 Supply Charges

POLICY:

Resident cost for prescription drugs shall be in keeping with what is set out in the Saskatchewan Drug Plan and the Saskatchewan Seniors’ Drug Plan.

Regional health authorities shall support residents through pharmacy contracts that provide residents with the least possible additional charge for medication administration services.

Based on Policy 6.10 Supply Charges residents shall not pay for compliance packaging for medications.
INTENT:
To ensure residents personal belongings are documented consistently.

LEGISLATIVE AUTHORITY:
*The Regional Health Services Act*

POLICY:
The care and management of resident’s personal belongings that are kept in the special-care home shall include ensuring but not be limited to the following:

a) Establishment of a list of acceptable personal items that residents may keep in the special-care home that is shared on admission and that the resident or responsible person has signed acceptance of complying with this list;

b) Documentation of the residents personal items at time of admission and;

c) Significant personal belonging list (i.e. pants, shirts, jewellery, furniture, hearing aids and other items as requested by family) will be updated annually or when family identifies significant change;

d) Informing residents/responsible persons of the procedure for making changes to the list of personal items maintained at the special-care home;

e) Establishing who is responsible to maintain the list; and,

f) The personal belongings list being maintained as part of the residents permanent care record.
INTENT:
To ensure no one employed or receiving money for services is acting as power of attorney or property guardianship.

LEGISLATIVE AUTHORITY:

*Powers of Attorney Act, 2002*

*The Adult Guardianship and Co-decision-making Act*

POLICY:

No person shall act as a power of attorney if the person’s occupation or business involves providing personal care or health care services to the resident of the special-care home unless the court appoints such a person.

The following shall be considered when establishing a policy:

a) In those situations where the individual resident is deemed to be incompetent, it may be necessary to have a property guardian appointed. If there is an existing power of attorney then a property guardian is not required:

   i. For further information in this regard, inquiries should be directed to the office of the Public Guardian and Trustee at 100-1871 Smith Street, Regina, Saskatchewan, S4P 4W4, or telephone (306) 787-5424.

b) Power of Attorney and guardianship ceases on the death of the resident; and,

c) An official agreement between Social Development Canada and a special-care home to administer Old Age Security and/or Canada Pension Plan benefits for a specific resident is not in fact a Power of Attorney. Funds are simply in trust to cover the resident’s day-to-day expenses. In such cases:

   i. The trusteeship does not provide for access to the resident’s personal bank account or property;
   
   ii. An accounting of the handling of the pension benefit is required; and,
   
   iii. The trustee’s authority to act for the resident ceases with the death of the resident.
INTENT:
To ensure requirements are identified when research and education are conducted within the special-care home.

POLICY:
When research or education will be conducted within the special-care home requirements shall include but not be limited to:

a) Having a written signed agreement or letter of understanding with the outside agency requesting to conduct research or provide educational opportunities;

b) The signed agreement between the outside agency and/or organizations (e.g. medical/nursing colleges, etc.) will define areas of responsibility of the persons/organization and its personnel, as well as areas of responsibility of the special-care home and its staff;

c) An agreement that details privacy requirements;

d) Educational agreements where the special-care home is to be a clinical site shall include but not be limited to:
   i. The orientation plan for students including the staff safety program;
   ii. The supervisory responsibilities of those in charge of the clinical placements;
   iii. Written details of procedures the students will be expected and allowed to perform; and,
   iv. The process for documentation on the care record.

e) The process to ensure the resident/responsible person is advised of their right to choose whether or not to participate in such programs at the time of requesting their consent including the process to document consent or denial; and,

f) The resident/responsible person must have the option to review their decision at any time.
INTENT:
To ensure resident’s petty cash entrusted to the special-care home is administered safely and consistently.

LEGISLATIVE AUTHORITY:
*The Regional Health Services Act*

POLICY:
Where a special-care home accepts the responsibility of having resident’s petty cash entrusted to their facility, it shall be directed and administered consistently including ensuring:

a) All cash is deposited in a safe and secure location in the facility and is designated as resident’s petty cash;

b) The Region or special-care home is to hold liability insurance; if liability insurance does not cover losses relating to special-care home staff members’ dealings with trust accounts, then staff members are to be bonded;

c) Each withdrawal is initialed either by the resident, or by the payee requesting the money (e.g. foot care nurse, hairdresser, etc.) If the payee is not the resident, a receipt is required. The receipt is stapled to the record of transactions;

d) The record of transactions and the receipts are available for review by the resident, Power of Attorney for property, or other person designated by the resident;

e) The facility must reconcile all petty cash balances per the resident’s ledger on a minimum of a monthly basis. Any shortage identified must be made up by the facility;

f) The petty cash account is audited annually and reported as a part of the audited financial statement with respect to the operations of the home;

g) Any returns, reports and information requested by the Ministry of Health shall be provided respecting the operation of the petty cash account that the Minister may require;

h) Upon admission, residents are informed on how petty cash account is managed;

i) All records and documentation pertaining to the general resident petty cash is kept on file for at least seven years.
**INTENT:**
To ensure all resident’s valuables including bonds, documents and petty cash entrusted to the special-care home for safekeeping are administered safely and consistently.

**LEGISLATIVE AUTHORITY:**
*The Regional Health Services Act*

**POLICY:**
Where facilities provide safekeeping of resident’s valuables including but not limited to bonds, documents and petty cash the facility shall ensure the safety and security of these items including but not limited to ensuring:

a) The amount of cash and type of valuables that may be kept in safekeeping is established;
b) A secure place is designated for safekeeping;
c) Accurate records of all items in safekeeping are maintained;
d) The procedure for residents/responsible persons to access items in safekeeping is established;
e) Residents/responsible persons are made aware of this policy on admission; and,
f) Residents sign when valuables are removed.
INTENT:

To assist the administrator of a special-care home who may act as a trustee, when receiving cash for the purpose of incurred charges and comfort funds, on behalf of a resident.

LEGISLATIVE AUTHORITY:

The Regional Health Services Act

The Housing and Special-care Homes Regulations

Adult Guardianship and Co-decision Making Act

The Powers of Attorney Act, 2002

POLICY:

A special-care home accepts the responsibility of trusteeship when receiving cash on behalf of a resident for the purpose of the monthly resident fee, other incurred charges and comfort funds from Public Guardian, Old Age Security (OAS), Aboriginal Affairs Northern Development Canada (AANDC), or Social Services (SAID). These funds shall be directed and administered consistently ensuring:

a) All cash is deposited in a banking institution and the account is designated a trust account;

b) An arrangement between Public Guardian, OAS, AANDC, or Social Services (SAID) and a special-care home to administer benefits for a specific resident is not in fact a Power of Attorney. Funds are simply in trust to cover the resident’s day-to-day expenses. The difference between a trustee, Power of Attorney and Personal or Property Guardian is described below:

• A Trustee is an individual person or member of a board given control or powers of administration of another person’s property in trust with a legal obligation to administer it solely for the purposes specified.

• A Power of Attorney is a legal document where one person gives another person the authority to act on his or her behalf respecting specified personal, property or financial matters; Special-care homes are not eligible to be appointed as Powers of Attorney for residents.

• A Personal or Property Guardian is appointed in a case where a person is lacking capacity to appoint a Power of Attorney. A Personal Guardian has authority to make certain specified personal decisions, for example, decisions relating to where the person will reside, on behalf of the person. A Property Guardian has authority to make certain specified property decisions relating to the person’s estate on behalf of the person. Special-care homes are not eligible to be appointed as Personal or Property Guardians for residents.
c) The trusteehip does not provide authority to the trustee to access the resident’s personal bank account or property except for the purposes as directed by the resident;

d) Receipts are provided to the resident/responsible person;

e) The Region or special-care home is to hold liability insurance; if liability insurance does not cover losses relating to special-care home staff members’ dealings with trust accounts, then staff members are to be bonded;

f) An accounting of the handling of the monies is required;

g) The trust account is maintained in accordance with good accounting practices;

h) The trust account is audited annually and reported as a part of the audited financial statement with respect to the operations of the home;

i) Any returns, reports and information requested by the Ministry of Health shall be provided respecting the operation of the trust account that the Minister may require;

j) The disclosure of the status of the trust account on the written request of the resident/responsible person shall be provided;

k) The trustee’s authority to act for the resident ceases upon death of the resident;

l) A procedure to deal with the payment of interest on resident trust account funds is established;

m) Upon admission, resident/responsible person is informed on how trust account is managed;

n) All records and documentation pertaining to the general resident trust account is kept on file for at least seven years;

o) Residents or their POA/Guardian sign for all cash received by the trustee on behalf of the resident.
INTENT:
To ensure a standardized assessment is completed for all residents of special-care homes.

RELATED GUIDELINES:
Resident Assessment Instrument (RAI) MDS 2.0 User’s Manual

POLICY:
The requirements directing the use of a standardized assessment tool shall include but not be limited to:

a) To complete an assessment for each resident of a special-care home using an assessment tool that is approved by the Ministry of Health;

b) To implement Resident Assessment Instrument (RAI) Minimum Data Set (MDS), the standardized assessment tool for special-care homes as approved by the Ministry of Health; and,

c) To provide all personnel of special-care homes training in the implementation of the standard assessment tool.
INTENT:
To ensure a standardized re-assessment procedure for residents in special-care homes.

RELATED GUIDELINES:
Resident Assessment Instrument Minimum Data Set (RAI MDS) 2.0 User’s Manual
Policy 1.4 Care Standards

POLICY:
The requirements for the re-assessments of residents of special-care homes shall include but not be limited to:

a) Completion of the RAI MDS 2.0 quarterly assessment for each resident of a special-care home every 92 days in accordance with the Policy Timeline Standards for Completion of MDS Assessments;

b) Completion of an annual re-assessment in accordance with the policy “Timeline Standards for Completion of MDS Assessments; and

c) Completion of a full re-assessment where there has been a significant change in the status of a resident that exceeds 14 days. Significant change can be defined as not self-limiting, impacts on more than one area of the residents’ health status, and requires a significant change in the care plan. Significant change is defined in the MDS User’s Manual.

d) Quarterly Assessment Report due dates will be reset from the date of completion of the new MDS assessment.
INTENT:
To provide direction regarding the use of the Resident Assessment Instrument Minimum Data Set (RAI MDS) assessment outputs in providing evidenced-based quality resident care.

RELATED GUIDELINES:

CIHI Resources: Using the RAI 2.0 Outputs for Care RAI 2.0 and Education Materials, self-learning modules and on-line resources.

Policy 1.4 Care Standards
Policy 15.5 Resident Care Plans

POLICY:
The requirements directing the use of the RAI MDS assessment outputs shall include but not be limited to the use of:

a) Clinical Assessment Protocols (CAPS) for developing individual resident centered care plans and to support clinical practice;

b) Output Measurement Scales (OMSs) for developing individual resident centered care planning, measuring trends of care over time, tracking progress on quality of care initiatives; and,

c) Quality Indicators (QIs) for identifying potential quality resident care issues, developing and tracking performance of quality of care initiatives, monitoring resident care and improving quality.
INTENT:
The intent of this policy is to provide direction regarding the completion of full MDS.

RELATED GUIDELINES:
Minimum Data Set User’s Manual

POLICY:
Completion of full MDS assessments as required by the Ministry of Health shall include but not be limited to:

a) Completion of a full MDS assessment under the following circumstances:
   i. Long-term Care Admission: All residents admitted for the purpose of long-term care;
   ii. Respite: If admission is expected to exceed 14 days;
   iii. Palliative: If admission is expected to exceed 14 days;
   iv. Convalescence: If admission is expected to exceed 14 days; and,
   v. Significant change in resident status: If there is significant change in resident status and is expected to exceed 14 days (“Significant Change” is defined in the MDS User’s Manual).
INTENT:
To provide direction regarding the authentication of resident assessment data.

RELATED GUIDELINES:
Policy 16.1 Charting Requirements/Master Signature List

POLICY:
Authentication of resident assessment data shall include but not be limited to:

a) The requirement to have the resident assessment data authenticated by the assessors who have completed the assessment;

b) The assessor is responsible to:
   i. Authenticate each section or item they have assessed by generating a paper copy and signing using a full signature or by initialling the item/section that has been completed and/or ensuring the electronic copy is electronically signed by the assessor. If initials are being used, it must be verifiable on the master signature list.

c) The authenticated assessment will be part of the resident care record.
INTENT:
The intent of this policy is to provide regional health authorities with direction regarding the locking and unlocking of resident assessment data to ensure data quality and integrity.

POLICY:
Locking and unlocking of resident assessment data shall include requirements to:
a) Lock the MDS assessment on Day 14 in compliance with the Ministry of Health timeframes; and,
b) Authorize individuals that may unlock the MDS assessment and make changes.
INTENT:
To provide direction regarding resident and facility numbers used for MDS.

POLICY:
The designated numbers as used in the implementation of MDS include:

a) **Resident Number**: Saskatchewan Health Services Number will be used as the resident identifier on all MDS forms;

b) **Facility Number**: Ministry of Health facility numbers (effective April 1, 2012) will be used as the facility identifier on all MDS forms; and,
INTENT:

The intent of this policy is to ensure regional health authorities provide direction regarding the retention of Minimum Data Set (MDS) assessment forms.

RELATED GUIDELINES:

Policy 16.3 Retention of Records

POLICY:

Current electronic MDS documentation is retained on the resident care record based on the guidelines for retention contained in the policy “Retention, Storage and Destruction of Records”, at minimum or as directed by region policy.
INTENT:
To provide direction regarding the timeline standards for MDS.

POLICY:
Standard timelines for MDS assessments as directed by the Ministry of Health shall include:

a) The following standard timelines shall be followed when completing MDS assessments:

i. **Day 0**  
   Admission Day

ii. **Day 1-7**  
   7-day Assessment Period

iii. **Day 7**  
   Assessment Reference Date

iv. **Day 8-14**  
   Data Entry Complete

v. **Day 14**  
   Assessment Information Locked

vi. **Day 15-21**  
   Care Plan Completed Utilizing Resident Assessment Protocols (CAPs) information

vii. **Day 21**  
   Assessment Completed and Verified
   - Full assessments are to be completed every 365 days
   - Quarterly assessments are to be completed every 92 days.
INTENT:
To ensure residents of special-care homes have access to diagnostic services including laboratory and radiological services.

RELATED GUIDELINES:
Policy 4.10 Communication Processes for Residents Entering Leaving and Returning to the Facility.

