

# HOME OXYGEN STANDARDS FOR QUALITY SERVICE JULY 2013 EDITION 1

## Continuing Care Branch Department of Health and Wellness



Policy: Home Oxygen Standards for Quality Service Edition 1

Approval Date: <u>July 29, 2013</u>

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Approved by: Kevin McNamara

Deputy Minister, Department of Health and Wellness

Signature: Original signed by Kevin McNamara

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### Home Oxygen Standards for Quality Service Maintenance & Feedback

The Nova Scotia Department of Health and Wellness is responsible to maintain Home Oxygen Standards for Quality Service and to keep these standards current and relevant. The Continuing Care Branch will undertake this maintenance role cooperatively and in consultation with the District Health Authorities and our other partners in the provision of care.

If you would like a copy of the Home Oxygen Standards for Quality Service, have identified any errors in this document, or have suggestions for revisions to this or future versions, please complete the form on the following page, giving as much detail as possible, and forward by mail or fax (902-424-0558) to the Continuing Care Branch.

#### HOME OXYGEN STANDARDS FOR QUALITY SERVICE FEEDBACK FORM

| Submitted by:                                      |      |       |
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| Name:  |      |       |
| Organization:                                      |      |       |
| Telephone:   | FAX: |       |
| Please identify the section you are commenting on: |      |       |
| Section:   |      | Page: |
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Fax or Mail to: Continuing Care Branch

Department of Health and Wellness

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#### 1.0 INTRODUCTION

The Home Oxygen Standards for Quality Service have been developed in consultation with partners in Continuing Care. This document replaces any previous Home Oxygen Standards documentation and audit tools.

The Home Oxygen service has been in place through the Department of Health and Wellness since April 1, 1997. The mandate of the home oxygen service is to fund the provision of oxygen concentrators, cylinders for portability and related supplies to eligible individuals with documented chronic hypoxemia who require oxygen supplementation.

In 2008, government announced its intention to transfer continuing care service delivery responsibilities from the Department of Health and Wellness, DHW (formerly known as the Department of Health) to the District Health Authorities (DHA). In June 2009, Department employees working in service delivery across the province were transferred to the nine DHAs. In 2011, the provincial government conducted an RFP process to procure home oxygen services from vendors.

During the period of 2012-2013, DHW staff revised and updated the Home Oxygen Policy Manual and developed this document, the Home Oxygen Standards for Quality Service to reflect the new structures and relationships resulting from integration. In addition and where appropriate, policies and standards were updated to reflect the current policy and legislative environment, to address recommendations made by the Office of the Auditor General from the 2002 and 2008 home care audit reports and to reflect the requirements of the RFP and contracts for the provision of Home Oxygen services.

This document will be used by Monitoring and Evaluation, Continuing Care Branch, Department of Health and Wellness to conduct annual audits and as part of the renewal/approval of contracted vendors.

#### 2.0 HOW TO USE THIS DOCUMENT

A number of **goals**, **standards** to be used in achieving those goals, and more specific **indicators** of how the goals can be achieved have been developed. These are found throughout the document. There are two columns to the right of the indicators: "Home Oxygen Vendor" and "DHW". As part of the audit process, Home Oxygen Vendors are asked to use the "Home Oxygen Vendor" column in their self-assessment to indicate compliance with each indicator. DHW will use the "DHW" column to indicate whether or not the vendor has met compliance.

Following each standard, there is a space for "comments", including a section for the Home Oxygen vendor to identify compliance with indicator. During the self-assessment, Home Oxygen Vendors should use this page to comment on their level of compliance with the standard (all of the indicators considered together), and to rate their own overall compliance with the standard. Monitoring and Evaluation will use a similar page to rate the Home Oxygen Vendor's compliance with each standard during the audit.

#### 3.0 ASSESSING COMPLIANCE WITH STANDARDS

Compliance with each of the standards will be assessed by Monitoring and Evaluation, Continuing Care Branch, DHW. Monitoring and Evaluation determines if the Home Oxygen Vendor is compliant or not. In determining the level of compliance with an individual standard, the number and importance of indicators which are being monitored or adhered to by the Home Oxygen Vendor will be considered. Successful compliance with a standard is a qualitative rather than a quantitative determination; there is no minimum number of indicators which, if met or monitored, will guarantee that the individual standard is met.

Monitoring and Evaluation will use the following as a guide to measure compliance with each indicator:

**N** = Non-Compliant (this will be specified in the report)

**M** = Minimal level of compliance

**P** = Partial compliance

**S** = Substantial compliance

It is the responsibility of the Home Oxygen Vendor being audited to show that there is compliance with a standard. As a guide to whether the Home Oxygen Vendor is compliant with any standard, the table below may be used. Each standard will be considered under three headings:

- 1. **Client involvement or focus:** Does the indicator or standard consider the client and their family support whenever possible? Is there client involvement or input?
- 2. Collaboration and communication: What is the level of collaboration among staff, management and the governing body in the compliance of indicators related to the standard? How widely is information about the standard known across the Home Oxygen Vendor organization?
- 3. **Documentation and completeness:** Is there complete and accurate documentation related to the indicator or standard?

| Elements                      | Non Applicable/<br>Non-Compliant   | Minimal<br>Compliance  | Partial<br>Compliance   | Substantial<br>Compliance  |
|-------------------------------|--|--|---|--|
| Client involvement or focus   | The client is not considered.  | There is occasional or random involvement of the client.                         | There is frequent involvement of the client.  | There is consistent involvement of the client.   |
| Collaboration & Communication | There is no evidence that collaboration occurs with staff and management.  | There is occasional collaboration with staff and management.                     | There is significant collaboration between staff and management.  | There is evidence of extensive collaboration among staff and management.                               |
| Documentation & Completeness  | There is no documented evidence that the standard is met or monitored. Staff or management are not aware or did not approve. | There is some documentation, but it is not complete, or is not widely available. | There is some documentation, although it is not complete. Staff across the organization are aware of its existence. | There is complete documentation, and there is wide knowledge across the organization of its existence. |

#### 4.0 PROGRAM STANDARDS: ACCOUNTABILITIES

There are responsibilities and accountabilities in the relationship between DHW, the DHAs and the Home Oxygen Vendors which provide care to the clients of the provincial home oxygen program. The following defines the roles in setting standards and monitoring adherence to the Home Oxygen Standards for Quality Service.

