

# Continuing Care Strategy



*Living well in a place you can call home.*

**Nova Scotia Department of Health**

**Long Term Care Facility  
Program Requirements**

**RFP No. 60131638  
APPENDIX C  
FINAL**

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### 1. Introduction

In May 2006, the Nova Scotia Department of Health (the Department) announced the ***Continuing Care Strategy for Nova Scotia - Shaping the Future of Continuing Care***. In the Strategy, a commitment was made to build new long term care homes to support the vision of *living well in a place you can call home*. The *Long Term Care Program Requirements* and the *Space and Design Requirements* documents complement one another and were created to provide direction for the development of these new long term care facilities from the perspectives of care and service, as well as physical environment.

Fundamental to the Continuing Care Strategy are the concepts of choice, empowerment, community, flexibility, and independence. These concepts are well described in recent international and national research on continuing care trends and leading practices. In addition, much has been written on the importance of autonomy, privacy, and the trend of moving away from the institutional model of care

The clear trend is the creation of vibrant, nurturing environments for the elderly through the creation of small living areas with residential features such as private bedroom and bath, a living room with a central fireplace, an adjacent open kitchen and dining area, and short halls to the living and dining areas. The emphasis is on organizing care and activities around the resident and not the institutional schedule.

A key feature to the success of this innovative approach to long term care is the reduction in the number of residents living in the 'household' or 'neighbourhood'. Smaller numbers of individuals encourage relationship building between and among residents, families, and staff members. The better the staff members know the residents, the better they can understand the person and the individual's unique needs.

Anecdotal experience in nursing homes built in Nova Scotia in recent years demonstrates that smaller unit size and private bedrooms promote a more restful sleep for residents. Challenging behaviours and associated issues have also been noted to dramatically decrease with this new approach to design. There have been reports of fewer outbreaks of infection, as well as the ability to quickly limit its spread by containing the outbreak to the smaller unit. Resident room compatibility issues have essentially become a thing of the past in these new homes and this has freed up the time previously spent by staff members on managing this challenge.

The following **minimum** requirements are intended to support the Continuing Care Strategy in achieving its vision for new long term care facilities – to create an environment where *residents live well in a place they can call home*.

## 2. Vision of Continuing Care in Nova Scotia

*Living well in a place you can call home*

## 3. Long Term Care Program Principles

### Long Term Care Facility and Environment Principles

#### Resident and family focused:

The long term care program requirements will:

- Help residents to maintain choice and self-determination even as their need for support increases.
- Encourage residents and families to be partners in care.
- Support a holistic approach to resident-centered care – addressing physical, social, mental and spiritual well-being.
- Enable flexible scheduling of activities of daily living.
- Provide opportunities for meaningful relationships, interactions and companionship with residents, family, staff members and the community.
- Be designed to maximize resident's abilities.
- Provide a clean, accessible, comfortable, and secure homelike environment for residents and family.

#### Staff focused:

The long term care program requirements will:

- Support the occupational and organizational health, well-being and safety of staff members through effective ergonomic design.
- Support innovative and alternative models of care delivery for the provision of resident-centered care.
- Provide a workplace for staff members that is pleasant, safe and efficient.

## 4. Fundamentals

This document complements the Long Term Care (LTC) **Facility Space and Design Requirements**. It is based on the same fundamental principle that the size of care household be kept small to produce a more residential setting to enhance the LTC experience for residents.

With the exception of Community Based Options, Department of Health long term care facilities are licensed under the *Homes for Special Care Act (HFSCA) and Regulations*.