POLICY:
Access to diagnostic services to meet the needs of the residents of the special-care home shall include but not be limited to:

a) The identification of the procedure for accessing these services;

b) The identification of the method of transportation if the service is offered off site and who will cover the costs of transporting the resident;

c) The guidelines to determine if the resident must be accompanied to the service area and if they require a care provider to ensure their care and safety while out of the facility. The ordering physician/nurse practitioner or nurse in charge will determine the need for a care provider to accompany the resident; and,

d) The process to contact family or other responsible persons based on the resident’s preference to inform them of the diagnostics and to provide the option of attending with the resident.

e) Communication Plan related to transfer as per Policy 4.10 Communication Processes for Residents Entering Leaving and Returning to the Facility
INTENT:
To ensure that all residents of special-care homes have access to a physician and/or registered nurse (nurse practitioner) for the provision of medical care and treatment.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act
The Housing and Special-Care Homes Regulations

RELATED GUIDELINES:
Communicable Disease Control Manual

POLICY:
All residents shall have access to care and treatment provided by a physician or registered nurse practitioner [(RN(NP)] and a physician or RNNP shall be on call at all times for emergency care.

a) A physician shall be designated for the provision of medical care and treatment for all residents by:
   i. The resident or responsible person and if this fails; then
   ii. The organization responsible for the care.

b) An examination by the physician or RN(NP) must be completed and documented:
   i. On admission;
   ii. Where a nursing assessment indicates that the resident’s condition requires attention by a physician or RN(NP); and,
   iii. But not less than once every year.

c) Regional Health Authorities will ensure there is a physician responsible for the care and treatment of the resident/s of the special-care home. This will include but not be limited to:
   i. The arrangement for a physician or RN(NP) to be on call and available to receive calls at all times;
   ii. The examination on admission and not less than once each year shall be a comprehensive assessment specific to the resident’s age and medical condition, and that the results of this examination be documented on the resident care record;
   iii. The inclusion of the physician or RN(NP) as part of the care team in the annual care conference;
iv. The completion of a medication review in collaboration with the pharmacist every three months or more frequently based on the resident assessment;

v. The requirement that the physician or RN(NP) provide notifications as required related to communicable disease outbreaks, participate in critical incident reporting and reviews and investigations and any other regulatory reporting requirements affecting the care of residents in the special-care home;

vi. The requirement that the physician or RN(NP) perform only treatments and/or procedures approved by the special-care home in the special-care home; within the policies of the special-care home and compatible with the competencies of the attending staff.

vii. The requirement of the physician or RN(NP) to notify the special-care home when not available to attend to the resident/s and indicate the name and contact information of the physician or their designate that will take over the care in the interim; and,

viii. The requirement that the agreements be reviewed with physicians or RN(NP) annually or as requested by the organization or the physician and/or RN(NP).
INTENT:

To ensure residents of special-care homes are offered the services of other health professionals (such as dentist, chiropractors etc.) not covered under the Ministry of Health or partially covered by the Ministry of Health.

RELATED GUIDELINES:

Policy 4.10 Communication Processes for Residents Entering Leaving and Returning to the Facility

POLICY:

Residents of special-care homes shall be provided the opportunity to receive the services of other health professionals not covered by the Ministry of Health or partially covered by the Ministry of Health through:

a) Advising residents/responsible persons that other health professional services are available;

b) Informing residents/responsible persons of the process for referral to other health professional services not covered or partially covered by Saskatchewan Health;

c) Identifying the process for travelling to other health professional services not covered or partially covered by Saskatchewan Health, detailing who is responsible to transfer the resident;

d) Informing residents/responsible persons that the resident is responsible for all uninsured costs of the service and the actual cost of any special requirements, modifications or treatments; and,

e) Informing residents/responsible persons of other health professional service options when requested or when indicated on the client assessment.
INTENT:
To ensure all residents are provided access to the services of a social worker or other professional to assist with psycho-social and/or financial challenges.

LEGISLATIVE AUTHORITY:

*The Mental Health Services Act*

*The Regional Health Services Act*

POLICY:
Residents/responsible persons of the special-care homes shall have access to a social worker or other professional to assist with psychological, social and/or financial needs as indicated through the admission process or the resident assessment.
INTENT:
To ensure all residents have access to therapy services.

RELATED GUIDELINES:
Policy 10.4 Other Health Professional Services
Policy 4.10 Communication Processes for Residents Entering Leaving and Returning to the Facility
Saskatchewan College of Physical Therapists
Saskatchewan Society of Occupational Therapists
Saskatchewan Association of Speech-Language Pathologists and Audiologists
Saskatchewan College of Respiratory Therapists

POLICY:
Access to therapy services shall include but are not limited to:

a) Physical therapy, occupational therapy, respiratory therapy and speech language pathology. These services are public services and are covered on an assessed need, for all Saskatchewan residents holding Saskatchewan Health coverage.

b) Therapy services are consistent with current effective practice guidelines;

c) Based on need identified during the assessment process;

d) Provision of recommendations as indicated on the individual resident care plan; and,

e) In accordance with the therapy services provided in the facility.

Where residents request access to therapy services not provided in the facility, they shall be assisted in accessing these services through:

a) Informing residents/responsible persons of the process for accessing therapy services not provided in their facility. Private clinics that have contracts with Saskatchewan health regions typically provide a limited number of visits. These services can include assessment, intervention, consultation, prevention and education, and;

b) Identifying the process for travelling to access therapy services not provided in their facility;

c) Informing residents/responsible persons that the resident is responsible for all uninsured costs of the service;

d) Where residents leave the facility to access therapy services refer to Policy 4.10 Communication Processes for Residents Entering Leaving and Returning to the Facility.
INTENT:
To establish a formal process to address issues identified by staff related to resident care and safety in the Special-care home. This process is often referred to as Staff Meetings.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act

RELATED GUIDELINES (LINKS):
Policy 12.3 Resident/Family Council

POLICY:
A formal process shall be established to address issues related to resident care and safety in the home and shall include, but not be limited to:

a) Membership or representation of all regulated and non-regulated care staff in the home;
b) Avenue of communication with management and/or the board; and,
c) A plan to communicate progress on addressing concerns with those identifying concerns.
**INTENT:**

To identify the specialty practice procedures and RN clinical protocols that will be provided in the special-care home.

**RELATED GUIDELINES:**

Policy 10.3 Physician Services  
Policy 11.4 Regulated Nurses  
SRNA – The Registered Nurse Scope of Practice  
Saskatchewan Association of Licensed Practical Nurses  
Registered Psychiatric Nurses Association of Saskatchewan

**POLICY:**

The specialty practice procedures and RN clinical protocols that will be offered in the special-care home shall be identified in accordance with the criteria developed by the Saskatchewan Registered Nurses Association (SRNA); Registered Psychiatric Nurses Association (RPNAS) and the Saskatchewan Association of Licensed Practical Nurses (SALPN) and shall include:

a) Specialty practice procedures and RN clinical protocols will be provided to meet the resident’s needs within the staffing mix and competence of staff employed in the special-care home:

   i. Regulated health care providers expected to carry out specific approved specialty practice procedures are trained and competent to safely perform the procedures;
   
   ii. Equipment and supplies to safely and effectively carry out the specialty practice procedures and RN clinical protocols identified will be available;
   
   iii. The process for physicians and other health care professionals to request new RN clinical protocols to be considered and incorporated;
   
   iv. There must be a protocol to ensure all relevant staff is aware of the specialty practice procedures and RN clinical protocols that have been approved;
   
   v. There must be a process to ensure that staff trained in specialty practice procedures and RN clinical protocols but have not performed these procedures for some time, achieve competency in the procedure and protocols prior to performing it.
   
   vi. The process that will be established to evaluate the specialty practice procedures and RN clinical protocols are approved, and the approval process, must be documented.
INTENT:
To ensure the requirements are established to allow residents/responsible persons to hire private care while a permanent or temporary placement in the special-care home.

POLICY:
The responsibilities of the special-care home and of the resident/responsible person shall be identified where private care is desired and shall include but not be limited to:

a) The signing of an agreement indicating who is responsible for the payment of the service;

b) The administrator or designates must work with the resident/responsible person to ensure the privately hired care meets both the resident and the special-care home’s needs;

c) Ensuring the privately hired care provider* be advised of, and agree to comply with all policies and procedures of the home including reporting and charting requirements and the administration of medication;

d) Ensuring the privately hired care provider is provided an orientation including the safety program and the safe operation of equipment that the privately hired care provider will be required to use;

e) Establish how privately hired care insurance is ensured including workers compensation coverage;

f) Providing assistance to the privately hired care provider as needed to ensure the care is resident directed/client centred with quality outcomes;

g) That the privately hired care provider is responsible to the resident/responsible person, administrator or designate and the resident’s physician;

h) Establishing a detailed documentation of all functions that the privately hired care provider will perform;

i) The administrator of the Special-care home must ensure that private care providers are following proper standards of care and that private care providers are complying with the policies and procedures of the home; and,

j) If there is lack of compliance with facility policies and procedures, the administrator, in collaboration with the resident/most responsible person has the right to cancel the private care giver.

k) That all regulated health care providers provide proof of current practicing membership with the Saskatchewan Association of Licensed Practical Nurses, the Saskatchewan Registered Nurses’ Association or the Saskatchewan Psychiatric Nurses’ Association as appropriate and work within the practice standards of the profession.

* Privately hired care provider – may be a regulated or unregulated health care provider.
INTENT:

To provide support and direction to regulated nurses.

RELATED GUIDELINES:

Policy 10.2 Nurse Practitioners  
Policy 10.3 Physician Services  
[Saskatchewan Registered Nurses Association](#)  
[Registered Psychiatric Nurses Association of Saskatchewan](#)  
[Saskatchewan Association of Licensed Practical Nurses](#)

POLICY:

Regulated nurses shall work within their practice statements, competencies and conduct as directed by their professional associations and governing legislation and all provision of care will be provided under the supervision of the resident’s physician and/or registered nurse (nurse practitioner) including:

a) The recognition that the safety of residents and staff, quality outcomes and quality of life of residents must be priority when providing care;

b) The expectation that regulated nurses including Registered Nurses, Registered Psychiatric Nurses and Licensed Practical Nurses will be supported to work within their practice statements, competencies and conduct as directed by their professional associations and governing legislation;

c) Registered Nursing staff must provide proof of license to practice, on commencement of employment and annually thereafter;

d) The expectation that regulated nurses will have access to additional training and education to ensure they maintain competency in all areas of responsibility; and,

e) The recognition that regulated nurses will provide resident centred care under the supervision of the resident’s physician and/or registered nurse (nurse practitioner).
**INTENT:**
To provide new, inexperienced and transferred employees with information and training related to their roles in a special-care home that will support safe and competent work in the provision of quality resident centred care.

**POLICY:**
New, inexperienced and/or transferred employees shall receive orientation to the special-care home and the duties expected including but not limited to:

a) Orientation, including documentation that all employees have a working knowledge of the Ministry of Health’s *Program Guidelines for Special-care Homes*, and the location of the guidelines.

b) Orientation, that is specific to the job descriptions and addresses all relevant areas are addressed;

c) A detailed outline for each area of orientation, both general and job specific;

d) The time allotted to provide the orientation;

e) Orientation over a period of time, allowing employees to benefit from the information provided;

f) The verification that employees understand and can apply the information provided;

g) The requirement that the orientation is documented and kept on file. Documentation includes but is not limited to:

i. Date and time of orientation sessions;

ii. Place;

iii. Topic and brief overview;

iv. Name of instructor or session facilitator;

v. Length of program; and,

vi. List of employees that have successful completion.

h) The requirement that all employees will have successfully completed the orientation program prior to working independently; and,

i) The identification of a plan to review and revise the orientation programs on a regular basis or whenever there is a change in circumstances.
INTENT:
To ensure the provision of on-going education and training for all employees following successful completion of the orientation program.

LEGISLATIVE AUTHORITY:
None

RELATED GUIDELINES (LINKS):
Policy 11.5 Staff Orientation

POLICY:
All staff of the special-care home shall receive on-going education and training including but not limited to:

a) The goals and objectives of the regional health authority and the special-care home;

b) Staff development programs that support the scope of practice and required competencies of all staff;

c) Staff development programs based on best practice guidelines;

d) A method that will verify that employees understand and are applying the information provided;

e) The documentation of education and training attended by staff including but is not limited to:

   i. Date and time of session;
   ii. Place;
   iii. Topic and brief overview;
   iv. Name of instructor or session facilitator;
   v. Length of program;
   vi. List of staff that have successfully completed programs; and, 
   vii. Additional requirements as regulated including certifications.

f) Programs that are reviewed and revised on a regular basis or whenever there is a change in circumstances.
INTENT:
To provide a collaborative staffing approach to support resident family centred quality care utilizing regulated health care providers and unregulated health care providers.

POLICY:
The provision of nursing and personal care may be provided with a staff mix of regulated health care providers including registered nurses, registered psychiatric nurses and licensed practical nurses and continuing care aids/special-care aids (CCA/SCA) to ensure the provision of quality resident centred care that meets the assessed care needs of the residents, within regulatory requirements including but not limited to:

a) The expectation that quality outcomes, quality of care needs and the quality of life needs of residents be considered the priority when staffing;

b) The employment of one full time registered nurse (RN) or registered psychiatric nurse (RPN);

c) Ensuring the scope of practice and competencies of the RN or RPN are appropriate to safely direct the resident care needs;

d) Ensure nursing care is provided by a RN or RPN on a 24-hour basis, if not on-site available on call;

e) The expectation that professional nurses including registered nurse - nurse practitioners, registered nurses, registered psychiatric nurses and licensed practical nurses will work within their practice statements, competencies and conduct as directed by their professional associations and governing legislation;

f) The expectation that CCAs/SCAs are appropriately trained and work under the supervision of a professional nurse that is competent to supervise staff;

g) The incorporation of a process to establish and implement a procedure to determine the safest and most effective staffing mix of health care providers to meet the needs of the residents; and,

h) The plan to change staffing mix as needed based on the resident’s needs, the evaluation process and/or the competence of the staff.
INTENT:
To provide support and supervision to continuing care aides/special-care aides.

POLICY:
Continuing care aides/special-care aides (CCA/SCA) shall but not be limited to:

a) Understand that safety of residents and staff, quality resident outcomes and quality of life
must be priority when providing care;

b) Work under the supervision of a regulated health care provider that is competent in
supervising staff;

c) Work within detailed job descriptions;

d) As a new hire complete a training program recognized by the Ministry of Health within two
years of initial employment. In the interim, must have the skills to perform the tasks; and,

e) Be provided additional training and education to ensure they are competent in all areas of
responsibility as identified with the job description.
INTENT:
To ensure all residents are provided with access to recreational services within the special-care home.