| ACCOUNTABILITY                                    | RESPONSIBILITY  | DETAILS  |
|---|---|--|
| Setting Program Standards                         | System Planning, Continuing Care<br>Branch, DHW                             | The standards include requirements for practice, service delivery, and assessment. Setting of provincial standards for the home oxygen program is done in consultation with stakeholders.                                      |
| Ensuring Adherence to Standards                   | Home Oxygen Vendor  | Home Oxygen Vendors are responsible to comply with the Home Oxygen Standards for Quality Service and to cooperate with the audit process.  |
| Auditing for Compliance                           | Monitoring and Evaluation (M&E), Investigation and Compliance Officer (ICO) | The ICO is responsible for carrying out the audit. The ICO receives the Home Oxygen Vendor response to the findings from the audit, and follows its progress in meeting any requirements.                                      |
| Monitoring for Adherence to Recommendations       | M&E, Investigation and Compliance<br>Officer (ICO)                          | The Manager, Investigation and Compliance, Continuing Care Branch, will be consulted if Agencies fail to meet deadlines by which requirements must be met.   |
| Reporting the Status of Compliance with Standards | M&E, Investigation and Compliance Officer (ICO)                             | The ICO reports to the Manager, Investigation and Compliance, Continuing Care Branch, as to whether each Home Oxygen Vendor has complied with the audit's requirements. Will recommend approvals or revocation as appropriate. |

#### 5.0 HOME OXYGEN VENDOR AUDITING PROCESS

All Home Oxygen Vendors will be audited for compliance with the Home Oxygen Standards for Quality Service. Any standard may be audited during any audit visit at the discretion of Monitoring and Evaluation.

The audit process needs to be an integral part of the Home Oxygen Vendors Continuous Quality Improvement Plan.

The Home Oxygen Vendor must complete the self-assessment portion of the audit tool provided by the Department of Health and Wellness. Home Oxygen Vendors are asked to use the "Home Oxygen Vendor" column opposite the indicators for each standard to perform their self-assessment. In addition, the "comments" and "rating" page may be used in the self-assessment. The completed document is to be sent to Monitoring and Evaluation prior to the on-site audit.

The Investigation and Compliance Officer (ICO) may conduct interviews with Home Oxygen Vendor staff, DHA Continuing Care staff, and with a sample of the home oxygen clients of the Home Oxygen Vendor as part of the audit process. The ICO will visit the Home Oxygen Vendor to perform the standards audit.

Upon completion of the audit, the ICO will hold a "debriefing session" with a member of the Home Oxygen Vendor's audit team. The ICO will discuss the Home Oxygen Vendor's level of compliance with the standards.

A report of the findings is sent from the ICO to the Home Oxygen Vendor. The Home Oxygen Vendor must respond with an action plan that addresses each requirement including time lines for completion.

If a Home Oxygen Vendor fails to comply with the requirements from any audit, DHW may terminate the service agreement.

The DHW reserves the right to audit any Home Oxygen Vendor without notice under the following circumstances:

- 1. If the Home Oxygen Vendor has had a change of ownership or control, or merges with another Home Oxygen Vendor, organization or facility;
- 2. If the Home Oxygen Vendor significantly changes the services it offers;
- 3. If there has been (or is believed to have been) a breach of any standard;
- 4. On submission of a proposal for service provision in response to a Request for Proposals (RFP), or:
- **5.** If there are any other concerns about possible violation of the DHW-Vendor contract agreement.

#### 6.0 STANDARDS

#### **6.1 GOVERNANCE AND ACCOUNTABILITY**

| GOAL 1:      | ACCEPTED MANAGEMENT PRACTICES ARE FOLLOWED, AND THERE IS                    |
|--------------|---|
|              | ACCOUNTABILITY FOR THE SERVICES PROVIDED.                                   |
| Standard 1.1 | There is a written plan outlining the accountability, authority and         |
|              | responsibility of management.   |
| Standard 1.2 | There are appropriate communication processes with DHA Continuing Care,     |
|              | other related stakeholders, and internally among Home Oxygen Vendor staff.  |
| GOAL 2:      | VALUES AND PRINCIPLES OF THE HOME OXYGEN PROGRAM ARE                        |
|              | SUPPORTED AND CLIENT GOALS AND OUTCOMES ARE PROMOTED.                       |
| Standard 2.1 | The philosophy and Mission Statement are consistent with the philosophy of  |
|              | the Home Oxygen Program delivered by the DHA.                               |
| Standard 2.2 | Management engages in collaborative efforts to promote the Home Oxygen      |
|              | Program, its services and service delivery.                                 |
| Standard 2.3 | There are current policies and procedures which reflect the values inherent |
|              | in the Home Oxygen Vendor Mission Statement.                                |
| Standard 2.4 | There is a Continuous Quality Improvement (CQI) plan which includes an      |
|              | internal, on-going system to monitor and evaluate the operation of the      |
|              | company and the services it provides.                                       |
| GOAL 3:      | ADEQUATE HUMAN, FINANCIAL AND PHYSICAL RESOURCES ARE AVAILABLE              |
|              | AND APPROPRIATELY ALLOCATED.  |
| Standard 3.1 | Adequate staffing levels and appropriate maintenance of equipment to meet   |
|              | the demands of service are present  |
| Standard 3.2 | Timely management of the approved budget for the fiscal year is             |
|              | demonstrated.   |
| GOAL 4:      | COMPLIANCE WITH FEDERAL, PROVINCIAL AND MUNICIPAL LAWS AND                  |
|              | REGULATIONS, AND NOVA SCOTIA DEPARTMENT OF HEALTH AND                       |
|              | WELLNESS CONTRACTS IS DEMONSTRATED.   |
| Standard 4.1 | All relevant laws and regulations are adhered to.                           |
| Standard 4.2 | All terms of the Department of Health and Wellness contract are complied    |
|              | with.   |

#### **6.2 PROVISION OF CARE TO THE CLIENT**

| GOAL 5:      | CLIENT RIGHTS ARE RESPECTED AND PROTECTED.  |  |  |  |  |
|--------------|---|--|--|--|--|
| Standard 5.1 | Clients are treated in a dignified, respectful manner, and their individuality is |  |  |  |  |
|              | recognized.   |  |  |  |  |
| GOAL 6:      | CARE IS DELIVERED IN A SAFE, CONSISTENT, EFFECTIVE AND EFFICIENT                  |  |  |  |  |
|              | MANNER.   |  |  |  |  |
| Standard 6.1 | Client service, as authorized by the DHA Continuing Care Assessor, is             |  |  |  |  |
|              | provided.   |  |  |  |  |
| Standard 6.2 | Continuity of care is promoted in the delivery of care to the client.             |  |  |  |  |
| GOAL 7:      | THE CLIENT RECORD CONTAINS THE REQUIRED COMPONENTS TO ENSURE                      |  |  |  |  |
|              | APPROPRIATE DOCUMENTATION OF CARE PROVIDED, WHILE MEETING                         |  |  |  |  |
|              | LEGAL DOCUMENTATION REQUIREMENTS.   |  |  |  |  |
| Standard 7.1 | A record is retained on each DHA Continuing Care client.                          |  |  |  |  |
| Standard 7.2 | Staff communication regarding clients, client care, and service planning is       |  |  |  |  |
|              | effective.  |  |  |  |  |
| GOAL 8:      | THERE IS A PLAN TO VERIFY DHA CONTINUING CARE CLIENT SATISFACTION                 |  |  |  |  |
|              | WITH THE HOME OXYGEN VENDOR.  |  |  |  |  |
| Standard 8.1 | Continuous improvement in DHA Continuing Care client satisfaction is              |  |  |  |  |
|              | demonstrated.   |  |  |  |  |