Service providers of licensed long term care facilities shall meet or exceed relevant legislation and requirements from authorities having jurisdiction and future amendments, including but not limited to:

- Department of Health
- Department of Health Promotion and Protection
- Department of Labour
  - Office of the Fire Marshal
  - Occupational Health and Safety
- Department of Agriculture and Aquaculture

## 5. Department of Health Nursing Homes and Residential Care Facilities as Defined Pursuant to the *Homes for Special Care Act*

**“Nursing Home” HFSCA 2 (1) (j)** “means a building or place or part of a building or place in which accommodation is provided or is available to persons requiring or receiving skilled nursing care”

**“Nursing Care” HFSCA 2 (1) (i)** “means the use of methods, procedures and techniques employed in providing nursing care by persons with technical nursing training beyond the care that an untrained person can adequately administer”

**“Residential Care Facility” HFSCA 2 (1) (m)** “means a building or place, or part of a building or place, where supervisory or personal care is provided to four or more persons”

**“Personal Care” HFSCA 2 (1) (k)** “means the provision of room, board, and supervision of, and assistance with, activities of daily living of a person who is ambulatory or semi-ambulatory”

**“Supervisory Care” HFSCA 2 (1) (o)** “means the provision of room, board and guidance or supervision in the activities of daily living or observation or surveillance of the physical well-being of a person who is ambulatory or semi-ambulatory”

## 6. Glossary

**Abuse** means any knowing, intentional, or negligent act or omission on the part of any person which results in physical, sexual, verbal, financial, or mental harm or distress.

**Advance care directive** means a document allowing a resident to give directions about future medical interventions.

**Adverse event** means an unexpected and undesired outcome directly associated with the care or services provided to the resident or the environment in which the care is provided.

**Advocacy** means representing residents to ensure the preservation of residents' rights and access to appropriate resources.

**Aesthetic integrity** is defined as having no visible soiling, staining, discolouration or physical damage.

**Assessment** means a process for collecting and interpreting information obtained through various reliable sources for the purposes of determining resident abilities, needs, and potential for maintaining or improving their health.

**Audit** means systematic and critical analysis of the quality of service.

**Business continuity plan** means the arrangements and procedures that enable an organization to respond to a significant event that affects normal operations and to return to normal operational functions after the interruption.

**Complaint** means the expression of concern or dissatisfaction to the service provider, either verbal or in writing.

**Confidential** means information that shall be safeguarded from disclosure and that has defined parameters for distribution.

**Consent** means voluntary and informed agreement by a resident who understands the information and its implications.

**Corrective action** means the plan that is developed, implemented, and evaluated in response to an identified issue of concern to mitigate its risk.

**Credentialing** means the issuance by the issuing authority of a document to attest to the individual's possession of the requisites for a specific designation.

**Department** means the Department of Health

**Designated representative** means a person who has been authorized by the resident or a court of law to act on behalf of the resident.

**Emergency power system** means an electrical generator, its switchgear, fuel system, and in some cases its own storage building.

**Environmental services** mean housekeeping and laundry functions.

## Long Term Care Program Requirements

**Ethics** mean moral principles and values.

**Evaluation** means the measurement of the degree of achievement toward the desired outcome.

**Evergreen model** (pandemic plan) means a plan that will continue to be improved and updated with additional detail and information as it becomes available and is reviewed annually.

**Evidence-based** practice means practice that is based on a theoretical body of knowledge and that uses the best available scientific evidence.

**Family council** means a forum for families to have a voice in decisions that affect them and their loved ones and to improve the quality of residents' lives.

**Functional integrity** is defined as being able to perform and is performing as originally intended.

**Holistic** means emphasizing the importance of the whole person and the interdependence of body systems.

**Home** means the nursing home or the residential care facility.

**Incident** means any occurrence, including near-miss situations, which has the potential to cause personal injury, disease or death, or property damage.

**Incident report** means a document which records an incident, its investigation, and the corrective action taken.

**Indicator** means a performance measurement tool used to flag specific data that has significance.

**Information management** describes the means by which an organization efficiently plans, collects, organizes, uses, disseminates, and disposes of its information and through which it ensures that the value of that information is identified and exploited to its fullest extent (Queensland Government Information Management standards glossary of terms).