POLICY:
A recreation program shall be established and maintained within the special-care home including but not be limited to the requirement:

a) To establish and maintain a program through consultation with the residents/responsible persons that is designed to meet the social and recreational needs, interests and capabilities of each resident and that such activities serve to enhance the quality of each resident’s life;

b) To designate a staff member or staff members responsible for planning, coordinating and evaluating the recreation program within the special-care home;

c) To provide adequate space for the recreation program in the special-care home that is accessible to all residents and is available to resident’s at all reasonable times;

d) To document the recreation activities and preferences as part of the resident care plan;

e) To provide families and other community members the opportunity to participate with the residents; and,

f) To evaluate the program on a routine basis but at least annually to ensure it is a resident centred program that is considering the individual needs of the residents.
INTENT:
To provide information to assist in the preparation of a resident information handbook.

POLICY:
Detailed written information should be available to prospective residents, their families or responsible person, and the public about the special-care home and the services provided.

The following outline is provided to assist in developing an information handbook for a special-care home. This material is intended as a guide only and may be used in its entirety or in part and modified to suit the unique needs of each special-care home.

a) Introduction:
   i. Name of Special-care Home.
   ii. Address.
   iii. Telephone number: Day ____ Night ____
   iv. Hours during which business office is open.
   v. Type of service provided.
   vi. Number of resident beds (long-term care beds and respite beds).
   vii. Philosophy of the special-care home.
   viii. Objectives of the special-care home.
   ix. Resident rights and responsibilities.
   x. Layout of the special-care home and surrounding area.

b) Assessment/Admission Process:
   i. How to access the assessment/placement process?
   ii. Who does the assessment?
   iii. Is there a priority list for admission to the special-care home?
   iv. How are waiting lists and transfer lists addressed?
   v. Is a recent medical examination of the resident required?
   vi. Do residents sign an admission agreement?
   vii. If consent for treatment is required, how is consent obtained?
   viii. Advanced Directives/Living Wills and Do-Not-Resuscitate policies.
   ix. Admission/discharge policies relating to specialized care units in the special-care home?

c) Financial Arrangements:
   i. Does the special-care home require the signing of an agreement or is this part of the admission agreement?
   ii. Resident charges per month
   iii. How are the charges determined?
   iv. What does the resident income-tested charge cover?
v. Resident charges per day.
vi. Personal expenses a resident might incur.
vii. Monthly statements and bills.
viii. Policy regarding charges post-discharge of the resident.
ix. Refund policy.
x. Required notice if resident chooses to leave the home.
xi. To whom and when do residents give notice if planning to be away from the special-care home for a short time?

d) Resident Rooms:
   i. Type of accommodation.
   ii. Furnishings provided.
   iii. Personal furnishings permitted.
   iv. Personal television permitted.
   v. Is there cable TV?
   viii. Private telephone permitted.
   ix. Location and wheelchair accessibility of public telephones?
   x. Room lighting.
   xi. Accessibility of public rooms.

e) Personal Belongings:
   i. Are residents encouraged to bring personal belongings to the home?
   ii. Identification of personal belongings allowed.
   iii. Insuring personal belongings.
   iv. Safekeeping for valuables.

f) Staff:
   i. Who is in the resident’s care team, identification of staffing mix?
   ii. Contact information, where families wish to inquire about family member.
   iii. How are staff members to be addressed?
   iv. Language spoken by staff that provides direct care to residents:
   v. English _______French _______Other (give details) _______

g) Resident Care Issues:
   i. When do residents rise for the day? When do they retire for the night? What are the choices provided to suit resident preferences?
   ii. Managing medications.
   iii. Can residents retain medication in their rooms?
   iv. Use of chemical/physical restraints.
   v. Managing wandering behaviours.
   vi. Tuberculin testing of residents.
   vii. Availability of immunization.
   viii. Special-care home arrangements to provide:
      - Pharmacy Services
– Laboratory Services
– Hairdressing Services
– Barbering Services
– Chiropody Services
– Dental Services and other professional services not covered or partially covered
– Therapy Services
– Social Services
– Respite Care
– Adult Day Programs
– Night Program
– Palliative Care
– Laundry of personal clothing (including ironing & mending)
– Other ________

h) Medical/Emergency Services:
   i. May the resident retain his/her own physician?
   ii. Is a physician on call/available 24 hours a day for emergencies?
   iii. What arrangements are in place, should an immediate transfer to hospital be required?
   iv. Ambulance services (including responsibility for charges).

i) Food Services:
   i. Normal meal times and number of sittings.
   ii. Snacks.
   iii. Special diets.
   iv. Food allergies, how are these addressed?
   v. Resident food preferences.
   vi. Are visitors able to stay for meals? If yes, what is the charge?
   vii. Who is responsible for the cost of nutritional supplements when the sole source of nutrition? When used as a dietary supplement?
   viii. What is the policy on bringing food into the home for a resident(s)?

j) Religious Services:
   i. What religious services/pastoral care services are available within the special-care home?
   ii. When are services normally held?

k) If the special-care home is operated under sectarian auspices, how are clergy of other faiths to visit residents and conduct religious services?

l) Visitors:
   i. Visiting hours.
   ii. Are children encouraged to visit?
   iii. Are pets permitted?
   iv. Is there privacy for visits?
m) Activity/Recreation Program:
   i. Indicate when the activity coordinator is normally available in the special-care home.
   ii. Briefly describe the activity program.
   iii. Is there involvement of family/friends/community in the activity/recreation program?
   iv. How are special occasions observed e.g. birthdays?
   v. Is there a Resident Interest Group?

n) Library Services and Reading/Video Materials:
   i. Does the special-care home have a library?
   ii. Is there a library service available?
   iii. Are daily and/or local newspapers available?

o) Mail Service:
   i. What is the procedure for sending and receiving personal mail?

p) Transportation:
   i. Is transportation provided for residents? Types (e.g. wheelchair accessible buses)? Is there a charge?
   ii. Is the special-care home readily accessible by bus?
   iii. Are sidewalks and streets near the special-care home suitable for walks and wheelchair use?

q) Alcoholic Beverages:
   i. Are alcoholic beverages allowed in the special-care home?
   ii. If so, on what basis?

r) Smoking in the Special-care Home:
   i. Is smoking permitted?
   ii. If so, where?

s) Fire Safety:
   i. Frequency of instruction on fire drills for residents and staff?

 t) Safety Programs:
   i. Occupational Health and Safety requirements (e.g. the use of mechanical lifts)
   ii. Is there an exit alarm system in place and functioning?

u) Volunteers:
   i. What services do volunteers provide?

 v) Family Support Group:
   i. Is there a Family Support Group?
   ii. What is the mandate of the Group?
   iii. How often do they meet?
w) Process for Addressing Resident/Family Concerns:
   i. What is the process for addressing resident/family concerns?
   ii. What is the process for accessing the Regional Health Authority Quality of Care Coordinator?
   iii. If unsuccessful, individuals have the option to contact the Provincial Ombudsman Office at:
       Regina Office 150 – 2401 Saskatchewan Drive Regina, SK S4P 4H8
       Tel (306) 787-6211 Toll free 1-800-667-7180 Fax (306) 787-9090

       Saskatoon Office 315 – 25th Street East Saskatoon, SK S7K 2H6
       Tel (306) 933-5500 Toll Free 1-800-667-9787 Fax (306) 933-8406

       Online https://www.ombudsman.sk.ca
INTENT:
To ensure residents of special-care homes have a voice in the operation and activities of the home.

POLICY:
All special-care homes shall establish and maintain a resident and/or family council including but not limited to:

a) A commitment to ensure on-going support is provided by the organization;

b) Establishment of a terms of reference including but not limited to:
   i. Purpose of Council;
   ii. Mandate;
   iii. Reporting procedure with management and Board;
   iv. Membership;
   v. Duties and Responsibilities of Members; and,
   vi. Meeting Frequency and Time.

c) A commitment indicating that all recommendations from the council will be given consideration by the organization; and,

d) Responses to all recommendations will be provided to the resident and/or family council.
INTENT:

To provide residents of special-care homes access to loaned and cost sharing equipment and programs through the Saskatchewan Aids to Independent Living (SAIL) Program.

RELATED GUIDELINES:

Saskatchewan Aids to Independent Living (SAIL)

POLICY:

The organization shall ensure all qualifying residents of special-care homes have access to SAIL equipment, services and other programs.

Information regarding the Saskatchewan Aids to Independent Living can be found on the web site at the link above or by contacting the program directly at:

    SAIL Program
    T.C. Douglas Building
    3475 Albert Street
    REGINA SK  S4S 6X6
    Telephone: (306) 787-7121
INTENT:
To ensure all residents are provided with assistance in accessing spiritual and cultural services.

LEGISLATIVE AUTHORITY:
The Saskatchewan Human Rights Code

POLICY:
All residents shall be supported in accessing spiritual and cultural services of their preference either within the home or by utilizing community resources, including but not limited to:

a) Recognizing a resident’s spiritual and cultural observances, practices and affiliations while also respecting the rights of other residents;

b) Respecting resident preference for participation in spiritual and cultural services in the special-care home or in the community and ensuring this is documented in the care plan;

c) Recognizing that resident attendance at spiritual and cultural services is voluntary;

d) Utilizing space within the special-care home for spiritual and cultural services, should space be available and be conducive to worship, with the ability to be free from interruptions; and,

e) Offering residents assistance with accessing spiritual and cultural services of choice.
INTENT:
To encourage the incorporation of volunteer services into the special-care home.

POLICY:
Where a volunteer services program is incorporated into the special-care home that program shall include but not be limited to assigning a staff member responsibility to:

a) Develop and co-ordinate the volunteer program within the home;

b) Ensure the orientation/training of volunteers;

c) Establish a mechanism to screen volunteers. The level of screening should be dependent on the volunteer’s role in the facility and the level of contact with residents.

d) Ensure the scope of volunteer activities within the special-care home are defined;

e) Establish objectives in harmony with the special-care home’s objectives;

f) Liaise with residents/responsible persons, staff, community, volunteers, and management; and,

g) Ensure that steps have been taken to develop policies regarding the legal liability, insurance protection, and expenses related to volunteer services.
INTENT:
To support the safety of residents with dysphagia while dining.

POLICY:
A resident specific safe diet and dining assistance instructions shall be provided for residents with dysphagia including but not be limited to:

a) An assessment by a Speech Language Pathologist or other health professional that has completed specialized training in dysphagia assessment. This assessment shall be completed in a timely manner based on client need and include the identification of the appropriate diet and dining assistance; and,

b) Staff training and education related to appropriate diet, positioning and other techniques as documented by the health professional.
INTENT:
To ensure that the dining experience is resident centred, nutritional, social and emotionally supportive.

POLICY:
The dining experience for residents shall be resident centred, nutritional, social and emotionally supportive including but not be limited to:

Environmental requirements that provide:

a) A dining room that is clean, quiet and relaxing promoting a positive dining experience;

b) A dining room that is specific to activities that contribute to a positive dining experience during meal time; this excludes any or all maintenance, cleaning or other disruptive activities;

c) Furnishings in the dining room that offer comfort and home like surroundings;

d) A dining room that allows ease and safety of movement for residents while walking or moving about in wheelchairs or other sitting devices;

e) A dining room that supports residents use of the senses to enhance the dining experience, such as the smell of food in preparation, the visual presentation of the food; and,

Resident specific requirements that:

f) Recognize the importance of good nutrition for residents, the effect good nutrition has on the health of the residents the enhanced benefits of a positive dining experience to the quality of life;

g) Ensure sufficient time is allowed, approximately 45 minutes, to encourage enjoyment of the mealtime experience and allow intake of adequate nutrition including beverages;

h) Encourage residents to consume food and beverages independently as much as possible and provide assistance according to the resident’s care plan and preferences, ensuring safety and dignity are given highest priority;

i) Provide staff assistance to residents who require assistance with eating. Staff must be trained in assisting residents with their meals;

j) Provide assistance to residents in a timely manner ensuring that all food is maintained at the most optimum serving temperature when the resident is eating;

k) Ensure that the dignity and safety of the resident is maintained at all times;

l) Ensure residents are assessed as needed for special utensils and assistive devices that will enhance their ability to eat independently or with assistance. Assessments should be performed by an occupational therapist or other health professional with training and knowledge specific to special utensils and assistive devices. Staff providing assistance to
residents with special utensils and assistive devices shall be trained on appropriate use and care of these utensils and devices;

m) Offer foods stirred together only when requested by the resident/responsible person or required by a registered dietitian or other health professional;

n) Offer residents who are not able to attend the dining room for their meals the opportunity for tray service; this practice shall be discouraged and only considered based on individual resident’s care plan or for the safety and needs of the other residents of the home;

o) Ensure that all residents offered tray service will be provided with all the same requirements and standards as provided in the dining room; and,

Requirements and restrictions for the administration of medications, treatments and diagnostic procedures during meals that:

p) Ensure medications are not administered by mixing them with any food or beverage that is part of one of the three main meals unless the medication has been ordered to be administered with food to ensure appropriate absorption and/or timing or when the resident’s care plan indicates a valid reason for doing so.

q) When medications are administered by mixing them with the food or beverage that is part of one of the three main meals documentation must be provided.

r) Ensure staff administering medications using food as the vehicle make certain that all the food is eaten and the medication has been swallowed;

s) Ensure treatment and diagnostic procedures are not administered during meal time unless specifically required; and,

Requirements related to evaluation and improvements to the dining experience including but not limited to:

t) Review and evaluate each resident’s dining experience informally on a daily basis and formally on a scheduled program with the resident/responsible person that meets the needs of the individual resident; and,

u) Determine areas of improvement based on the informal and formal evaluation to ensure the residents benefit from the dining experience.
INTENT:
To ensure that all food handling is done based on safety standards and requirements.