#### **6.3 SUPPORT SERVICES**

| SAFE AND APPROPRIATE DELIVERY OF CARE IS PROVIDED TO DHA CLIENTS.                                   |
|---|
| Documented and appropriate human resource policies are in place.                                    |
| Appropriate supervisory coverage is provided for all staff.   |
| STAFF ARE RECRUITED AND RETAINED IN A MANNER WHICH SUPPORTS   |
| THE NEEDS OF THE PROGRAM, THE STAFF, THE CLIENTS AND THE  |
| ORGANIZATION.   |
| Recruitment and hiring policies and practices adequately meet the needs of                          |
| the clients.  |
| There is a documented program for staff development.  |
| There is a documented policy and procedure for conducting a review of the performance of all staff. |
| A commitment to the ongoing learning needs of all staff is demonstrated.                            |
| Personnel records are confidential and complete and include verification of                         |
| qualifications.   |
| Criminal record checks are completed on all successful job applicants.                              |
| Child abuse registry checks are completed on all employees who will be                              |
| working with children.  |
| A COMMITTMENT TO THE HEALTH AND SAFETY OF HOME OXYGEN   |
| VENDOR STAFF, CLIENTS, AND ITS COMMUNITY IS EVIDENT.  |
| Processes are in place to address health and safety hazards to staff and                            |
| clients of the Program.   |
| Strategies are in place to prevent or minimize the spread of microorganisms                         |
| and/or communicable illness.  |
| There is an up to date Business Continuity Plan which addresses disasters,                          |
| emergency and pandemic situations.  |
| Processes are in place to prevent physical, emotional and sexual threats or                         |
| abuse of staff.   |
|   |

#### 7.0 AUDITING TOOL

### GOAL 1 ACCEPTED MANAGEMENT PRACTICES ARE FOLLOWED, AND THERE IS ACCOUNTABILITY FOR THE SERVICES PROVIDED.

**STANDARD 1.1** There is a written plan outlining the accountability, authority and responsibility of management.

| INDICAT |   |     | HOME OXYGEN<br>VENDOR |     | DHW |  |
|---------|---|-----|-----------------------|-----|-----|--|
|         |   | YES | NO                    | YES | NO  |  |
| 1.1.1   | There is a delegated authority for the operation of the organization.   |     |                       |     |     |  |
| 1.1.2   | All management staff have current job descriptions (updated within last 36 months) that include qualifications, authority, accountability, delegated duties, position scope, typical duties, knowledge and special skills required. |     |                       |     |     |  |
| 1.1.3   | There is an annual written performance appraisal of all staff.  |     |                       |     |     |  |
| 1.1.4   | There is a current organizational chart, accessible to staff, outlining the management structure.   |     |                       |     |     |  |
| 1.1.5   | The organization chart is reviewed with staff during orientation.   |     |                       |     |     |  |
| 1.1.6   | Organizational changes are communicated in writing to all staff.  |     |                       |     |     |  |
| 1.1.7   | Management and administrative staff demonstrate competence and efficiency and provide the leadership necessary to ensure that all standards are met.  |     |                       |     |     |  |
| 1.1.8   | Management possesses demonstrated skill and expertise in the following:  • Management, supervision and leadership  • Finance and budget management  • Communications and team building  • Continuous quality improvement (CQI).     |     |                       |     |     |  |
| 1.1.9   | Reporting relationships support the type and scope of service provided, and demonstrate efficient, effective leadership and teamwork.   |     |                       |     |     |  |

**COMMENTS:** 

### GOAL 1 ACCEPTED MANAGEMENT PRACTICES ARE FOLLOWED, AND THERE IS ACCOUNTABILITY FOR THE SERVICES PROVIDED.

There are appropriate communication processes with DHA Continuing Care, other related stakeholders, and internally among Home Oxygen Vendor staff.

| INDICATOR: |   | HOME OXYGEN<br>VENDOR |    | DHW |    |
|------------|---|-----------------------|----|-----|----|
|            |   | YES                   | NO | YES | NO |
| 1.2.1      | Management communicates as necessary with DHA Continuing Care, ensuring contacts and correspondence are directed towards the appropriate personnel. |                       |    |     |    |
| 1.2.2      | Management communicates directly to DHA Continuing Care as a first step in addressing issues of common concern.                                     |                       |    |     |    |
| 1.2.3      | All communication, both written and verbal, to or about DHA Continuing Care, is professional, timely and objective.                                 |                       |    |     |    |
| 1.2.4      | Communication with staff ensures appropriate records are kept; for example:  • Meeting minutes  • Copies of memos  • Faxed reports                  |                       |    |     |    |
| 1.2.5      | DHA Continuing Care is notified of any program difficulties and a corresponding mitigation plan.  |                       |    |     |    |
| 1.2.6      | Written concerns submitted by DHA Continuing Care are responded to in writing in a timely manner.   |                       |    |     |    |
| 1.2.7      | Roles, responsibilities and lines of communication are understood and used appropriately by all staff.  |                       |    |     |    |

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# VALUES AND PRINCIPLES OF THE HOME OXYGEN PROGRAM ARE SUPPORTED AND CLIENT GOALS AND OUTCOMES ARE PROMOTED. STANDARD 2.1 The philosophy and Mission Statement are consistent with the philosophy of the Home Oxygen Program delivered by the DHA.

| INDICATOR: |   | HOME OXYGEN<br>VENDOR |    | DHW |    |
|------------|---|-----------------------|----|-----|----|
|            |   | YES                   | NO | YES | NO |
| 2.1.1      | There is a written Mission Statement that aligns with the goals, philosophy and policy of the Provincial Home Oxygen Program.   |                       |    |     |    |
| 2.1.2      | The Mission Statement is reviewed annually by management to assess its continuing suitability and updated as needed.  |                       |    |     |    |
| 2.1.3      | <ul> <li>The Mission Statement is communicated to:</li> <li>Staff, through the orientation program, policies and procedures</li> <li>Clients</li> <li>Others upon request.</li> </ul> |                       |    |     |    |

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|            |           | VALUES AND PRINCIPLES OF THE HOME O<br>SUPPORTED AND CLIENT GOALS AND OUT | _         |        |        |      |
|------------|-----------|---|-----------|--------|--------|------|
| STANDA     | RD 2.2    | Management engages in collaborative efforts to p                          | romote th | e Home | Oxygen |      |
|            |           | Program, its services and service delivery.                               |           |        |        |      |
|            | _         |   |           | OXYGEN | Dŀ     | HW . |
| INDICATOR: |           |   | YES YES   | DOR    | YES    | NO   |
| 2.2.1      | Collabora | tion is undertaken with other vendors, the DHA and the                    | TES       | NO     | TES    | I    |
| 2.2.1      |           | levelop and enhance home oxygen services.                                 |           |        |        |      |
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#### GOAL 2 VALUES AND PRINCIPLES OF THE HOME OXYGEN PROGRAM ARE SUPPORTED AND CLIENT GOALS AND OUTCOMES ARE PROMOTED. There are current policies and procedures which reflect the values inherent in the STANDARD 2.3