**Interdisciplinary team** means a variety of disciplines that participate in the assessment, planning, implementation, and evaluation of a resident's care.

**Interdisciplinary care conference** means a team meeting focusing on the resident for the purpose of communication, planning, coordination, and evaluation of the resident's care.

**Intergenerational programs** mean recreational programs that focus on the sharing of experiences between different age groups.

**Leading practice** means processes, systems, or methods that have been shown to produce superior results.

## Long Term Care Program Requirements

**Major incidents** include but are not limited to the following:

- a) a resident related occurrence: such as life-threatening injury; an injury requiring hospitalization; infectious outbreak; missing resident; incident involving the coroner or police; suspected abuse or neglect.
- b) a personnel related occurrence resulting in disciplinary action for any resident incident.

**Maintenance log** means a record, maintained daily, of the maintenance, repairs, or adjustments completed on systems and their components.

**Mental capacity** means an individual's ability to make reasoned decisions after weighing the risks, benefits, and other factors.

**Mission** means a clearly written statement of the home's purpose that focuses the direction and character of its programs and services encompassing a statement of philosophy.

**Outbreak** means the rapid increase in the amount of infection or disease in a population.

**Outcome** means the desired end result of the purpose or objective that shall be achieved.

**Plan of care** means the documented actions that the interdisciplinary team shall undertake to meet the identified needs of the resident. The plan's rationale, goals, benefits, and expected outcomes are based on the assessment, planning, implementation, and evaluation process.

**Policy** means a written statement that identifies and interprets the service provider's position on a given issue, providing direction, limits, responsibility, and expectations.

**Preventative maintenance schedule** means a listing of all components requiring preventative maintenance and their planned frequency of servicing.

**Procedure** means a written set of instructions conveying the approved and recommended steps for an action or sequence of actions.

**Program Requirement** means the components or actions necessary to achieve the desired outcome. Requirements will be dependent on the setting i.e. nursing home or residential care facility.

**Qualified staff** means an individual who possesses the capabilities, competencies, skills, and experience necessary to successfully perform within the scope of their position.

**Quality improvement** means the efforts taken to improve the level of performance of a process through measurement of the current level of performance, identifying ways to improve that performance, and the implementation of new and promising practices.

**Resident** means a person who lives in the home.

## Long Term Care Program Requirements

**Resident Council** means a forum for residents to have a voice in decisions that affect them and to improve the quality of life in a home.

**Resident values** mean a written set of value statements that govern and guide resident and staff relationships.

**Restraint** means devices, materials, equipment, or medications used to prevent a resident from moving freely to a position of choice.

**Risk** means potential for harm.

**Risk management** means a system for the detection, evaluation, prevention, and mitigation of risks.

**Safety alerts** mean hazard, alert, and recall notifications or warning notices that document faults or defects of products and may include recommendations on what corrective action(s) should be taken to reduce the possibility of injury.

**Service provider** means the home, administrator, or board of directors.

**Surface integrity** is defined as the surface material being continuous and sound.

**Values** mean fundamental set of beliefs that clearly communicates what the service provider stands for and how it operates on a day-to-day basis to fulfill its vision.

**Vision** means a clear visualization of a future for which the service provider strives that guides all of the home's activities.

## 7. Program Requirements

### 7.1 Fundamental Requirements - apply to both nursing home and residential care facilities, except where noted.

#### 7.1.1 Respect, Dignity, and Right to Privacy

##### Outcome

**Residents are treated with respect and dignity and their rights to privacy are maintained.**

##### Requirements

The Service Provider shall ensure:

1. Residents are to be treated with respect, privacy, and dignity, with particular emphasis:
  - during personal care activities;
  - during consultation with and examination by professional staff members,
  - during intimacy; and
  - during social contacts with families and friends.
2. There is a statement of resident values posted in common areas and each resident shall be provided with a copy upon admission to the home.
3. Staff members receive information regarding privacy, respect and dignity upon hire and at refresher in-services annually thereafter.
4. Residents have their own clothing, of correct size, which is clean and neat, in good repair, suitable for the climate and appropriate for the resident.
5. Staff members address residents using the residents preferred name.
6. Residents receive mail unopened.