LEGISLATIVE AUTHORITY:
*The Food Safety Regulations*

RELATED GUIDELINES (LINKS):
*Public Eating Establishment Standards*

POLICY:
Safe food handling standards and requirements include but are not limited to:

a) Food services (kitchen, dining and food storage areas) of special-care homes, regardless of size, are required to operate in compliance with *The Food Safety Regulations* and accompanying *Public Eating Establishment Standards*.

b) Special-care homes, with a capacity of more than 20 residents, are required to be licensed to operate (the food service) by the health region. The licensing process may be accessed by contacting the Public Health Inspection Manager to make application for a license to operate.

c) Special-care homes, with 20 or less residents, are to arrange for regular inspections with the public health inspector.

i. Inspection frequencies will be determined by the public health inspector based on factors associated with the operation of the facility such as type and variety of food served, extent of food handling, clientele and history of poor compliance.
INTENT:
To ensure residents of special-care homes receive food service maintained at a high standard.

POLICY:
A Quality Improvement Program for food services shall be established including but not limited to the requirement to:

a) Ensure the service meets required standards including but not limited to food quality, menu adequacy, choice and portions;

b) Establish an plan to evaluate resident satisfaction with the service and the environment, this plan shall include the frequency that evaluations will be conducted;

c) Develop, implement and document all quality improvement actions based on evaluation results; and,

d) Review the quality improvement program annually.
INTENT:
To ensure residents of special-care homes are offered nutrition and fluids based on their assessed need.

POLICY:
All residents shall have their nutritional and hydration needs assessed and be offered appropriate nutrients and fluid intake based on their assessed needs including:

a) Menu plans developed in consultation with a registered dietitian and reviewed annually or more often as indicated through an evaluation process;

b) Completed and documented resident assessments using Resident Assessment Instrument-Minimum Data Set (RAI-MDS) by care staff on admission and quarterly or whenever the residents needs indicate a reassessment is required;

c) Complete and document weights on admission and, at a minimum monthly thereafter for each resident.

d) The nutritional status of all residents must be assessed on admission with dietary needs reviewed quarterly or whenever the RAI-MDS triggers a need or the physician or nurse practitioner and/or nursing assessment indicates;

e) Where a resident has been identified as dehydrated or at risk of becoming dehydrated an accurate record of intake and output of fluid must be documented with a plan for ensuring the resident is receiving sufficient fluids;

f) Where a resident has been identified as a nutritional risk an accurate recording of food intake shall be documented; this will include all meals, snacks and liquid consumed over a 24-hour period;

g) That all special diets ordered or changed by the physician or nurse practitioner be reviewed by a registered dietitian and that the registered dietitian establish menu plans;

h) That all direct care and dietary staff participating in the residents’ care and meal assistance understand the menu plan for each resident including the importance of monitoring their food and fluid intake; and,

i) That all direct care and dietary staff participating in the residents’ care and meal assistance are knowledgeable in the feeding method for each resident.
INTENT:
To ensure residents are offered meal and snack services that support their nutritional needs.

RELATED GUIDELINES:
Eating Well with Canada’s Food Guide and Dietary Reference Intake

POLICY:
Meal and snack services shall include but not be limited to:

a) Meal and snack services are supporting the nutritional needs of the resident and shall be based on Eating Well with Canada’s Food Guide and Dietary Reference Intake as approved by Health Canada;

b) Consultation with a registered dietitian to plan and/or review and approve in writing:
   i. The time that meals, including at least three meals each day with no more than 16 hours between the last meal of the day and the first meal of the next day, will be served; special consideration shall be given to clients requesting relaxed breakfasts;
   ii. The time throughout the day and evening that nutritious snacks will be offered;
   iii. The planned menu and menu cycle for both regular and therapeutic diet meals and snacks; and,
   iv. The portion sizes, for each food served in accordance with the approved menu.

c) Identify that menus shall incorporate individual food preferences as well as cultural, religious or ethnic preferences of residents within available resources;

d) Identify that texture-modified foods shall be provided to a resident only after an interdisciplinary assessment that includes consultation with a registered dietitian, has occurred. Where a resident is admitted on a texture-modified diet, that diet, shall be reviewed within two weeks of admission. All texture modified diets shall be reassessed at least every six months; and,

e) Records of menus being kept on file for at least three months.
INTENT:
To ensure staff working in the food service area are trained to meet the standards of safe food handling.

LEGISLATIVE AUTHORITY:
*The Public Health Act*

RELATED GUIDELINES:
*The Public Eating Establishment Regulations*

POLICY:
The training requirements for all staff working specifically in the food service area shall include but not be limited to:

a) Ensuring at minimum one staff member working in the kitchen when food is being prepared or served has successfully completed a course in food sanitation approved by the public health officer; and,

b) Training in the basic principles of safe food handling, sanitation, special diets and food presentation.
INTENT:
To ensure the availability of appropriate therapeutic nutritional products.

POLICY
Therapeutic nutritional products offered to residents shall include but not be limited to:

a) Ensuring the provision of therapeutic nutritional products to residents according to the recommendation of the physician, nurse practitioner or registered dietitian;

b) Accurate documentation of consumption of therapeutic nutritional products;

c) The requirement that where therapeutic nutritional products have been ordered by the physician, nurse practitioner or registered dietitian, the resident will not be responsible for the cost of the product or equipment; and,

d) Where nutritional products are being consumed but have not been clinically indicated the resident is responsible for the cost of the product.
INTENT:
To provide nutritional support for residents who require tube feeding.

POLICY:
Where residents require tube feeding the following shall be included but not limited to require:

a) That tube feedings are ordered by a physician or other appropriate health care provider in consultation with a registered dietitian;

b) Involvement of the resident and family in the decision to initiate tube feedings;

c) That the feeding tube be inserted by a physician or other appropriate health care provider; and,

d) A requirement that tube feeding be considered only after all options have been excluded to maintain food intake/eating function by mouth.
INTENT:

To provide guidelines for special-care homes that accommodates residents who smoke.

LEGISLATIVE AUTHORITY:

*The Tobacco Control Act*
*The Regional Health Services Act*

RELATED GUIDELINES:

*The Tobacco Control Regulations*
*The Occupational Health & Safety Regulations, 1996*

POLICY:

Facilities shall identify their position regarding smoking tobacco products (smoking) including the specific safety precautions required if smoking is permitted in the home.

The policy shall include but not be limited to:

a) The requirement to review the smoking policy during the admission procedure with the resident/responsible persons and where a resident handbook exists, information regarding smoking rules shall be included;

b) Where facilities will provide the option of smoking inside the building a separate enclosed ventilated place must be established within a facility, designated as a special-care home or designated as a health centre or hospital but is providing long-term care, pursuant to *The Regional Health Services Act* and meets the requirements set out in *The Tobacco Control Regulations*;

c) The requirement to do an initial assessment of the resident’s ability to manage smoking safely to ensure their safety and that of others prior to planning the smoking opportunities. The assessment shall be done on an on-going basis with the changes made to the smoking tobacco products plan as indicated;

d) Restrict smoking to times when a responsible person can provide supervision as required based on individual residents need. Smoking periods should be designated and posted;

e) Posting of the facility smoking policy and procedures in observable locations;

f) Where residents are assessed as at risk to smoke alone, staff shall ensure smoking materials (i.e. cigarettes, matches, and lighters) are kept out of resident’s reach. Refillable cigarette lighters or fuel should not be permitted in the facility;

g) Ensuring matches to light tobacco products are used under direct supervision based on resident need and safety;
h) Where residents are deemed as at risk through the assessment process, consideration shall be given to:
   i. The need to wear fire retardant smoking aprons;
   ii. The need to have one on one supervision by a responsible person while smoking; and,
   iii. Restriction of blankets and cushions accompanying residents when smoking in wheelchairs.

i) Restriction of residents on oxygen from smoking or entering the designated smoking areas while oxygen is flowing. Oxygen flow must be shut-off and oxygen removed by staff prior to allowing admittance by these residents to smoking areas;

j) The Tobacco Control Regulations Section 5 (2), require that special-care homes meet the following guidelines:
   a) Smoking area must be designated as a smoking room with signage posted on the room identifying it as a “smoking room for residents only;”
   b) Room should have large windows making it visible from outside the room for staff to supervise the smokers;
   c) Smoking room must be equipped with functioning smoke detectors;
   d) Smoking room must have a door that closes automatically and seals to prevent smoke from escaping into other parts of the special-care home;
   e) The door must be kept closed at all times except when opened to permit entry or exit from the room;
   f) The smoking room should be kept locked during unsupervised periods;
   g) Smoking room must have ventilation system that provides a continuous supply of fresh air into the designated smoking room and prevents recirculation of air from the designated smoking room to any other part of the special-care home;
   h) Ventilation must be capable of replacing the air volume into the designated smoking room at least 12 times per hour and exhausts the air from the designated smoking room directly to the exterior of the home;
   i) Combustible materials, such as carpets, books, magazines and other paper products should be restricted from this area;
   j) Provide ashtrays designed to keep unattended smoldering cigarettes from falling on the floor or furniture;
   k) Empty ashtrays after each smoking period into a metal receptacle that is kept in a location acceptable to the Chief Fire Official;
   l) Check furniture after each smoking period for smoldering fires;
   m) Install an ABC fire extinguisher at or near the entrance to the room; and,
   n) Furnish smoking room with furniture that has limited combustible cushioning.
INTENT:
To provide opportunity to residents, families and other close acquaintances that wish to consume alcoholic beverages in the special-care home within the standards of the facility.

LEGISLATIVE AUTHORITY:

*The Alcohol and Gaming Regulation Act, 1997*

POLICY:
Facilities shall have a policy regarding the consumption of alcoholic beverages in the facility. When alcohol is consumed within the facility the following will be required:

a) Compliance with the *Alcohol and Gaming Regulation Act, 1997*; and,

b) On admission and during the quarterly multidisciplinary medication review, a thorough review to ensure there are no contraindications to individual residents based on the prescribed medications or medical conditions. A discussion with the resident/responsible person needs to happen to discuss the contraindications and risks to the resident.

PROCEDURE:
Consideration should be given to the following information related to liquor in the Special-care Home:

a) Resident rooms are considered part of a private residence, making it permissible for residents to have, consume or give liquor in their rooms. Liquor kept in a resident’s room, needs to be securely stored;

b) If a resident is not competent, liquor needs to be labeled and kept in a secured environment at the nursing station.

c) In common areas of congregation (e.g. those that may be accessible to the public) a special occasion permit must be obtained for each instance in which it is desired to keep or consume liquor. In Regina and Saskatoon, special occasion permits are available for purchase at all government liquor stores. In other areas of the province, such permits can be purchased at any government liquor store or liquor franchise;

d) Special-care homes wishing to make provision for the consumption of liquor, both by residents and their visitors, on a more regular basis (e.g. a scheduled ‘happy hour’), may wish to investigate the feasibility of obtaining a special use permit; and,

e) Inquiries in this regard should be directed to: The Liquor and Gaming Authority, P.O. Box 5054, Regina, Saskatchewan, S4P 3M3, or phone (306) 787-4213. Information and application forms can also be found on the Liquor and Gaming Authority Website at [https://www.slga.gov.sk.ca/](https://www.slga.gov.sk.ca/).
INTENT:

To ensure the decision to include the addition of pets to a special-care home on a permanent basis or for short-term visits is done in consultation with residents/responsible person and staff and that a policy is in place identifying requirements.

POLICY:

Where pets will be included as part of the special-care home environment the following must be included:

a) Consultation with residents or the person/responsible person;

b) Consultation with staff including the staff member responsible for infection control;

c) Review of local bylaws and/or legislation to establish that the facility is able to be in compliance;

d) The procedure to be followed when determining the type of pets and number of pets allowed;

e) The approval process for visiting pets;

f) The procedure for caring for the pet/s including regular veterinary checks, immunization, grooming, exercise as needed, feeding and watering as well as any additional care needed for the particular type of pet chosen;

g) A list of responsible persons to attend to the pet on a routine basis and during each shift;

h) The procedure to be followed when a resident or staff member have been diagnosed with an allergy to the pet;

i) The procedure to be followed if it is determined the pet is not suitable for the environment;

j) A plan for signage on client’s rooms who do not wish a pet to visit their room;

k) Prior to admission residents/responsible person are to be informed in writing the policy on pets; and,

l) Pets will not be allowed in the food preparation and dining areas.
INTENT:
To ensure a consistent procedure is followed in the event of the death of a resident in a special-care home.

LEGISLATIVE AUTHORITY:
The Vital Statistics Act, 1995
The Coroner’s Act, 1999

POLICY:
Pronouncing death, certifying death, notifying the responsible person and the provision of legal documentation shall include but not be limited to:

a) The statutory requirements with respect to pronouncement and certification of death are as follows:

   **Pronouncement:** There is no legal requirement that death be pronounced by a physician. This is a matter that can be regulated by the policy of an institution.

   **Certification:** There is a legal requirement that death must be certified by a physician or by a Coroner; this duty cannot be delegated. A physician or Coroner must sign the death certificate. There is no legal requirement that the physician must view the body before signing the death certificate. If the physician does not view the body, he/she must be satisfied as to a natural cause of death according to good medical practice and judgment.

   **Moving a Body:** There is no legal requirement that a physician must see a body before it may be moved, but if the death falls under The Coroners Act the body may NOT be moved until the Coroner authorizes it.

b) Identifying who will be given the responsibility to pronounce death;

c) Who will notify the physician/registered nurse (nurse practitioner);

d) When will the physician/registered nurse (nurse practitioner be notified; this may be resident specific;

e) Who will be given the responsibility of notifying the responsible person;

f) When will responsible person be notified; this may be resident specific;

g) What paper documentation is required;
h) Who is responsible to ensure the Registration of Death Form is complete;

i) Who will ensure the Certificate of Death is signed by the physician;

j) Who will notify the funeral home;

k) Who is authorized to order removal of the body to the funeral home;

l) Where the funeral director is given the required information they will complete the documentation;

m) A process to call the transplant program (Regina- 1-(306)766-6477 and Saskatoon- 1-(306)655-5054) when a resident has died and indicated an interest in organ and tissue donation on their advance care directive. The tissue co-ordinator will co-ordinate final consent and transport of the body.

n) What process is to be followed when a resident’s responsible persons are not available to be notified;

o) A plan to ensure families or other responsible persons are included in the arrangements for moving the deceased residents belongings; and,

p) A plan to ensure staff is aware of all procedures related to the death of a resident.
INTENT:
To prevent falls and reduce injuries related to falls.