Home Oxygen Vendor Mission Statement

| INDICAT | OR:  | HOME O |    | DF  | IW |
|---------|--|--------|----|-----|----|
|         |  | YES    | NO | YES | NO |
| 2.3.1   | Policies and procedures are compatible with the Mission Statement and are coordinated across the major areas of operations:  |        |    |     |    |
| 2.3.2   | There are written policies and procedures for the following (at a minimum):  Critical Incident reporting Disclosure of Adverse events  Dress code Privacy and confidentiality of client information Including release of client information to sources outside the vendor, DHA and DHW Sharing information between the vendor and the DHA Consent for information sharing between the Vendor and DHA Continuing Care Scent free policy Compliments, complaints and grievances Client safety Client abuse Routine precautions Disposal of sharps and needle stick protocol Smoking in clients' homes (smoke free) Occupational Health and Safety Storm policy Minimal requirement for automobile insurance Do Not Resuscitate/Advanced Directives Involvement of employees in client financial transactions Infection control Respectful workplace Violence in the workplace. |        |    |     |    |
| 2.3.3   | There are policies and procedures which ensure that Home Oxygen Vendor staff refrain from:  • Discussing personal problems or work related issues  |        |    |     |    |

| l.     |   |  |  |  |
|--------|---|--|--|--|
| 2.3.4  | <ul> <li>Engage in political or religious discussions</li> <li>Conduct personal tasks/business while in a client's home (including use of cell phones/electronic equipment for non-business reasons)</li> <li>Involvement in confrontation among clients/families/or others in a home</li> <li>Taking sides in conflict situations</li> <li>Reporting for work with readily transmittable communicable diseases</li> <li>Soliciting gifts, purchasing goods from or selling goods to clients</li> <li>Borrowing from and lending money to clients</li> <li>Witnessing signing of wills or other official documents</li> <li>Transporting clients in their own vehicle.</li> </ul> There are policies in place that ensures that clients understand their responsibilities, including: |  |  |  |
|        | their responsibilities, including:  |  |  |  |
|        | <ul> <li>Being available to receive service at the agreed times</li> <li>Respecting the human rights of the Home Oxygen Vendor staff</li> </ul>   |  |  |  |
|        | <ul> <li>Ensuring a safe and healthy environment for Home Oxygen</li> </ul>   |  |  |  |
|        | Vendor staff.   |  |  |  |
| 2.3.5  | Policies and procedures are clearly written to give adequate direction to staff.  |  |  |  |
| 2.3.6  | Policies and procedures are available and are communicated to staff:  During orientation Upon implementation Upon revision.   |  |  |  |
| 2.3.7  | Policies and procedures comply with applicable federal, provincial, and municipal laws and regulations.   |  |  |  |
| 2.3.8  | There is evidence that written policies and procedures are reviewed at least every 3 years and revised as required.   |  |  |  |
| COMMEN | ···   |  |  |  |
|        |   |  |  |  |

#### GOAL 2 VALUES AND PRINCIPLES OF THE HOME OXYGEN PROGRAM ARE SUPPORTED AND CLIENT GOALS AND OUTCOMES ARE PROMOTED. **STANDARD 2.4** There is a Continuous Quality Improvement (CQI) plan which includes an internal, on-going system to monitor and evaluate the operation of the company and the services it provides. **HOME OXYGEN** DHW **VENDOR INDICATOR:** YES NO YES NO 2.4.1 Methods of monitoring and continuously improving the quality of all the services provided are demonstrated. 2.4.2 All CQI activities are based on the provision of client focused care. 2.4.3 Indicators for quality improvement are based on the eight measurable dimensions of quality: Appropriateness (providing services or treatments which are necessary and relevant to the client's needs) Accessibility (right service at the right time and in the right place. Includes consideration of physical, cultural and language needs. Acceptability (meeting the expectations of clients, care providers, referring agencies and other for whom the service is provided) Efficiency (using the least possible resources in achieving quality outcomes) Effectiveness (producing a measurable increase or improvement in results) Provider competence (guarantee that an individual's knowledge and skills are appropriate to the service provided, and the assurance that the knowledge and skill levels are regularly evaluated) Safety (the degree to which risk is reduced) Continuity of care (providing uninterrupted, coordinated service across programs and organizations, and during the transition from one level of service to another, over time). 2.4.4 There is evidence of monitoring and striving to improve client and staff satisfaction. **COMMENTS:**

### GOAL 3 ADEQUATE HUMAN, FINANCIAL AND PHYSICAL RESOURCES ARE AVAILABLE AND APPROPRIATELY ALLOCATED.

STANDARD 3.1 Adequate staffing levels and appropriate maintenance of equipment to meet the demands of service are present.

| INDICAT | OR:   | HOME OXYGEN<br>VENDOR |    | DHW |    |
|---------|---|-----------------------|----|-----|----|
|         |   | YES                   | NO | YES | NO |
| 3.1.1   | There is an on-going process for recruitment and retention of staff.  |                       |    |     |    |
| 3.1.2   | Only Registered RT's, RN's or RCPT's, including sub-contracts, are employed for provision of care to Continuing Care clients,   |                       |    |     |    |
| 3.1.3   | All professional staff must be currently registered and a member in good standing with their professional organization. Records of registration renewal are maintained for all staff who are regulated professionals. |                       |    |     |    |
| 3.1.4   | Satellite offices have registered professional staff available to provide education and service to clients.   |                       |    |     |    |
| 3.1.5   | Timely coverage for special leaves and absences, both planned and unplanned is in place.  |                       |    |     |    |
| 3.1.6   | Service to client commences within 48 hours (once authorized by the Continuing Care Assessor).  |                       |    |     |    |
| 3.1.7   | Sufficient staff are present in order to guarantee 24 hour per day service, 7 days per week, regardless of holidays and vacations.  |                       |    |     |    |
| 3.1.8   | Communication to DHA Continuing Care occurs when staff are not available to provide service.  |                       |    |     |    |
| 3.1.9   | Sufficient staff are available for new referrals and to provide care as authorized by the Continuing Care Assessor.   |                       |    |     |    |
| 3.1.10  | An appropriate preventative equipment maintenance program is in place.  |                       |    |     |    |
| 3.1.11  | Home Oxygen concentrators are approved by the Canadian Standards Association.   |                       |    |     |    |

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### GOAL 3 ADEQUATE HUMAN, FINANCIAL AND PHYSICAL RESOURCES ARE AVAILABLE AND APPROPRIATELY ALLOCATED.