## 7.1.2 Resident Choice

### Outcome

**Residents are supported in exercising choice and control over their lives.**

### Requirements

The Service Provider shall ensure:

1. The culture of the home, through its mission, philosophy and provision of care, maximizes residents' abilities to exercise personal autonomy and choice.
2. The resident's right to choose is reflected in the individualized plan of care and its implementation.
3. Residents' choices with respect to care directives are respected.
4. Residents are supported by staff to make informed decisions.
5. Residents are able to openly express religious, spiritual, and cultural beliefs and practices.
6. Residents are encouraged to personalize their bedrooms with their personal possessions.
7. Residents manage their financial affairs for as long as they wish or have the mental capacity to do so, or assign a designated representative.

### 7.1.3 Family and Community Relationships

#### Outcome

**Residents are supported in maintaining relationships with family, friends and the local community, as they wish.**

#### Requirements

The Service Provider shall ensure:

1. Upon admission, the resident has written information about the home's philosophy on supporting and encouraging relatives, friends, and community involvement with residents.
2. A designated representative is authorized for each resident.
3. There is no restriction on visitors except:
  - a) when requested by the resident;
  - b) when a visitor is deemed to pose a security risk;
  - c) where there is a Protective Intervention Order pursuant to the Adult Protection Act in place; or
  - d) as necessary during an outbreak of infection.

## 7.2 Administration

### 7.2.1 Management of the Home

#### Outcome

**Residents live in a home that is effectively and efficiently managed and that promotes quality of life.**

#### Requirements

The Service Provider shall ensure:

- a) There is a designated administrator responsible for the over-all management of the home.
- b) When the administrator is absent, on-site administrative authority is delegated to an appropriate individual.
- c) The operation is in compliance with the *Homes for Special Care Act and Regulations*, Department of Health Long Term Care policies and standards, requirements, and other applicable legislation.
- d) The home keeps informed and complies with applicable requirements, reports, and legislative updates.
- e) The development of a statement of the home's mission, vision, values, philosophy of care, code of ethics, and range of services.
- f) That the necessary operational policies and procedures are developed, documented, implemented and are reviewed/revised annually. Required operational policies shall include but are not limited to:
  - Protection of residents from abuse
  - Least restraint (nursing home)
  - Extremes of internal temperature
  - Disclosure of wrongdoing
  - Integrated quality improvement
  - Disclosure of adverse events
  - Risk management
  - Major incident reporting
  - Complaints
  - Management of resident funds
  - Smoking
  - Safety Alerts
  - Safer Needles in the Workplace

## Long Term Care Program Requirements

- g) All major incidents or accidents that affect or may affect the health and safety of residents and/or staff members are reported to the Department as soon as possible and no later than 24 hours after the incident.
- h) Staff members are knowledgeable about and demonstrate the home's mission, vision, and values, philosophy of care, code of ethics, policies and procedures, and range of services
- i) The resident and/or representative are given written information about services provided by the home.
- j) The development and implementation of a process for the receipt, investigation, resolution, and reporting of complaints. On admission, residents and designated authority are informed in writing of the complaint process.
- k) There is a system in place to advise and notify the resident's designated authority of options if the resident's needs have changed and when these needs cannot be met at the home.
- l) The development, implementation, and evaluation of a risk management policy and program.
- m) Required inspections are completed and documentation is maintained to demonstrate compliance with requirements, e.g. sprinkler system, water testing, fire alarm inspection, and propane.
- n) Attendance at resident council meetings on a quarterly basis.
- o) Staff and management meetings occur on a quarterly basis.
- p) General staff assemblies are hosted at least twice a year.
- q) The governance model defines and documents its strategic plan, scope of authority, role, and responsibilities and corresponding organizational record.
- r) The annual Statistics Canada *Residential Care Facilities Survey* is completed.