POLICY:
A strategy is in place to support the prevention of falls and injuries of residents in special-care homes and shall include but not be limited to:

a) A falls prevention program has been implemented, that includes at minimum;
   • The components of the Safer Healthcare Now! Canadian Falls Curriculum and align with Accreditation Standards.
   • Continuous monitoring of environment for risk factors;
   • A commitment to review all fall incidents regardless of injury;
   • Staffing and resources to implement and maintain a fall prevention program;
   • Use of Resident Assessment Instrument – Minimum Data Set (RAI-MDS) to help inform individual care planning to reduce falls and minimize the severity when falls do occur;
   • Method to communicate the program to staff, residents/responsible persons and others;
   • The process and frequency for evaluation of the fall prevention program; and,

b) A procedure must be in place post fall to include:
   • Communicating the fall to the resident’s responsible person.
   • An ongoing nursing assessment for 48 hour post fall on all falls for potential injuries and emerging problems. This needs to include a review of the medication record to determine if the resident is on any high risk medications including anticoagulants and notification of the physician to determine if the medication should be held until further medical assessment.

c) Any time post fall, based on a complete nursing assessment, determine if physician needs to be notified.
INTENT:
To identify a procedure where intravenous hydration therapy and/or intravenous drug therapy may be provided in special-care homes.

RELATED GUIDELINES:
Policy 6.10 Supply Charges

POLICY:
Where a special-care home will be providing intravenous hydration and hospital benefit drug intravenous therapy in the special-care home, a plan to support safe care must be established and include but not limited to:

a) There must be adequate professional staff to monitor the intravenous therapy as directed by the nurse in charge, and no less than hourly.

b) Facility must ensure the staff has the skills to competently perform the task.
INTENT:
To provide guidance regarding residents who refuse care in a special-care home.

LEGISLATIVE AUTHORITY:
- The Canadian Charter of Rights and Freedoms
- The Saskatchewan Human Rights Code
- The Regional Health Services Act

RELATED GUIDELINES:
Policy 5.1 Client Rights – Home Care Policy Manual

POLICY:
Residents shall have the right to decide what care options they will accept, to the extent permitted by law, and include but not be limited to:

a) The establishment of a plan to inform residents/responsible persons of the possible effects of refusing care including a method of documentation that the resident/responsible persons were provided information and understood the information;

b) Informing residents/responsible persons that depending on the care refused, the special-care home may not have the ability to continue to provide care to the resident;

c) Where a special-care home cannot continue to provide care to the resident, assistance will be provided with the discharge/transfer plan, including assisting the resident/responsible person to find an alternative for care that will safely meet the resident’s needs; and,

d) Identification of a plan to ensure all staff involved in the care of the resident is informed of the resident’s right to decide on care options.
INTENT:
To ensure special-care homes develop care plans for residents appropriate to their assessed needs.

POLICY:
A written care plan shall be developed specifically to meet the needs of the individual resident including but not limited to:

a) The care plan will be developed within 14 days of admission to the facility and in cooperation with the resident/responsible person;

b) The development of the care plan done through the application of the nursing process and based upon assessment data (RAI-MDS). It shall be consistent with the physician and/or registered nurse (nurse practitioners) plan for care;

c) The resident care plan shall be implemented by all members of the care team under the direction of a registered nurse or registered psychiatric nurse;

d) The resident care plan is maintained in a standard format, as determined by the special-care home; and,

e) Each resident care plan shall be reviewed, evaluated and updated every three months or more often where their health needs change; this shall be in alignment with the Resident Assessment Instrument – Minimal Data Set (RAI-MDS) assessment guidelines.
INTENT:

To provide care using a resident centred approach.

POLICY:

Care in the special-care home shall be resident centred including but not limited to:

a) Valuing resident centred care as an inherent part of all resident care activities for all residents. Residents shall be encouraged and supported to live as independently as possible in conditions that assimilate the usual patterns and rhythms of day-to-day living;

b) The resident/responsible person participates in the care planning and the care provided. Consideration shall be given to the physical, social, emotional, spiritual/cultural and intellectual needs of each individual resident. Care plans shall encourage residents to participate and live their lives with dignity, meaning and purpose;

c) The partnership of the resident, staff and family working together with respect, and appreciation of all partners, to identify and address the needs, preferences and values of each individual resident;

d) Appreciating and respecting the uniqueness of each individual; for their personal integrity, dignity and self-esteem, and their rights to personal choice, privacy and confidentiality; and,

e) Respecting the values of human rights, independence, choice and social inclusion, designed to enable people to direct their own services and supports, to the best of their ability.
INTENT:
To provide direction regarding resuscitative measures in special-care homes.

LEGISLATIVE AUTHORITY:

*The Regional Health Services Act*

*The Health Care Directives and Substitute Health Care Decision Makers Act*

*The Adult Guardianship and Co-decision-making Act*

POLICY:

Resuscitative services shall be available to all residents of special-care homes identifying:

a) The procedures personnel are to follow in situations where a resident/responsible person requests resuscitative measures as part of a health care directive including the details of whether resuscitation will be performed by the homes staff independently or only as directed through an emergency 911 call;

b) That a facility-wide no CPR/ resuscitative policy is prohibited;

c) The direction that all residents shall continue to receive medically necessary care and treatment for the purpose of comfort, safety, dignity and well-being when they have stated they do not desire resuscitative measures as part of a health care directive; and

d) Procedures for a resident/responsible person to revise, renew, rescind or cancel requests for resuscitative services; and,

e) The request for resuscitative services may come directly from the resident/responsible person or via a health care directive.
INTENT:
To ensure a consistent procedure is followed when residents go on an outing away from the special-care home.

RELATED GUIDELINES:
Policy 4.10 Communication Process for Entering Leaving and Returning to the Facility

POLICY:
When a resident leaves the facility for an outing, a procedure shall be in place and include but not be limited to:

a) A requirement that a resident/responsible person shall be requested to sign a resident outing sheet. The sheet should include the resident’s name, date, time of departure, where the resident will be going on their outing, expected time of return, and also the name, signature and phone number of the person responsible for the resident during the outing. This promotes continuing of care and ensures the safety of the resident.

b) If a resident/responsible person refuses to sign a resident outing sheet and/or give information on the outing, the refusal to sign must be documented in the resident’s care record.

c) A requirement regarding the administration of medication on the outing. If the resident requires scheduled medication during the outing, the medication should be separated into small envelopes or containers based on the time the medication should be taken recognizing some medications may have restrictions based on applicable legislation. Each envelope or container should be labelled with the resident’s name, the medication name, and time it should be administered as well as any side effects that could be experienced with direction should this happen;

c) A requirement for protocol that staff should follow if the resident does not return to the special-care home at the designated time. Protocol may include:
   i. Contacting the responsible person for the resident identified during the outing;
   ii. Contacting next-of-kin; and,
   iii. Time frame and/or situations when the police would be notified.
INTENT:
To ensure an appropriate care environment for resident’s displaying responsive behaviours/difficult to manage behaviours.

RELATED GUIDELINES:
Policy 15.4 Refusal of Care
Policy 15.5 Resident Care Plans
Alzheimer’s Society: Alzheimer Care in Long-term Care
Heart & Stroke Foundation: Effects of a Stroke

POLICY:
Additional specific safety precautions shall be implemented to protect residents that display responsive/difficult to manage behaviours and shall include but not be limited to:

a) Use of Resident Assessment Instrument – Minimum Data Set (RAI-MDS) and other tools that will assist to provide individual care planning;

b) The requirement to implement specific safety precautions based on the assessment and professional consultations including but not limited to a continuing care consultant or others that specialize in the care and treatment of responsive/difficult to manage behaviours;

c) The requirement to ensure residents/responsible persons participate in the care planning and understand the rationale for and the types of safety precautions that will be implemented;

d) The plan of care shall include the safety of other residents and staff;

e) Written procedures for the resident, specific orientation and training for care providers that will be participating in the care of individuals with responsive/difficult to manage behaviours;

f) Implementation and communication of procedures for violent resident (code white) and missing person (code yellow); and,

g) Documented training and education plan for all staff required to participate in code white and code yellow procedures.
INTENT:
To provide direction for the use of restraints in the special-care home environment.

RELATED GUIDELINES:
Health Canada: Safety Information on the Use of Waist & Torso Patient Restraints

POLICY:
Use of restraints in the special-care home environment must be maintained in accordance with accepted professional standards and practice and shall include but not be limited to:

a) Commitment that restraints are used as a last resort when the resident’s behaviour or medical condition could interfere in the residents’ health and safety or the health and safety of others;

b) A description of the various forms of restraints: environmental, chemical and physical restraints;

c) A commitment that strategies designed to reduce the use of restraints will be implemented;

d) A requirement that prior to and during restraint usage there is evidence of the following:
   i. A less intrusive intervention has been implemented and demonstrated to be ineffective;
   ii. Initial and on-going comprehensive assessments of the resident;
   iii. Other professionals have been consulted that specialize in the care and treatment of difficult to manage behaviours, this may include a continuing care consultant;
   iv. A written order for a restraint has been prescribed by the attending physician and/or registered nurse (nurse practitioner) and reviewed as indicated through the resident assessment process; and,
   v. The responsible person for the resident has been consulted regarding the use of restraints.

e) The requirement to ensure that the resident’s responsible persons participate in the care planning and understand the rationale for and the types of restraints that will be implemented;

f) The procedure for frequency and type of assessments that will be incorporated into the care plan for residents that are restrained;

g) Written procedures for the resident specific orientation and training for care providers that will be required to provide care for residents that have been restrained;

h) Where the restraint is a device a procedure shall be established for planned inspections based on the manufacturer’s recommendations including the procedure for repair and replacement of the restraint devices; and,
i) The requirement to ensure that the least amount of restraint is used for the least amount of time.
INTENT:
To ensure residents of special-care homes have access to pharmacy services and that a safe medication management process is established based on resident’s needs.

LEGISLATIVE AUTHORITY:
*The Pharmacy Act, 1996*

RELATED GUIDELINES:
*National Association of Pharmacy Regulatory Authorities*
*Institute for Safe Medication Practices (ISMP)*
*Beers Criteria*
*Medication Reconciliation in Long Term Care*
*Medication Administration: Guidelines for Registered Nurses*
*Rx Files- Objective Comparison for Optimal Drug Therapy*
*Supplementary Standards for Pharmacists Caring for Residents of Long Term Care Facilities*

POLICY:
Residents of special-care homes are entitled to receive safe, reliable and cost-efficient drug management services that comply with all regulatory requirements and are within the competencies of employees participating in drug administration including but not be limited to:

a) The requirement to establish a safe medication management process for all long-term care residents including but not limited to a:
   i. Plan for the safe and effective distribution and administration of resident’s medications following industry and professional practices;
   ii. Plan for continuing educational programs for staff administering medications and providing care;
   iii. Medication reconciliation process to review all resident’s medication profiles on admission, based on best practice;
   iv. Multidisciplinary medication review process whenever resident circumstances indicate a need for review and at regular intervals not exceeding three months; more frequent reviews shall be considered for clients that are prescribed medications known or suspected to have drug related problems;
   v. Process to address concerns related to resident medication;
vi. Review process related to all medication incidents that did or had the potential to have a negative outcome for the resident shall be reviewed providing recommendations to prevent future occurrences of similar incidents; and,

b) The requirement to ensure medications are safely stored including but not limited to a:

i. Plan to ensure the physical environment of the medication room/s and storage of the medication cart/s is reviewed to ensure the security of both and the safe access by only those authorized;

ii. Process that allows all medications to be kept in locked cabinets. Medications requiring refrigeration shall be kept in a refrigeration unit that is locked or located in a locked medication room and accessible to only those authorized to administer medications. If the refrigeration unit is used for storing foods, the medication shall then be kept in a special locked tray or container that is clearly marked and not removable;

iii. Protocol to ensure that all medications be retained in their original packaging or container;

iv. Plan to ensure that each resident medication package or container must have a clear and adequate label as applied by the issuing pharmacy. The label shall include such items as the prescription number, name of the resident, name of the prescribing physician or nurse practitioner, directions for the administration of the drug, date of issue and the name of the pharmacy. Any soiled or damaged labels shall be returned to the pharmacy for re-labelling; and,

v. Controlled drugs and substances (e.g. narcotics) must be stored in a double locked system. Medication carts should be stored in a locked medication room/cupboard when not in use. Confirmation of stock must be documented and signed by two registered staff members at the end of every shift.

c) The establishment of a process for resident discharge including but not limited to:

i. The handling of medications for residents that are leaving the special-care home to transfer to another facility, to return to their own home or for short-term absences from the special-care home;

ii. The management of medications following the death of a resident;

iii. The management of medications for clients that are receiving respite or other short-term care. Resident’s own medications need to be returned to resident and/or resident supporter upon discharge from respite or short-term stay;

iv. The direction for managing unused medication including narcotics and controlled drugs remaining in the special-care home following discontinuance, resident transfer, discharge or death in accordance with pharmaceutical regulations.

d) The requirement to identify what medication stock will be kept in the special-care home including but not limited to:

i. The identification of over the counter medications that will be kept in stock;

ii. A plan regarding pharmacy availability for medications that may be ordered on an urgent basis.

iii. An accurate record of supply medications that will be kept and this supply must be reviewed on a regular basis.
iv. A record of documentation of use of medications from this supply must be kept including who ordered the medication, the resident receiving the medication and the reason this supply was used.

e) The establishment of a process to ensure availability of a pharmacist/s to support the drug management program for the special-care home:

i. These services may be obtained through agreement with:
   − A regional health authority hospital pharmacy;
   − A special-care home in-house pharmacy; or,
   − A community pharmacy.
Multidisciplinary medication review is increasingly recognized as a cornerstone of medication management for “preventing unnecessary ill health and avoiding waste” (NHS Cumbria Medicines Management Team, 2011). Multidisciplinary medication review seeks to improve a client’s drug therapy by systematically reviewing all of the client’s medications for: indication; appropriateness; how medications are best taken; and where appropriate, to create a medication management plan to address drug related issues.

Multidisciplinary medication reviews focus on identifying and resolving drug-related problems; therefore, a clear understanding of the client’s goals is important to ensure that the treatment plan is congruent with the client’s wishes. The review ensures that the medication prescribed is:

- appropriate for the client’s needs/diagnosis;
- effective;
- cost-effective, and;
- any required monitoring is being carried out.

The review will also consider: drug interactions, side effects, compliance, concordance, duplication, non-prescription medications, herbal/complementary medicines and any unmet medical need for medication.