**STANDARD 3.2** Timely management of the approved budget for the fiscal year is demonstrated.

| INDICATOR: |   | HOME OXYGEN<br>VENDOR |    | DHW |    |
|------------|---|-----------------------|----|-----|----|
|            |   | YES                   | NO | YES | NO |
| 3.2.1      | <ul> <li>There are internal controls in place to ensure that:</li> <li>All services billed to the DHA have been provided by employees of the Home Oxygen Vendor</li> <li>All services invoiced have been provided</li> <li>Invoices are only for those client authorized for service through the single entry access case management model</li> <li>Home Oxygen Vendor complies with the DHW program guidelines and its contractual obligations or funding agreements in connection with the submission of invoices.</li> </ul> |                       |    |     |    |

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#### GOAL 4

### COMPLIANCE WITH FEDERAL, PROVINCIAL AND MUNICIPAL LAWS AND REGULATIONS, AND NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS CONTRACTS IS DEMONSTRATED.

STANDARD 4.1 All relevant laws and regulations are adhered to.

| INDICAT | OR:  | HOME OXYGEN<br>VENDOR |    | DHW |    |
|---------|--|-----------------------|----|-----|----|
|         |  | YES                   | NO | YES | NO |
| 4.1.1   | All staff have access to the following information:  Legislation governing professions as appropriate (Respiratory Therapists Act, Registered Nurses Act)  Adult Protection Act  Protection of Persons in Care Act  Freedom of Information and Protection of Privacy Act (FOIPOP)  Personal Information Protection and Electronic Documents Act (PIPEDA)  Personal Information International Disclosure Protection Act (PIIDPA)  Personal Health Information Act (PHIA)  The Children and Family Services Act  Coordinated Home Care Act  Human Rights Act  Labour Standards Code  Occupational Health and Safety Act  Homes for Special Care Act  Incompetent Persons Act  Personal Directives Act  Workers' Compensation Board Act  Fire Safety Act. |                       |    |     |    |
| 4.1.2   | Staff are knowledgeable and educated on their responsibilities under the various Acts, as appropriate or as need dictates.   |                       |    |     |    |
| 4.1.3   | Compliance with all applicable Acts is demonstrated.   |                       |    |     |    |

**COMMENTS:** 

#### GOAL 4

### COMPLIANCE WITH FEDERAL, PROVINCIAL AND MUNICIPAL LAWS AND REGULATIONS, AND NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS CONTRACTS IS DEMONSTRATED.

STANDARD 4.2

All terms of the Department of Health and Wellness contract are complied with.

| INDICATOR: |  |  | HOME OXYGEN<br>VENDOR |     | -IW |
|------------|--|--|-----------------------|-----|-----|
|            |  |  |                       | YES | NO  |
| 4.2.1      | Management staff have a copy of the DHW service agreement  |  |                       |     |     |
| 4.2.2      | There is cooperation and sharing of required information with Department of Health and Wellness auditors.  |  |                       |     |     |
| 4.2.3      | Representatives from management and front line staff are appointed to participate in the auditing process.   |  |                       |     |     |
| 4.2.4      | Deficiencies identified through the audit process are addressed.   |  |                       |     |     |
| 4.2.5      | <ul> <li>The following are maintained:</li> <li>Evidence of malpractice insurance as appropriate</li> <li>Evidence of automobile insurance coverage for transportation of clients in staff vehicles where required</li> <li>Coverage for theft or intentional damage to clients' property by staff</li> <li>Smoke and scent free offices.</li> </ul> |  |                       |     |     |

| COMMENTS: |
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| GOAL 5  | CLIENT'S RIGHTS ARE RESPECTED AN   | ID PROTEC     | CTED.  | •                   |            |          |
|---------|--|---------------|--------|---------------------|------------|----------|
| STANDA  | RD 5.1 Clients are treated in a dignified, respectful recognized.  | l manner, ar  | nd the | ir individu         | ality is   |          |
| INDICAT | OR:  |               |        | DXYGEN<br>DOR<br>NO | DI-<br>YES | łW<br>NO |
| 5.1.1   | There are policies which recognize the right of each client to be treated with dignity and respect.  | oe            |        |                     |            |          |
| 5.1.2   | Service to clients is provided regardless of the client's age, rac financial/economic status, gender, religion, sexual orientation diagnosis. The client's linguistic and cultural needs are recognand respected.  | n, or         |        |                     |            |          |
| 5.1.3   | Clients are informed of their right to refuse any or all aspects home oxygen service.  | of            |        |                     |            |          |
| 5.1.4   | There is a Privacy Policy in place that outlines the processes for protection of client information (including access, prevention disclosure or loss, security practices and reporting of breacher policy is in accordance with all provincial and federal legislatic policy and District Health Authority policy. | of<br>s). The |        |                     |            |          |
| 5.1.5   | Client satisfaction surveys are completed and include a measuallows clients to provide feedback specific to interactions with  |               |        |                     |            |          |

#### **GOAL 6** CARE IS DELIVERED IN A SAFE, CONSISTENT EFFECTIVE AND EFFICIENT MANNER. STANDARD 6.1 Client service, as authorized by the DHA Continuing Care Assessor, is provided. **HOME OXYGEN** DHW INDICATOR: **VENDOR** YES NO **YES** NO Service is provided to DHA Continuing Care clients 24 hours a day 7 6.1.1 days a week. 6.1.2 Service is provided to clients as authorized by the DHA Continuing Care Assessor. 6.1.3 New referrals and requests for adjustments to service are received. Sufficient inventory to facilitate the delivery of approved equipment 6.1.4 within 48 hours of receipt of authorization is maintained. 6.1.5 Regular assessment of clients once every 3 months (more frequently if required by physician) for the first year must be done by a RRT, RCPT or RN and include documentation of actual hours of oxygen use by the client. 6.1.6 Clients are assessed in accordance with the Home Oxygen Program policies, procedures and guidelines. 6.1.7 If there is any concern related to a client's safety, compliance or need for education, Home Oxygen Vendors must, at a minimum, maintain a quarterly client reassessment visit schedule.

**COMMENTS:** 

### GOAL 6 HOME OXYGEN SERVICE IS DELIVERED IN A SAFE, CONSISTENT EFFECTIVE AND EFFICIENT MANNER.

**STANDARD 6.2** Continuity of care is promoted in the delivery of care to the client.

| INDICATOR: |   | HOME OXYGEN VENDOR YES NO |  | DI<br>YES | HW<br>NO |
|------------|---|---------------------------|--|-----------|----------|
| 6.2.1      | Clients are educated at the time of initial set up on the following, but not limited to:  • benefits of oxygen,  • no smoking policy,  • instructions on oxygen use, safety, cleaning of equipment,  • minor troubleshooting,  • schedule of in-home visits,  • Home Oxygen Vendor's contact information,  • Scheduling of invoices for fees.   |                           |  |           |          |
| 6.2.2      | The number of field staff serving each client is minimized by assigning the same individual(s) as appropriate, to provide service over time.  |                           |  |           |          |
| 6.2.3      | Service is provided to DHA clients only in assigned geographical areas.   |                           |  |           |          |
| 6.2.4      | The client and Care Assessor are informed when service cannot be provided as scheduled.   |                           |  |           |          |
| 6.2.5      | Only authorized equipment is set-up.  |                           |  |           |          |
| 6.2.6      | Clients are not charged for supplies that are covered under the Home Oxygen policy:  • standard oxygen concentrator (1),  • backup oxygen cylinder to be used for power outage or equipment failure (1),  • cylinder base and/or cart (1),  • flow meter regulator (1),  • nasal cannula (1),  • oxygen tubing 50ft,  • Portable oxygen cylinders,  • Portable cylinder with standard regulator and cart. |                           |  |           |          |

**COMMENTS:** 

#### GOAL 7

### THE CLIENT RECORD CONTAINS THE REQUIRED COMPONENTS TO ENSURE APPROPRIATE DOCUMENTATION OF CARE PROVIDED, WHILE MEETING LEGAL DOCUMENTATION REQUIREMENTS.

**STANDARD 7.1** A record is retained on each DHA Continuing Care client.

| INDICAT | OR:  |     | OXYGEN<br>IDOR | D   | DHW |  |
|---------|--|-----|----------------|-----|-----|--|
|         |  | YES | NO             | YES | NO  |  |
| 7.1.1   | The client record only contains data relevant for service provision.   |     |                |     |     |  |
| 7.1.2   | The record contains all information required by the Department of Health and Wellness:  Designated Physicians' confirmation of medical eligibility Form (for initial, 120 re-eligibility and annual medical eligibility)  Oxygen Authorization form (initial and annual) completed by Care Coordinator  Involvement of Family Physician for ongoing care (e.g. name, oxygen prescription, etc.)  Client reassessments/progress notes  Hours of oxygen use  Client or substitute decision maker consent for Home Oxygen Vendor to provide service and to share information  Personal directive, if available  Non-smoking agreement  Equipment and supplies provided by Home Oxygen Vendor  Name and contact number of Care Assessor on the resident's chart  Client or approved designate sign off for equipment received  A report of all examinations done on the client  Details of all equipment provided, including serial numbers  Records of all supplies delivered, including disposable equipment and oxygen cylinders  Service dates and copies of any invoices  Where to access home telephone numbers and emergency numbers in the home  Appropriate next-of-kin to notify in case of death or change in client condition. |     |                |     |     |  |
| 7.1.3   | There is a written policy for the retention and destruction of client records which meets the requirements of the Nova Scotia Department of Health and Wellness.   |     |                |     |     |  |
| 7.1.4   | There is a policy in place for records kept in the client's home.  |     |                |     |     |  |

| 7.1.5  | "Receipt of delivery" forms are signed by client/approved designate or approved signatory for long term care facilities. |  |  |
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#### GOAL 7

### THE CLIENT RECORD CONTAINS THE REQUIRED COMPONENTS TO ENSURE APPROPRIATE DOCUMENTATION OF CARE PROVIDED, WHILE MEETING LEGAL DOCUMENTATION REQUIREMENTS.

**STANDARD 7.2** 

Staff communication regarding clients, client care, and service planning is effective.

| INDICAT | OR:   |      | HOME OXYGEN  VENDOR  YES NO |     | IW<br>NO |
|---------|---|------|-----------------------------|-----|----------|
| 7.2.1   | Appropriate and timely reports (written or verbal) are given to the Care Assessor in situations where there has been a change in the client's situation (e.g. compliance with oxygen therapy, improvement in condition on reassessment, etc.)   | 11.3 | NO                          | YES | NO       |
| 7.2.2   | <ul> <li>The Care Assessor is informed as soon as possible in the event of the following (including but not limited to):</li> <li>Observable change in the client's mental, physical or social status</li> <li>Unusual occurrences or safety issues in the client's home</li> <li>Change in the client's financial status</li> <li>If there is an inability to resolve issues that have arisen between the client or family and the Home Oxygen Vendor</li> <li>Death of client.</li> </ul> |      |                             |     |          |
| 7.2.3   | All critical incidents are reported to DHW as per the Critical Incident Reporting Policy.   |      |                             |     |          |
| 7.2.4   | Written progress notes are submitted to the Care Assessor, Family Physician and Designated Physician based on Home Oxygen Program policy, procedures and guidelines.  |      |                             |     |          |
| 7.2.5   | A mechanism is in place to ensure accuracy, appropriateness and timelines of documentation.   |      |                             |     |          |
| 7.2.6   | <ul> <li>The client and family are provided information on the following:</li> <li>How to contact the Home Oxygen Vendor and the appropriate supervisory staff during and after regular business hours</li> <li>Limitations of the service</li> <li>Cancelled visit policy.</li> </ul>  |      |                             |     |          |

**COMMENTS:** 

#### GOAL 8 THERE IS A PLAN TO VERIFY DHA CONTINUING CARE CLIENT SATISFACTION WITH THE HOME OXYGEN VENDOR. STANDARD 8.1 Continuous improvement in DHA Continuing Care client satisfaction is demonstrated. **HOME OXYGEN** DHW INDICATOR: **VENDOR** YES YES NO NO 8.1.1 A record of compliments to the Home Oxygen Vendor and staff is maintained 8.1.2 Compliments are acknowledged and credited to staff. 8.1.3 A record of complaints about the Home Oxygen Vendor or staff is maintained. Complaints by clients are responded to within 5 business days. 8.1.4 8.1.5 Ongoing care provision is evaluated through participation in case conferences, multidisciplinary meetings to review client care, in addition to working collaboratively with DHA Continuing Care Assessors to ensure that client needs are being met. 8.1.6 Client satisfaction surveys are performed on an annual basis, and are analyzed for actual and perceived satisfaction. 8.1.7 Information from client satisfaction surveys is used to improve service delivery. The audit process is integrated into a Continuous Quality 8.1.8 Improvement plan. **COMMENTS:**

#### GOAL 9 SAFE AND APPROPRIATE DELIVERY OF CARE IS PROVIDED TO DHA CLIENTS. STANDARD 9.1 Documented and appropriate human resource policies are in place. **HOME OXYGEN** DHW INDICATOR: **VENDOR** YES YES NO NO 9.1.1 Human resource policies and procedures are documented. 9.1.2 Position descriptions are written for all positions, and are reviewed and updated within the previous 36 months. 9.1.3 Position descriptions include position scope, typical duties, factors present in the position, knowledge and special skills, qualifications, judgement, and initiative required, and workplace conditions. 9.1.4 Each employee is given a copy of their own position description upon commencement of employment, and when changes are made to the position description. 9.1.5 Supervisory position job descriptions include, at a minimum, the following duties: Coordinates staff training in topics appropriate to the skills, abilities and education level of the staff employed, and evaluates learning on these topics Provides access to appropriate respiratory therapy advice on clinical issues Supervises staff as required for completion of the staff's performance appraisal review.