Initially, multidisciplinary medication reviews should be prioritized for clients, who are on 13 or more medications, or medication that is on the Beers List subset (developed by the Ministry of Health and RxFiles where The American Geriatrics Society 2012 Beers Criteria recommended the medication to be avoided and where the strength of the recommendation is strong). The Ministry of Health and RxFiles developed a list of alternative medications that may be considered for medications on the Beers List subset Select Beers and STOPP Criteria (see Appendix A).

As part of the Patient First commitment, the Ministry of Health is strongly supporting the involvement of the client and/or family representative or a supporter, as requested by the client, as part of multidisciplinary medication review process. Patient and family-centered care (PFCC) was a key recommendation by Patient First Review Commissioner Tony Dagnone, whose 2009 report recommended that “the health system make patient- and family-centred care the foundation and principal aim of the Saskatchewan Health system”.

**What is multidisciplinary medication review?**

Multidisciplinary medication review is a scheduled, systemic, collaborative review of a client’s medications ensuring that it is the right drug, the right dose, the right indication, the right route, for the proper duration of time. This would also include an evaluation of side effects, efficacy, cost, duplication, tolerability and consideration for the client’s goals.

**When should multidisciplinary medication reviews be conducted in long-term care?**

Medication reconciliation should be completed when a client is admitted into the special-care home, or transferred from acute care. If a client is transferred to acute care, a copy of the medication administration record should accompany the client.

A multidisciplinary medication review should be completed within three months of admission and quarterly thereafter, unless there is a change in the client’s medical status.
The multidisciplinary medication reviews could coincide with other meetings e.g.) one medication review per year may be done in conjunction with the annual client care conference. To ensure that all clients receive quarterly multidisciplinary medication reviews, scheduling of the reviews may be linked with the quarterly RAI-MDS assessments or by some other method convenient to the special-care home.

It is recommended that the multidisciplinary medication reviews be coordinated by a designated person in the special-care home (SCH).

**Who should be involved in the medication review?**

A prescriber (i.e. physician or nurse practitioner), pharmacist, professional nursing staff, client and/or family representative/client supporter comprise the core medication review team. The team may also include others in the client’s circle of care whose participation is supportive, helpful and promote positive outcomes for the client.

**How should the medication review take place?**

The review may be conducted through various forms of communication such as face-to-face or remotely with electronic/technologic assistance such as telephone/teleconference, web camera, internet etc. The intent is to increase and support participation regardless of method of interaction to ensure the prescriber, pharmacist, professional nursing staff, client and/or family representative/client supporter have the ability to participate.
What is the medication review process?

- The designated lead person in the SCH schedules and coordinates the medication review with the physician or nurse practitioner, pharmacist, client and/or family representative/client supporter and others if beneficial. The client and/or family/supporter are encouraged to bring forth any medication questions/concerns.
- Communication mode and dates for conference are established and communicated to others involved by designated lead person.
- Staff Checklist for Multidisciplinary Medication Review (see Appendix B) is completed by professional nursing staff prior to review.
- Multidisciplinary Medication Review Outcome (see Appendix C) is completed during the review.
- The client and/or family representative/client supporter will be invited to be involved in the decision making around medication changes and provided with an opportunity to discuss his/her concerns. If the client and/or family representative/client supporter wishes not to be present for the review, any medication changes will be discussed with the client and/or family representative/client supporter.
- Medication management plan is in place to address drug related problems.
- Next multidisciplinary medication review date is confirmed.

Medication review is an important aspect in providing equitable care to clients living in SCHs. Based on best practices, this guide was developed by a team of health care professionals and a resident advisor to provide a comprehensive process to ensure reliable, accurate and consistent multidisciplinary medication reviews take place. It is recommended that random audits be completed each quarter (see Appendix D).
Appendix A

See Select Beers and STOPP Criteria (RxFiles, 2013)
### Appendix B

#### Staff Checklist for Multidisciplinary Medication Review

<table>
<thead>
<tr>
<th>Client’s Name:</th>
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<tr>
<td>Date of Medication Review:</td>
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<table>
<thead>
<tr>
<th>Client and/or family advisor informed and invited to attend or comment</th>
<th>Yes</th>
<th>No</th>
<th>Staff Initial</th>
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<tbody>
<tr>
<td>Dietitian, mental health, special care aides, housekeeping, or others in the client’s circle of care are informed of the review dates, and invited to attend or provided with an opportunity to comment, verbally or in writing, as appropriate</td>
<td>☐</td>
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<tr>
<td>Most recent blood work, or other lab/test results available</td>
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List of all diagnoses:
1) 
2) 
3) 
4) 

Allergies: Yes ☐ (identify) ________________________________________________________________________________________
No ☐

Vital signs within the past week:
Date: __________ BP standing: __________ BP sitting: __________
P: ________ R: ________ SPO₂ : __________

Weight: __________ Any recent changes? Yes ☐ (explain) ____________________________________________________________________________
No ☐

Behavioural issues: ☐ worsened
☐ improved
☐ no change

Cognitive function: ☐ worsened
☐ improved
☐ no change

Pain control: ☐ worsened
☐ improved
☐ no change

Symptoms of depression: ☐ worsened
☐ improved
☐ no change

Quality of life concerns: ☐ worsened
☐ improved
☐ no change
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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Staff Initial</th>
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<tbody>
<tr>
<td>Current medication administration record attached</td>
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<tr>
<td>Is the client using OTC treatments and/or herbal medications</td>
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<tr>
<td>or other complementary medicines?</td>
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<tr>
<td>Medication administration concerns such as: route, swallowing</td>
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<tr>
<td>difficulty, supply, timing or storage concerns</td>
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<tr>
<td>Is client compliant with the current medication regimen?</td>
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<tr>
<td>If not, in what way? With which medications?</td>
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<tr>
<td>Noted possible medication side effects – client or caregiver</td>
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<tr>
<td>comments</td>
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<tr>
<td>Can any of the medications be discontinued?</td>
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<tr>
<td>(Note: some medications may require tapering)</td>
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<tr>
<td>Other comments and issues:</td>
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</tbody>
</table>

**Concerns brought forward by staff, client and/or family representative:**

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Appendix C

Multidisciplinary Medication Review Outcome

| Client’s Name: |  
| Date of Medication Review: |  

**Participants:** Document names below

- Prescriber (i.e. Physician or Nurse Practitioner)
- Pharmacist
- Professional staff
- Client and/or family representative
- Other:

**Information Reviewed:**
- Medication review checklist
- Current MAR
- Progress notes
- Care Plan
- Laboratory values and other test results
- Concerns brought forward by staff, client and/or family representative

**Suggested questions to ask the client?**
1) How are you feeling? If unwell, what symptoms do they describe?
2) Do you have any questions or concerns about your medication?
3) Do you have trouble taking your medication?
4) Do you know what medication(s) you are taking?

**Questions to be answered by the multidisciplinary medication review:**
(Adapted from Northern Health and Social Services Board, 2003)
1) Why is the client taking this drug?
2) Is the reason clear from the history summary?
3) Is this medication on the BEERS List? If yes, is the medication still needed? If still yes, is there an alternative medication?
4) Does the client have existing allergies? New allergies?
5) Is the client capable of taking this drug in form prescribed? Is the medication being crushed? If so, is it appropriate to crush the medication (also open capsules, split tablets)?
6) Is the client compliant with the medication regimen?
7) Are any tests required to monitor side effects or dosage?
8) Are there any drug interactions and are they of significance?
9) Can the drug be discontinued? If so, does it require tapering?
10) Does the medication need to be continued for the next 6-12 months?
11) Are any “as-needed” medications being prescribed regularly?
12) Should these be converted to regularly scheduled medications?
13) Does the resident have any untreated conditions that could be helped with medication?
14) Are all of the medication doses appropriate (too high or too low)?
15) What is the date for the next review?

Problems Identified with Medications:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Action Taken:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Medication changes discussed with client and/or family/supporter representative:

________________________________________________________________________

Date of next medication review:

Date:  
Signature:
Appendix D

**Multidisciplinary Medication Review Audit Tool**

- Quarterly random medication audits are recommended.
- The number of audits required is 10% of residents in the facility
- Ensure that a prescriber (e.g. physician or nurse practitioner), pharmacist, professional nursing staff, client and/or client supporter are involved in some manner in the core medication review team.
- Resident’s medication history needs to be confirmed with at least two different sources of information (e.g. family physician, community pharmacist, acute care medication list, resident’s own medications).
- Is a complete medication history documented?
- Documentation should appear in progress notes and/or the medication plan, regarding the medication review date/ next review/ participants in the review/ concerns brought forward in the review/ and the outcome of review.
- Is the reason the resident is taking the medication clear in the review.
- Does the resident/supporter understand the reason for the medications/ side effects and the reason for the review?
- Are medications on the BEERS List still needed or is there an alternative medication?
- Attached is an audit tool that may be used.
# Multidisciplinary Medication Review Audit Tool

## Facility Name: ___________________________  Date: ___________________________

## Residents Name: ___________________________

### Does the Regional Health Authority have a multidisciplinary medication review policy that:

<table>
<thead>
<tr>
<th></th>
<th>Score Possible</th>
<th>Score Achieved</th>
<th>Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Is approved by the Board/Board Chair?</td>
<td>2</td>
<td>Documentation</td>
</tr>
<tr>
<td>1.2</td>
<td>Indicates the frequency of reviews?</td>
<td>2</td>
<td>Documentation</td>
</tr>
</tbody>
</table>

### The resident’s chart or medication administration record indicates:

<table>
<thead>
<tr>
<th></th>
<th>Score Possible</th>
<th>Score Achieved</th>
<th>Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>A multidisciplinary medication review has occurred and been documented in the past 3 months?</td>
<td>2</td>
<td>Documentation</td>
</tr>
<tr>
<td>2.2</td>
<td>The number of medications has been reduced since the last medication review or documentation as to why unchanged?</td>
<td>2</td>
<td>Documentation</td>
</tr>
<tr>
<td>2.3</td>
<td>The number of medications on the Beers List subset has been reduced since the last medication review or documentation as to why unchanged?</td>
<td>2</td>
<td>Documentation</td>
</tr>
<tr>
<td>2.4</td>
<td>The resident and/or family participate in the review or a discussion regarding the medications?</td>
<td>2</td>
<td>Documentation</td>
</tr>
<tr>
<td>2.5</td>
<td>Is confirmation of medication history with a second source documented?</td>
<td>2</td>
<td>Documentation</td>
</tr>
<tr>
<td>2.6</td>
<td>The date of the next review is documented?</td>
<td>2</td>
<td>Documentation</td>
</tr>
</tbody>
</table>

### Total: 16

Completed By: ___________________________

Comments: ___________________________
References for Multidisciplinary Medication Review Guide:

http://www.nhssb.n-i.nhs.uk/prescribing/documents/Guide.pdf


INTENT:
To ensure proper record keeping is done as an essential component of the provision of quality care.

POLICY:
Proper resident care record keeping shall at minimum be:

a) Complete and up-to-date;
b) Accurately documented;
c) Readily accessible;
d) Systematically organized; and,
e) Maintained in accordance with accepted professional standards and practices.

Each resident care record shall at minimum:

a) Contain an accurate and functional representation of the actual experience of the resident in the special-care home; and,
b) Contain enough information to show that special-care home personnel are aware of the current status of the resident, that adequate plans of care are in place and that sufficient documentation of the effects of care are provided.

Regardless of the system of documentation being used, the documentation shall at minimum:

a) Provide pertinent information on the condition of the resident;
b) Outline various interventions by doctors, nurse practitioners, registered nurses, registered psychiatric nurses, licensed practical nurses and other persons who are involved in the care of the resident;
c) Communicate the response of the resident to the various interventions; and,
d) Record actual care provided to the resident as necessary (charting by exception).

e) Include the date, time and signature of the care provider for all entries. When signing entries, resident care staff shall identify themselves with their first initial and full last name, followed by the appropriate designation e.g. RN, CCA, and LPN. Where initials only are used a master signature list must be established. The master signature list shall contain the names of all care providers and their designation. This list shall be placed on file in the client record.
INTENT:
To ensure proper resident care records are established and maintained for all residents.

LEGISLATIVE AUTHORITY:
Health Information Protection Act

RELATED GUIDELINES (LINKS):
Policy 4.10 Communication Processes for Residents Entering Leaving and Returning to the Facility
SRNA Guidelines for Documentation

POLICY:
A standardized resident care record shall be established for each resident on admission to a special-care home and maintained up-to-date for the duration of the stay. The resident care record shall at minimum:

a) Reflect a multi-disciplinary approach to assessment, care planning and care delivery in the special-care home;

b) Be kept confidential and a securely stored;

c) Be available based on the policy of the facility and the requirements of the Health Information Protection Act to the resident/responsible person/s where requested;

d) Be available to anyone who is involved in the care of the resident and irrespective of who provides care to a client, that person shall record in the resident care record;

e) Have all persons responsible to document in the chart trained in charting requirements recognizing the resident care record as a legal document; and

f) Ensure all entries are legible.

Resident care providers shall follow the facility standards set for recording and documenting on the resident care records and may use the following charting requirements:

a) Identification of Client – The name of the client and the current date should be recorded on each sheet of the client care record.

b) Permanency of Record – Client care records are permanent documents. Therefore, every precaution should be taken to ensure permanency. All entries must be made either in ink or another permanent medium.

c) Correction of Entry
i. Written Copy – The writer should then indicate that it is an “incorrect entry” and initial beside the incorrect entry. The newly documented page may be labeled as “corrected copy” and placed in front of the original page.

ii. Electronic Documentation – Follows similar rules as paper based documentation. Electronic document should have accessible audit trail which captures date, time and person for every entry.

d) Recording shall be done on a daily basis and immediately after a particular event(s) rather than waiting for an established time. The care provider who observed or performed the action should complete the recording.

e) Information should be recorded in chronological order. This means events should be recorded in the order or sequence in which they occurred. If an entry is made out of chronological sequence, a notation should be made to that effect (i.e. in the nursing/progress notes, the writer should record the current date and time of documentation and then record the date and time of when the event/actions had originally occurred; an arrow may be placed indicating where the entry should be placed within the sequence). All notations should be dated and signed by the writer.

f) Abbreviations in resident care records should be kept to a minimum. Only those abbreviations approved by the Regional Health Authority should be used in the resident care records.

g) The documentation must be accurate in all aspects recording what is observed or heard and any relevant statements made by the resident/responsible person.

h) Accurate charting of medication administration and treatment given is as important as the administration itself.

i) The wording in the resident care record should be short and concise in order to avoid misinterpretation.

j) Where flow sheets are used, there is no need to record on the progress notes unless something unusual has happened, or a change in the client’s health status has occurred.

k) The system of recording information should be uniform throughout the resident care program. No individual should, on his or her own initiative, add or omit items, which are not in accordance with facility policies or practices.