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#### GOAL 9 SAFE AND APPROPRIATE DELIVERY OF CARE IS PROVIDED TO DHA CLIENTS. Appropriate supervisory coverage is provided for all staff. **STANDARD 9.2 HOME OXYGEN** DHW **INDICATOR: VENDOR** YES NO YES NO 9.2.1 All staff have ongoing supervision. 9.2.2 The Supervisor has access to all information required for safe and appropriate care to the client. 9.2.3 Professional staff (e.g. RRT's, RCPT's, and RN's) are able to access other professional staff for clinical consultation, as appropriate. **COMMENTS:**

#### **GOAL 10** STAFF ARE RECRUITED AND RETAINED IN A MANNER WHICH SUPPORTS THE NEEDS OF THE PROGRAM, THE STAFF, THE CLIENTS AND THE ORGANIZATION. **STANDARD 10.1** Recruitment and hiring policies and practices adequately meet the needs of the clients. **HOME OXYGEN** DHW **INDICATOR: VENDOR** YES NO YES NO 10.1.1 There is a documented procedure for the recruitment and selection of staff. The recruitment process is based on: 10.1.2 The Home Oxygen Vendor's goals and objectives Documented knowledge and skills **Education and training** Relevant experience Qualifications, including licensing, registration, or certification Affirmative action and fair hiring policy. 10.1.3 The selection process includes: An employment application form or resume including professional competency, previous training and experience in relevant positions, and outlining the skills required for the job A documented interview process Confirmation of education and training/work experience or equivalencies Two documented reference checks. 10.1.4 Staff are assigned to clients based on: Accepted standards of practice Legislative and contract requirements Geographical considerations Qualifications and special skills required Current workload. 10.1.5 All professional staff are currently registered and a member in good standing with their professional organization. **COMMENTS:**

#### **GOAL 10**

### STAFF ARE RECRUITED AND RETAINED IN A MANNER WHICH SUPPORTS THE NEEDS OF THE PROGRAM, THE STAFF, THE CLIENTS AND THE ORGANIZATION.

**STANDARD 10.2** There is a documented program for staff development.

| INDICATO | R:  |     | OXYGEN<br>IDOR | DI  | -IW |
|----------|---|-----|----------------|-----|-----|
|          |   | YES | NO             | YES | NO  |
| 10.2.1   | <ul> <li>The Orientation process is documented, and includes, but is not limited to:</li> <li>The philosophy, mission, goals and objectives of the Home Oxygen Vendor</li> <li>Organizational structure</li> <li>Home Oxygen Vendor policies and procedures</li> <li>Continuing Care Home Oxygen policies and procedures</li> <li>Employee duties and responsibilities</li> <li>Quality management activities of the Home Oxygen Vendor</li> <li>Procedures for emergencies and disasters</li> <li>Safety measures for clients and Home Oxygen Vendor staff in the home</li> <li>Confidentiality and Privacy</li> <li>Community resources.</li> </ul> |     |                |     |     |
| 10.2.2   | There is documented evidence that the employee has completed the Home Oxygen Vendor orientation session upon commencement of employment.  |     |                |     |     |
| 10.2.3   | Before providing service in a client's home, the employees have completed and understand the following orientation components:  Home Oxygen Vendor policies and procedures  Home Oxygen program  Employee duties and responsibilities  Safety measures for clients and employees  Procedure for dealing with an emergency in the home.  |     |                |     |     |
| 10.2.4   | There is an ongoing program for staff development to maintain and improve the skill levels of its employees.  |     |                |     |     |
| 10.2.5   | Staff are trained in emergency procedures including First Aid and CPR.  |     |                |     |     |

**COMMENTS:** 

#### **GOAL 10** STAFF ARE RECRUITED AND RETAINED IN A MANNER WHICH SUPPORTS THE NEEDS OF THE PROGRAM, THE STAFF, THE CLIENTS AND THE ORGANIZATION. **STANDARD 10.3** There is a documented policy and procedure for conducting a review of the performance of all staff. **HOME OXYGEN** DHW **INDICATOR: VENDOR** YES NO YES NO 10.3.1 A performance management process is in place for all staff. 10.3.2 Performance reviews are conducted annually and include the following (at a minimum): Adherence to Home Oxygen Vendor policies and procedures Proficiency in the skills required for the position Appropriate communication and reporting within the Home Oxygen Vendor and the Home Oxygen Program Appropriate client interaction Field performance assessment Education and training needs and desires of the employee Action taken to resolve problems or issues identified by previous performance reviews Mutual setting of performance expectations for the next appraisal period. 10.3.3 The review is discussed with the employee, and the employee is given the opportunity to respond and sign the form. 10.3.4 The performance review is in writing and is placed on the employee's personnel file. The employee is also given a copy. 10.3.5 Action is taken to resolve performance issues identified as they arise. 10.3.6 There is written procedure to follow when the employee's performance does not meet performance expectations. 10.3.7 Procedures are in place for addressing grievances. **COMMENTS:**

#### GOAL 10 STAFF ARE RECRUITED AND RETAINED IN A MANNER WHICH

SUPPORTS THE NEEDS OF THE PROGRAM, THE STAFF, THE CLIENTS

AND THE ORGANIZATION.

STANDARD 10.4

A commitment to the ongoing learning needs of all staff is demonstrated.

| INDICATO | INDICATOR:  |     |    | DHW |    |
|----------|---|-----|----|-----|----|
|          |   | YES | NO | YES | NO |
| 10.4.1   | There is a policy requiring all staff to have opportunity to attend a minimum of two hours of relevant continuing education per calendar year as a requirement of continuing employment. This is in addition to mandatory training (e.g. CPR, First Aid). |     |    |     |    |
| 10.4.2   | Education sessions are given by individuals with the qualifications and expertise to present a comprehensive learning experience for Home Oxygen Vendor staff.  |     |    |     |    |
| 10.4.3   | Resource material concerning the duties and responsibilities of staff, and information about education sessions and resources, are available to staff.  |     |    |     |    |
| 10.4.4   | Appropriate staff development activities are provided to ensure client's needs are met (e.g. challenging behaviours, negotiation skills, complex client care situations).   |     |    |     |    |