All facilities shall identify what documents must be included in the resident care record and shall include information related to but not be limited to:

a) Resident information;

b) Contact information for the person legally authorized to act on behalf of the resident (responsible person) and if the person to be consulted and/or notified regarding the resident activities and needs is different that shall be recorded on the record;

c) Admission/readmission documentation;

d) Documentation of the resident safe leaving and returning related to admissions, discharges, transfers and other outings as per Policy 4.10 Communication Processes for Residents Entering Leaving and Returning to the Facility

e) Health care Directive;

f) Consents;
g) History, physical examinations and other related records;
h) Assessments;
i) Resident Assessment Instrument Minimum Data Set (RAI-MDS);
j) Resident specific care plan;
k) Physician/Nurse Practitioner orders;
l) Physician and other professional consultation progress notes;
m) Nursing documentation/progress notes;
n) Medication and treatment records;
o) Reports from lab, x-rays and other diagnostic tests;
p) Rehabilitation and restorative therapy records;
q) Social service documentation; and,
r) Activity documentation;
s) Nutrition services documentation; and,
t) Other miscellaneous records including correspondence and administrative documents.
INTENT:
The provision of information related to retention of resident care records.

LEGISLATIVE AUTHORITY:
The Regional Health Services Act
The Health Information Protection Act
The Archives Act, 2004
The Income Tax Act

POLICY:
Retention of resident care records shall comply with federal and provincial regulations and accepted standards of practice. At a minimum retention of resident records shall:

a) Be kept for a minimum of seven (7) years after the date of discharge for all adults and for children until the child reaches 18 years of age, plus two (2) years;

b) Where concerns related to the particular resident have been identified, all records relevant to the case should be maintained until it is clear that the concerns have been resolved;

c) When in doubt about whether a particular document or record should be destroyed, the facility solicitor should be consulted.
INTENT:

To ensure that all incidents that had the potential to or did affect the health and safety of a resident, staff, visitor and/or others in the special-care home are reviewed and result in a change to prevent reoccurrence of the same or similar incident.

LEGISLATIVE AUTHORITY:

The Regional Health Services Act

The Occupational Health and Safety Act, 1993

The Public Health Act

Saskatchewan Critical Incident Reporting Guideline, 2004

The Occupational Health and Safety Regulations, 1996

The Disease Control Regulations

POLICY:

A process shall be established for the review, investigation and reporting of incidents that have the potential to or have affected the health and safety of a resident, staff, visitor and/or other person in the special-care home and shall include but not be limited to:

a) The requirement to implement change to prevent the reoccurrence of similar incidents;

b) All incident reports must be kept on file for a minimum of seven years;

c) A statement that all concerns must be documented on the provincial Client Concern Handling System Database, and that all information is de-identified at the provincial level; and,

d) A statement indicating that confidentiality will be respected.

e) The process to review, investigate and report all incidents shall be based on severity and on regulatory requirements including but not limited to:

   i. An incident that meets the threshold for a critical incident as per the Saskatchewan Critical Incident Reporting Guidelines, 2004, refer to reporting criteria in The Regional Health Services Act, section 58.

For additional information contact:
ii. An incident that is related to infection with a Category I or Category II Communicable Disease refer to reporting criteria in the Public Health Act, 1994, the Disease Control Regulations, the Communicable Disease Control Manual and other related policies and publications. Health care providers are required to report to the local MHO as soon after forming an opinion of infection with a Category I or Category II Communicable Disease. This means that reports are to be made regarding both known and suspected cases. Early identification and reporting allows for early initiation of interventions that are vital to control the spread of communicable diseases.

1994, c.P-37.1, s.34; 2003, c.29, s.53.

Reporting requirements for Outbreaks is identified as above.

Contact Population Health Branch for additional information:

T.C. Douglas Building
3475 Albert Street
REGINA SK S4S 6X6 CANADA
Telephone: (306) 787-8847

iii. An incident that affects an employee, refer to the *Occupational Health and Safety Act, 1993* and its regulations for reporting requirements. Contact Labour Relations and Workplace Safety Division for additional information:

**Regina**

300-1870 Albert Street  
REGINA SK S4P 4W1  
Telephone: 1-800-567-7233  
Toll free in Saskatchewan  
In Regina: (306) 787-7404  
Fax: (306) 787-2208

**Saskatoon**

122-3rd Avenue North  
SASKATOON SK S7K 2H6  
Telephone: 1-800-667-5023  
Toll free in Saskatchewan  
In Saskatoon: (306) 933-5052  
Fax: (306) 933-7339
INTENT:

To ensure processes are in place to regularly review and improve the quality of health services provided to residents of long-term care facilities.

POLICY:

A quality improvement program shall be established that will regularly evaluate and improve the programs and services provided to residents requiring long-term care. The program shall include but not be limited to the following requirements:

a) Monitor the overall quality of continuing care health services based on indicators such as resident, family and staff surveys;

b) Review trends based on documented resident and others concerns expressed through the Client Concern Handling Process and through reportable incident reports;

c) Monitor client outcomes in comparison to evidence-based best practices;

d) Utilize quality indicators to improve services and achieve quality outcomes;

e) Develop and implement quality improvement strategies using a Lean philosophy to identify and eliminate anything that does not add value. Through the Lean philosophy employees will be empowered to implement innovative solutions to reduce waste and make improvements;

f) Evaluate quality improvement strategies and modify based on outcomes;

g) Ensure staff training strategies are identified that will respond to the changing resident needs and health care trends; and,

h) Facilities shall participate in the accreditation process.
INTENT:
To ensure that all individuals have access to a process to address concerns related to care. The process should begin with frontline staff attending to the concern and trying to resolve it to the satisfaction of all individuals involved. If resolution cannot be completed by frontline staff, the concern should be escalated to facility management and/or Regional Director of LTC if necessary.

*Note: For Critical Incident Reporting refer to Policy 17.1 Incident Review Investigations and Reporting

LEGISLATIVE AUTHORITY:
The Regional Health Services Act

RELATED GUIDELINES:
The Ombudsman Act, 2012
Critical Incidents | Ministry of Health | Government of Saskatchewan

POLICY:
Residents/responsible persons/employees and any other person having a concern related to the care a resident is receiving shall have the opportunity to report the concern, and receive a response in a timely manner, without fear of retribution. At a minimum, this process should include:

a) The identification of the process to follow when a resident/responsible person, family, employee, friend, and/or others have a concern;

b) A communication plan to ensure the process is explained on admission and understood by the resident/responsible person, friends and families; this process should be reviewed on a regular basis;

c) A statement that all concerns expressed will be reviewed and a response will be provided, in a timely manner; and,

d) The process for handling concerns is communicated to staff as per below:

First-level Attempt
i. First attempt to resolve the concern should be by front-line staff. If resolution is not possible, it is referred to the most appropriate supervisor or manager.

ii. If the direct supervisor is not successful at resolving the concern, the concern should be escalated to facility management and/or the regional director of long-term care if necessary.
Second-level Review

i. If the above has been unsuccessful, and the complainant is still unsatisfied, a second – level review is completed within 30 days. The concern is raised with the most appropriate health region manager, who will investigate the complaint or possibly even arrange for an independent secondary review of the issue. Typically, the result of this review would be considered the final decision on the part of the health region.

ii. At any time, residents or family members can contact the Ombudsman for assistance in working through a concern. It is typically only after this second-level review from the health region that the Ombudsman would be contacted.

e) A procedure must:

i. Include a review of all relevant information.

ii. The review be free from bias or reasonable perceptions of bias.

iii. Handled in a timely fashion (within a maximum of a 30 day period). Every effort should be made to resolve concerns at the point of service in real time. Progress and possible delays (with reason for delay) need to be communicated to all parties involved in the concern, while respecting confidentiality.

iv. Be documented.

v. Be tracked and monitored for quality improvement purposes.

vi. Include a clear explanation to those who raised the concern, or have been involved in the process of any decision, as to how the decision was made and general action taken, taking into consideration confidentiality and consent.

vii. Involve those who raised the concern in the process.

viii. A process for implementation of the recommendations as a result of the review.

ix. Information advising how to access the second-level review process if the initial resolution is unsatisfactory and the issue remains unresolved.

x. Not include concerns of a clinical decision made by a regulated healthcare professional, which should be referred to the appropriate regulatory body for review.

Residents and family members must be advised that, at any point, the facility or the resident/responsible person can contact the designated Quality of Care Coordinator, Patient Advocate or Client Representative and include them in the concern process. Their roles include:

i. Assisting individuals and families with questions or concerns about health services in their health authority, including regionally owned and affiliate facilities.

ii. Ensuring individuals are informed about their rights and options.

iii. Recommending changes to the Regional Health Authority based on the findings and types of concerns raised.
Residents/responsible person, family members, and employees need to be informed of the Ombudsman and their role, including:

i. A procedure that permits residents to communicate in private with the Ombudsman.

ii. A procedure to inform residents of their right to communicate with the Ombudsman, and the services provided by, and the contact information for the Ombudsman.
Resident admitted to LTC. Staff explain concern handling policy to resident and family.

First-Level Resident voices a concern to a frontline staff. Staff person notifies Nurse in Charge and the staff speak with resident/family in a timely fashion and documents.

At any time, a resident or family can notify the ombudsman for support in having their concerns addressed. They can also contact the Quality of Care Coordinator or Patient Advocate.

Nurse in Charge escalates concern to facility management. Facility management speaks with resident/family and investigates concern in a timely fashion by interviewing all residents and staff involved. Reviews results and shares with resident/family/staff.

All steps must be performed and documented in a timely fashion.

Second-level Review Resident/family not satisfied; facility manager escalates to Regional Manager/Director of LTC, who speaks with family/resident/staff involved and reviews case in a timely fashion. Discusses outcome with resident/family/staff.

Concern resolved?

No further follow up

Yes

This is looked at as Region's final review/decision. Resident/family informed they can request a further review from the Ombudsman's office.
INTENT:
To ensure the design and aesthetics of the special-care home are supportive of the resident care needs as well as their quality of life.

RELATED GUIDELINES (LINKS):
19.4 Infection Control Program Policy
20.1 Fire Safety Policy
The Disease Control Regulations
The Occupational Health and Safety Regulations, 1996
*Design Guidelines and Standards for Long-term Care Facilities in Saskatchewan

POLICY:
The design and aesthetics of the special-care home shall be supportive of the resident care needs as well as their quality of life including but not be limited to:

a) A cheerful and home-like environment to support the health needs of the residents, and the working environment of the employees, and shall be based on the *Design Guidelines and Standards for Long-term Care Facilities in Saskatchewan;

b) Planning, designing, renovating and decorating must be done in compliance with regulatory requirements, including but not limited to: the *Ministry of Health Capital Asset Planning Process, building codes, infection control, fire safety and occupational health and safety; and,

c) A process to be followed for residents/responsible persons that desire to make changes to the resident rooms, including the process to communicate this to all residents/responsible persons.

*available through contact with the Ministry of Health Capital Asset Planning Unit Strategy and Innovations Branch, Ministry of Health
INTENT:

To ensure the residents of special-care homes are living in a clean, safe and comfortable environment.

LEGISLATIVE AUTHORITY:

*The Occupational Health and Safety Act, 1993*

*The Disease Control Regulations*

*The Occupational Health and Safety Regulations, 1996*

POLICY:

Providing a clean, safe and comfortable environment for residents shall include but not be limited to:

a) Identifying the importance good housekeeping has on the resident’s quality of life and the care that is provided in the special-care home;

b) Identifying the significance good housekeeping has in the prevention and control of infectious diseases;

c) Identifying the significance good housekeeping has in the prevention of incidents that could result in injury to residents, visitors and staff;

d) Directing the inclusion of all areas within all the buildings on the property including care and maintenance of ventilation systems and the ductwork;

e) Requiring initial and on-going training of employees responsible for housekeeping including the importance of good hand-washing;

f) The development and maintenance of procedure manuals that are accessible to all housekeeping staff for reference;

g) The process to be used in the selection and evaluation of cleaning supplies and techniques;

h) The provision of appropriate equipment and supplies to allow effective cleaning;

i) The process to ensure housekeeping duties are done in cooperation with other department activities;

j) A statement identifying that all regulatory requirements including but not limited to fire safety, infection control and occupational health and safety will be incorporated to the housekeeping services; and,

k) A statement indicating how and when the buildings housekeeping will be evaluated.
INTENT:
To ensure the residents of special-care homes are provided with clean laundry, including bedding, lifting slings and personal items.

LEGISLATIVE AUTHORITY:
The Occupational Health and Safety Act, 1993
The Disease Control Regulations
The Occupational Health and Safety Regulations, 1996

POLICY:
The provision of laundry services for residents of special-care homes shall include but not be limited to:

a) Identifying the importance of effective laundry services and how it impacts the quality of life and care that is provided to the residents of the special-care home;

b) Identifying the significance of laundry services in the prevention and control of infectious diseases;

c) Ensuring repair needs of linen and personal clothing are identified, and repaired through an established process;

d) Identification of the services that will be provided by the laundry department that may include:
   i. The tracking of lifting sling inspections and the discontinuation of worn or damaged lifting slings;
   ii. Types of personal laundry that will be accepted;
   iii. Repair of personal laundry; and,
   iv. Labelling of personal items.

e) The process to be used in the selection and evaluation of laundry supplies and techniques considering the importance of infection control, allergies and sensitivities;

f) The development and maintenance of procedure manuals that are accessible to all laundry staff for reference;

g) The procedure for initial and on-going training of employees responsible for laundry duties including the importance of good hand-washing;

h) The provision of appropriate equipment and supplies to allow effective cleaning of linen, lifting slings and personal items;
i) The process to ensure laundry services are done in cooperation with other department activities;

j) A statement identifying that all regulatory requirements including but not limited to fire safety, infection control and occupational health and safety will be incorporated to the laundry services; and,

k) A statement indicating how and when laundry services will be evaluated.
INTENT:
To ensure protection of equipment and buildings through a preventative maintenance and repair program.

LEGISLATIVE AUTHORITY:
*The Occupational Health and Safety Act, 1993*

RELATED GUIDELINES:
*The Occupational Health and Safety Regulations, 1996*

POLICY:
A preventative maintenance and repair program for all buildings and equipment shall be established including but not be limited to:

a) The documentation of all equipment and buildings list;

b) Identification of the responsibilities for maintenance and repair of buildings and equipment including resident owned and loaned equipment;

c) The procedure to ensure that equipment and buildings are maintained as per instructions and on the schedule by which they will be most effectively maintained;

d) The procedure for initiating repairs as needed;

e) The process to document maintenance and repairs;

f) The process for employees to identify equipment and building maintenance and repair needs;

g) The requirement to follow infection prevention and control policies; and,

h) The process and frequency for evaluation of the preventative maintenance and repair program.
INTENT:
To ensure water temperature is kept at the optimum temperature for the safety of residents.

RELATED GUIDELINES:
| Home | CSA Group
| CDC - Laundry: Washing Infected Material - HAI

POLICY:
The temperature of water in hot water holding tanks and at points of use shall be maintained at an appropriate temperature for the intended use.
The following recommendations shall be considered when establishing a policy:

a) The hot water tank temperature must be maintained at the temperature required to assist in the prevention of legionella (see procedure below);
b) Water temperature be controlled at the point of use where residents have access;
c) The implementation of a protocol for testing water temperature in bathtubs prior to residents entering the tub; this temperature should be documented for each bath;
d) That water temperature requirements for laundry be identified; and,
e) That all water temperature-controlling devices are monitored and documented on a routine basis.

PROCEDURE:
The 2005 National Plumbing Code requires that electric hot water heaters be set at 60 C to prevent the growth of legionella (usually set upon shipping from manufacturer).
INTENT:
To ensure the safe handling of biomedical waste.

LEGISLATIVE AUTHORITY:

*The Environmental Management and Protection Act*
*The Clean Air Act*
*The Occupational Health and Safety Act, 1993*
*The Dangerous Goods Transportation Act*
*The Municipal Refuse Management Regulations*
*The Water Pollution Control and Waterworks Regulations*
*The Clean Air Regulations*
*The Occupational Health and Safety Regulations, 1996*
*The Dangerous Goods Transportation Regulations*

RELATED GUIDELINES:

Saskatchewan Biomedical Waste Guidelines
Saskatchewan Immunization Manual

POLICY:

The safe handling, packing, labelling, transportation and disposal of biomedical waste shall include but not be limited to:

a) Special precautions required due to the waste being:
   
   i. Infectious or potentially infectious;
   ii. Sharps;
   iii. Cytotoxic; and,

b) Comply with regional and facility based infection control policies; and,

c) Comply with federal, provincial and municipal requirements.
INTENT:
To provide information to employees to facilitate their access to immunization.

RELATED GUIDELINES (LINKS):
Standards for RN Specialty Practices

POLICY:
Employees shall be provided with information regarding accessing immunization including but not limited to:

a) The option of accessing immunization through their family physician, accessing through the local pharmacist, or by arranging a personal appointment at the regional public health office;

b) Where an employer offers immunization at the place of employment the required process to offer immunization shall include but not be limited to:

   i. A protocol relating to specialty practice procedure requiring additional training; this can be initiated through contact with the regional medical health officer;

   ii. The appropriate environment exists to support the RN trained in the specialty practice.

   iii. The standards of conduct, competencies, proficiency, and the manner and method of the specialty practice set out in the Standards for RN Specialty Practices document are met.

   iv. A process to assist in identifying how the supply of publicly funded vaccine must be requested through the public health services in the region.
INTENT:
To assist in the protection of staff and residents that may be in contact with communicable/vaccine preventable diseases and to assist in prevention of the transmission of these diseases.

RELATED GUIDELINES (LINKS):

- Saskatchewan Immunization Manual
- Occupational Health & Safety: Guide to Vaccinations in the Workplace
- Saskatchewan Communicable Disease Control Manual
- Canadian Tuberculosis Standards, 7th Edition 2013 | Canadian Respiratory Guidelines
- TB Prevention and Control Saskatchewan - Policy and Procedure

POLICY:
In consultation with the regional medical health officer or public health services, a policy shall be established to protect residents and staff who may be in contact with communicable/vaccine preventable diseases and to assist in the prevention of the transmission of communicable/vaccine preventable diseases. The policy shall include but not be limited to:

a) The requirement to maintain accurate records as provided by the employee of the employee’s immunization, medical examinations and tests carried out pursuant to the policy. Such records must be retained as per employer policy after he/she ceases to be an employee;

b) The requirement to identify the immunization requirements for employees of the home in consultation with the regional medical health officer. Recommended immunization requirements have been determined by the provincial medical health officers in consultation with the Ministry of Health. The following list should be considered when establishing requirements:
   i. Influenza:
   ii. Diphtheria and Tetanus Toxoid:
   iii. Polio:
   iv. Measles:
   v. Rubella:
   vi. Hepatitis B:
   vii. Other Vaccines:
   New vaccines should be discussed with the regional medical health officer.

c) The requirement that all persons accepting employment in the special-care home shall be requested to show evidence of current immunization to meet the above requirements;

d) The requirement that persons accepting employment with no history of adequate immunization against the identified vaccine preventable diseases shall be offered immunization as recommended by the medical health officer; and,
e) Healthcare workers who have contact with high-risk individuals have a professional responsibility to do what they can to protect these individuals from the spread of diseases. In situations where an employee refuses immunization with no medical reason, the special-care home should consult with the Regional Health Authorities Senior Management Team and Human Resources/Labour Relations.

f) All Healthcare workers (including physicians, students, volunteers, contractors, etc.) that are required to be in resident care areas are encouraged to be vaccinated yearly against influenza. Those who are not vaccinated by the start of the influenza season (as declared by the Medical Health Officer) each year, are encouraged to wear a mask at all times while in the resident care areas.

g) It is recommended that all long term care employees and regular volunteers have two step tuberculin testing completed at the time of hire as per the Canadian TB Standards.
INTENT:
To monitor, reduce and/or control the incidence and spread of infectious organisms in the special-care home.

LEGISLATIVE AUTHORITY:

*The Public Health Act*

*The Occupational Health and Safety Act, 1993*

*The Occupational Health and Safety Regulations, 1996*

*The Disease Control Regulations*

RELATED GUIDELINES:

19.2 Employee Access to Immunization
19.3 Immunizations for Special-care Home Employees

Communicable Disease Control Manual

POLICY:
The process to monitor, reduce and/or control the spread of infectious organisms within the special-care home shall include but not be limited to:

a) The development of an infection control program for the prevention of the spread of infections to residents, staff and visitors indicating that infection prevention and control practices are designed to protect residents, health care workers and the public from exposures to infectious diseases, and reduce the risk of transmission in health care settings;

b) The development of an infection control program in cooperation with those that have expertise in determining infection control protocols such as an Infection Control Committee/Medical Health Officer/Infection Control Practitioner responsible for the area in which the special-care home is located;

c) The procedures for the surveillance, identification, prevention, control, and reporting of infections in the special-care home;

d) Identification of staff education related to the requirements of the infection control program including regular on-going training for effective hand washing;

e) Identification of the personal protective equipment required including the use, care and maintenance plan for the equipment;

f) A process to inform residents and others coming to the facility of the infection control program and their responsibility in prevention, control and reporting;
g) A process to educate staff regarding the importance of immunization;

h) A detailed procedure for employees to be advised of the availability of immunizations;

i) A statement indicating the plan to review and revise the Infection Control Program; and,

INTENT:
To have a safe and healthy work environment for all employees of the special-care home.

LEGISLATIVE AUTHORITY:
*The Occupational Health and Safety Act, 1993*
*The Occupational Health and Safety Regulations, 1996*

POLICY:
A safety program shall include but not be limited to:

a) A statement of the employer’s policy with respect to the protection and maintenance of the health and safety of the workers;

b) The identification of existing and potential risks to the health or safety of workers at the place of employment and the measures, including procedures to respond to an emergency, that will be taken to reduce, eliminate or control those risks;

c) The identification of internal and external resources, including personnel and equipment, that may be required to respond to an emergency;

d) A statement of the responsibilities of the employer, the supervisors and the workers;

e) A schedule for the regular inspection of the place of employment and of work processes and procedures;

f) A plan for the control of any biological or chemical substance handled, used, stored, produced or disposed of at the place of employment and, where appropriate, the monitoring of the work environment;

g) A plan for training workers and supervisors in safe work practices and procedures;

h) A procedure for the investigation of accidents, dangerous occurrences and refusals to work as legislated;

i) A strategy for worker participation in occupational health and safety activities; and,

j) A procedure to review and, where necessary, revise the occupational health and safety program at specified intervals that are not greater than three years and whenever there is a change of circumstances that may affect the health or safety of workers.
INTENT:
To ensure the establishment of an occupational health committee at the special-care home.

LEGISLATIVE AUTHORITY:
*The Occupational Health and Safety Act, 1993*
*The Occupational Health and Safety Regulations, 1996*

POLICY:
An occupational health committee shall be established as directed in Section 15 of *The Occupational Health and Safety Act, 1993.*
INTENT:
To report, investigate and control communicable diseases in special-care homes.

LEGISLATIVE AUTHORITY:
The Public Health Act
The Occupational Health and Safety Act, 1993
The Disease Control Regulations
The Occupational Health and Safety Regulations, 1996

RELATED GUIDELINES:
19.3 Immunizations for Special-care Home Employees
19.2 Employee Access to Immunization
Communicable Disease Control Manual
Immunization Manual

POLICY:
The process to report, investigate and control communicable diseases in special-care homes shall be established including but not limited to the requirements as identified in the Communicable Disease Control Manual in particular Sections 9-30, 9-40, 9-50 and 9-60 that provide outbreak and antiviral protocols specific to special-care homes.
INTENT:
To provide direction related to the required testing procedure for tuberculosis.

RELATED GUIDELINES:
Saskatchewan Immunization Manual
SRNA Guidelines for Immunization Administration and Immunization Programs
Canadian Tuberculosis Standard

POLICY:
The requirements for tuberculin skin testing (TST) shall be carried out as recommended by the Medical Health Officer. Although the Medical Health Officers recommendations are subject to change based on local epidemiology, as of September, 2010 the Medical Health Officers Council of Saskatchewan recommends:

a) Residents with documented results of a prior TST should have their TST result transcribed into their record on admission.

b) Routine baseline TST of LTC residents on admission to a LTC facility is not recommended.

c) Serial (e.g. annual) TSTs are not necessary for LTC residents.

d) If a resident is at increased risk of active tuberculosis (e.g. high tuberculosis incidence country, high incidence Canadian Aboriginal community, former urban poor or HIV infected) then baseline two-step TST is recommended.

The Saskatchewan Registered Nurses Association (SRNA) has established guidelines to have registered nurses provide the TST: SRNA Guidelines for Immunization Administration and Immunization Programs.

It is recommended that all long term care employees and regular volunteers have two step tuberculin testing completed at the time of hire as per the Canadian TB Standards.
INTENT:

To ensure a fire safety program is established that is in compliance with the requirements for B2 Institutional Occupancy (care or detention occupancies in which persons having cognitive or physical limitations require special care or treatment) where 10 or more residents are accommodated.

LEGISLATIVE AUTHORITY:

*The Fire Prevention Act, 1992*

*The Saskatchewan Fire Code Regulations*

*The Occupational Health and Safety Regulations, 1996*

POLICY:

A fire safety program shall be in place in all special-care homes in conjunction with the regional health authority plan including all national, provincial and municipal requirements including but not limited to:

a) Code Red procedures including evacuation of residents, visitors and employees;

b) Designating a person in charge in the event of a Code Red;

c) Employee communication plan for site-specific Code Red procedures including requirements of the local fire department;

d) Ongoing fire training for staff with regular updates; and,

e) Frequency of fire alarm tests and drills with records kept of all tests and exercises.
INTENT:
To ensure the establishment of an emergency plan to facilitate a response reducing the risk of injury, loss of life and property.

LEGISLATIVE AUTHORITY:

*The Occupational Health and Safety Regulations, 1996*

POLICY:

An emergency preparedness plan shall be established in all special-care homes in conjunction with the regional health authority plan including but not be limited to:

a) Ensure all employees know the location of the emergency preparedness manual in their area of work;

b) Ensure employees receive initial orientation and mandatory training in emergency preparedness at least every three years;

c) Ensure all employees are familiar with emergency codes and the procedures to be followed in his/her area; and,

d) Ensure that an emergency preparedness procedure includes but is not limited to:

   i. Fire (Code Red);
   ii. Violence (Code White);
   iii. Missing Patient (Code Yellow);
   iv. Evacuation (Code Green);
   v. Disaster (Code Orange);
   vi. Bomb Threat (Code Black);
   vii. Hazardous Material (Code Brown);
   viii. Hostage Taking (Code Purple);
   ix. Cardiac Arrest (Code Blue);
   x. Hospital Over Capacity (Code Burgundy);
   xi. Storm Alert;
   xii. Pandemic; and,
   xiii. Boil Water Advisory.
INTENT:
To provide requirements for the reporting to the Ministry of Health – Community Care Branch.

LEGISLATIVE AUTHORITY:
*The Regional Health Services Act*

POLICY:
Special-care Homes shall report the following to the Ministry of Health Community Care Branch:

a) All admissions, transfers and discharges are reported through the Special-care Home System;

b) Any changes to the admission information as reported by the resident/responsible persons following admission;

c) Where residents provide their annual reported income to the region it shall be provided as requested by the Ministry of Health for the purpose of setting the income-tested charge; and,

d) Any changes to the reported income by residents/responsible persons will be reported immediately to ensure a timely change to the income-tested resident charge;

The above information is provided to:

The Ministry of Health
Income Assessment Unit
2nd Floor – 3475 Albert Street
REGINA SK S4S 6X6
Fax (305) 787-7095

e) Total long-term care bed counts identifying the number of permanent placement beds and the number of short stays beds used for respite care, convalescent care or other short stays will be reported to Community Care Branch as requested;

f) The number of acute care beds occupied by long-term care clients waiting placement as requested by the Ministry of Health;

g) The number of clients waiting placement, the average number of days clients waited for placement and the number of clients on the transfer list, based on the criteria and definitions established by the Ministry in consultation with the health regions, as requested by the Ministry of Health; and,

h) Ongoing changes made on a permanent basis to long-term care bed numbers as approved by the Ministry of Health.

The above information (e – h) will be provided as requested to:
NOTE:

These reporting requirements may not include all reports required.

These reporting requirements do not include reports as required by other branches within the Ministry of Health or for other Ministries.