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#### GOAL 10 STAFF ARE RECRUITED AND RETAINED IN A MANNER WHICH SUPPORTS THE NEEDS OF THE PROGRAM, THE STAFF, THE CLIENTS AND THE ORGANIZATION. Personnel records are confidential and complete and include verification of **STANDARD 10.5** qualifications. **HOME OXYGEN** DHW **INDICATOR: VENDOR** YES NO **YES** NO There is a separate personnel file for each employee. 10.5.1 10.5.2 Personnel files contain: Appropriate identifying and contact information Application and hiring documentation Current registration and/or licensing documentation Orientation checklist Records of performance appraisal review Documentation of continuing education, certification and recertification of skills Compliments, complaints and records of disciplinary action. 10.5.3 There are policies outlining an employee's access to their own file. 10.5.4 Personnel records are physically secure. 10.5.5 There is a policy for retaining and disposing of employee records. **COMMENTS:**

| SUPPOI   |            | STAFF ARE RECRUITED AND RETAINED IN A SUPPORTS THE NEEDS OF THE PROGRAM, AND THE ORGANIZATION.                                    |             |                      |           | 'S       |
|----------|------------|---|-------------|----------------------|-----------|----------|
| STANDAI  | RD 10.6    | Criminal record checks are completed on all success   | ssful job a | pplicants.           |           |          |
| INDICATO | R:         |   | _           | OXYGEN<br>IDOR<br>NO | DI<br>YES | HW<br>NO |
| 10.6.1   | had a crim | icumented evidence on file that each new employee has inal record check completed no more than 12 months ing hired by the Agency. |             |                      |           |          |
| COMME    | <u> </u>   | , , ,   |             |                      |           |          |
|          |            |   |             |                      |           |          |
|          |            |   |             |                      |           |          |
|          |            |   |             |                      |           |          |
|          |            |   |             |                      |           |          |

| GOAL :  |                          |   | ER WHIC  |                | S       |    |
|---------|--------------------------|---|----------|----------------|---------|----|
| STANDA  | RD 10.7                  | Child abuse registry checks are completed on all en with children.  | nployees | who will b     | e worki | ng |
| INDICAT | OR:                      |   | VEN      | OXYGEN<br>IDOR |         | IW |
| 10.7.1  | check has be child (unde | cumented evidence on file that a Child Abuse Registry been completed on any employee who provides care to a r 16 years of age) no more than 12 months prior to the ision of home oxygen service to a child. | YES      | NO             | YES     | NO |
| COMME   | NTS:                     |   |          |                |         |    |

#### GOAL 11 A COMMITTMENT TO THE HEALTH AND SAFETY OF HOME OXYGEN **VENDOR STAFF, CLIENTS, AND ITS COMMUNITY IS EVIDENT. STANDARD 11.1** Processes are in place to address health and safety hazards of staff and clients of the Program. **HOME OXYGEN** DHW **INDICATOR: VENDOR YES** NO YES NO 11.1.1 Any occupational health and safety related issues are addressed (e.g. near misses, critical incidents, Department of Labour orders). 11.1.2 A risk management plan is in place, and includes a process for reporting and following up on staff and client incidents. 11.1.3 Steps are taken to minimize risks and hazards where the client receives care. 11.1.4 Staff are educated regarding: Potential safety hazards Identification and reporting of high risk clients or situations Process for reporting critical incidents to DHW Appropriate and safe use of equipment and supplies How to contact the Home Oxygen Vendor in the event of an emergency during and after regular office hours Worker's Compensation Other (e.g. employee assistance program). 11.1.5 Incident reports are followed up on as appropriate. 11.1.6 A process is in place to advise DHA/DHW as soon as possible when client or staff incidents pose a liability risk to the Home Oxygen Program. 11.1.7 There is a current, written procedure for employees to follow when there is an emergency situation in the home involving the client or the employee (e.g. cardiac arrest, respiratory arrest, fire). **COMMENTS:**

#### **GOAL 11:** A COMMITTMENT TO THE HEALTH AND SAFETY OF HOME OXYGEN **VENDOR STAFF, CLIENTS, AND ITS COMMUNITY IS EVIDENT. STANDARD 11.2** Strategies are in place to prevent or minimize the spread of microorganisms and/or communicable illness. **HOME OXYGEN** DHW **INDICATOR: VENDOR** YES YES NO 11.2.1 There are written policies and procedures for infection prevention and control. All employees are trained and educated in these policies and procedures upon hire and on a regular basis. 11.2.2 Routine practices are used at all times based on documented best practice. Hand hygiene is performed consistently using an alcohol based hand rub or soap and water, as indicated. A point of care risk assessment is used to determine the use of appropriate personal protective equipment. If used, reusable medical equipment and supplies are cleansed, disinfected and reprocessed according to manufacturer's guidelines. Cleanliness of the physical environment is maintained. 11.2.3 Infections observed by staff are reported to their employer and as appropriate, are managed and investigated by the Home Oxygen Vendor. **COMMENTS:**

| STANDA  | ARD 11.3                 | There is an up to date Business Continuity Plan whice emergency and pandemic situations.                  | h address | es disaster         | rs,       |          |
|---------|--------------------------|---|-----------|---------------------|-----------|----------|
| INDICAT | OR:                      |   | _         | DXYGEN<br>DOR<br>NO | DH<br>YES | IW<br>NO |
| 11.3.1  | There is a b             | usiness continuity plan to follow in the event of a disaster nunity.                                      | TES       | NO                  | TES       |          |
| 11.3.2  | The busines              | s continuity plan aligns with the DHA and community plans.  |           |                     |           |          |
| 11.3.3  | The plan as of a 24/7 re | signs responsibility for the management and coordination sponse.  |           |                     |           |          |
| 11.3.4  | •                        | lan for continued service delivery in the event of a he community.  |           |                     |           |          |
| 11.3.5  | Business co required.    | ntinuity plans are reviewed annually and updated as   |           |                     |           |          |
| 11.3.6  |                          | ade aware of the disaster response plan during , as a periodic refresher, and when protocols are revised. |           |                     |           |          |
| COMME   | NTS:                     | •   |           | ."                  | -11       | <u></u>  |

# GOAL 11 A COMMITTMENT TO THE HEALTH AND SAFETY OF HOME OXYGEN VENDOR STAFF, CLIENTS, AND ITS COMMUNITY IS EVIDENT. STANDARD 11.4 Processes are in place to prevent physical, emotional and sexual threats or abuse of clients and staff.

| INDICATO | INDICATOR:  |     |    | DI  | łW |
|----------|---|-----|----|-----|----|
|          |   | YES | NO | YES | NO |
| 11.4.1   | A policy and procedure is in place to assist in the assessment of the risk of violent or abusive situations.  |     |    |     |    |
| 11.4.2   | Education is provided for staff regarding abuse (e.g. definition of abuse, recognizing the signs of abuse, reporting of potential abuse).                         |     |    |     |    |
| 11.4.3   | Processes are in place related to the prevention of client abuse by staff.  |     |    |     |    |
| 11.4.4   | A policy and procedure is in place to support staff that have been threatened or abused.  |     |    |     |    |
| 11.4.5   | A documented procedure is in place for removing staff from a client's home in the case of abuse or suspected abuse of the staff person.                           |     |    |     |    |
| 11.4.6   | Clients are advised of their responsibility to provide a safe environment for staff.  |     |    |     |    |
| 11.4.7   | Reported occurrences of abuse or threats made to staff are followed up on immediately by the Home Oxygen Vendor and reported to the DHA Continuing Care Assessor. |     |    |     | _  |

| $\mathbf{c}$ | NЛ  | NΛ  | EN | ITS: |
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