## 7.2.2 Resident and Family Councils

### Outcome

**Residents are provided a regular opportunity to meet with management to discuss the operations of the home as it relates to the care and well being of the residents and the safety and security of the home.**

### Requirements

The Service Provider shall ensure:

1. There are written policies and procedures for resident council, including a process for managing funds raised through resident council activities.
2. Resident council meetings are held monthly; residents and designated representatives shall be notified in advance and encouraged to participate.
3. A resident chair the resident council meeting. Minutes shall be maintained, posted prominently in common areas, and include resolution or action on identified concerns or issues.
4. There is a family council that works in partnership with the resident's council.
5. Minutes for the family council are maintained, posted prominently in common areas, and include resolution or action on identified concerns or issues.
6. Resident and family satisfaction surveys administered by the family council, are conducted annually, the results of which be posted in common areas and made available to the Department of Health inspector.

### 7.2.3 Staff and Management Meetings

#### Outcome

**Staff members are provided a regular opportunity to meet with management to discuss the operations of the home as it relates to the care and well-being of the residents and the safety and security of the home.**

#### Requirements

The Service Provider shall ensure:

1. There are written policies and procedures describing the roles and responsibilities of a formalized staff and management committee.
2. Minutes for the staff and management meetings are maintained, posted in staff areas, and include resolution or action on identified concerns or issues.

## 7.2.4 Liability Insurance

### Outcome

**Each home shall carry adequate liability insurance.**

### Requirements

The Service Provider shall ensure:

#### 1. General Insurance - *Homes For Special Care Act*

- a) At its own expense, purchase and maintain in full force insurances to protect itself, its contractors and sub-contractors, the Province of Nova Scotia, (“the Province”) their successors and assigns and their respective directors, officers, employees, agents and servants involved in the Home for Special Care for the purpose and risk outlined herein.
- b) The insurance provides coverage for all risks of property damage to the Facility, including loss of use thereof, and protect the Province, their successors and assigns, and their respective officers, directors and employees from all claims arising out of liability for property damage, bodily injury including death and personal injury.
- c) All policies are issued by financially sound insurers licensed to carry on business in Canada are subject to approval by the Province. Insurers shall not cancel or materially change the policy without 60 days prior written notice to Province of Nova Scotia.
- d) Certified copies of all insurance policies or related documentation, in form and content acceptable to the Province, are delivered to the Nova Scotia Department of Health prior to the opening of the facility. Certificates of insurance evidencing renewal or replacement insurances, in form and content acceptable to the Province, are provided to the Province no later than fifteen (15) days prior to the expiration of existing policies. Upon request from the Province or its designated representative, certified copies of any policy or policies shall be provided promptly.
- e) All operating insurance policies include a provision whereby the Province (or its nominee) may, but will not be obligated to, assume direction and control of the insurance policy in the event the Service Provider or any of its successors or assigns defaults in its obligations in connection with the project.
- f) Such insurance provide coverage for all risks of property damage to the Facility, including loss of use thereof, and shall protect the Province, their successors and assigns, and their respective officers, directors, council members and employees from all claims arising out of liability for property damage, bodily injury including death and personal injury.

## Long Term Care Program Requirements

### 2. All Risks Property Insurance

This includes Flood and Earthquake insurance, for all risks of loss of or damage to the Facility including coverage for the costs of demolition, debris removal, contamination and the increased cost to repair or replace resulting from application of by-laws or ordinances. Coverage shall be at replacement cost value and no co-insurance will be permitted. This insurance will include the following provisions:

- a) Policy limit of liability as per industry standard
- b) Business Interruption coverage to form part of All Risks Property insurance
- c) annual aggregate limits permitted for earthquake coverage and flood coverage, separately; no other policy aggregates permitted
- d) maximum deductible of \$500,000 per occurrence (or \$1.0 million combined Property Damage and Business Interruption)
- e) primary insurance without right of contribution of any insurance carried by Nova Scotia
- f) coverage for valuable papers and records
- g) coverage for expediting and extra expenses (may be sub limit)
- h) 60 days prior written notice of cancellation or material change from Insurer to Nova Scotia
- i) waiver of Insurer's rights of subrogation against the Province
- j) breach of any of the terms or conditions of the policy, or any negligence or willful act or omission or false representation by an Insured or any other person, shall not invalidate the insurance with respect to the Province

### 3. Business Interruption Insurance

This includes insuring the loss of earnings resulting from a peril insured under the All Risks Property insurance. Coverage shall be on an actual loss sustained basis and no co-insurance will be permitted. This insurance will include the following provisions:

- a) To be written on a per occurrence basis of All Risk Property insurance
- b) maximum deductible of \$500,000 per occurrence (or \$1.0 million combined Property Damage and Business Interruption)
- c) primary insurance without right of contribution of any insurance carried by the Province
- d) coverage for loss of use without property damage

## Long Term Care Program Requirements

### 4. Commercial General Liability Insurance

This includes liabilities arising out of property damage, personal injury and bodily injury including death resulting from any activity connected with the existence, management, maintenance and operation of the Facility. All such policies shall name as the Province of Nova Scotia as an additional insured, their successors and assigns, and their respective directors, officers, council members and employees. This insurance will include the following provisions:

- a) to be written on a per occurrence basis (can be structured as primary plus supplementary layers or primary plus Umbrella and/or Excess)
- b) Sudden & Accidental Pollution coverage for all insured perils
- c) nil deductible for Bodily Injury
- d) maximum deductible all other occurrences of \$100,000 per occurrence, except Sudden & Accidental Pollution (\$500,000 each claim)
- e) annual aggregate limits permitted for malpractice exposures
- f) blanket written and oral contractual liability
- g) contingent employers liability
- h) personal injury liability
- i) broad form occurrence property damage
- j) fire fighting expense liability
- k) non-owned automobile liability
- l) cross liability and separation of interest with respect to each Insured
- m) Nova Scotia, the Corporation and their respective directors, officers, council members and employees included as Insured
- n) breach of any of the terms or conditions of the policy, or any negligence or willful act or omission or false representation by an Insured or any other person, shall not invalidate the insurance with respect to Nova Scotia
- o) primary insurance without right of contribution of any other insurance carried by the Province
- p) 60 days prior written notice of material change or cancellation from Insurer to the Province

### 5. Blanket Crime Insurance

This includes insuring all employees of the Service Provider, its contractors and sub-contractors associated with the facility. This insurance will include the following provisions:

- a) policy to be written on policy Form A

## Long Term Care Program Requirements

- b) maximum deduction of \$100,000 per occurrence
  - c) primary insurance without right of contribution of any insurance carried by the Province
6. Automobile Liability Insurance insuring all licensed vehicles owned, leased or operated by the Selected Respondent. The Service Provider must ensure that evidence of comparable coverage is provided by all contractors, subcontractors and workmen or tradesmen working at the site.
7. Umbrella and Excess Liability Insurance
- With respect to, and following the form of, the Commercial General Liability or Comprehensive General Liability and Automobile Liability insurances. This insurance will include the following provisions:
- a) overall limit of liability per occurrence (can be structured as Primary plus supplementary layers and Umbrella and/or Excess, or primary plus Umbrella and/or Excess)
  - b) “drop-down” provision for impaired or exhausted aggregates in underlying insurances (automatic reinstatement or aggregate limits in underlying insurance acceptable alternative)
8. Directors & Officers Liability Insurance covering the directors and officers of the corporation. This insurance will include the following provisions:
- a) policy limit of liability of \$5 million each claim
  - b) Corporate Reimbursement maximum deductible of \$100,000 per claim,
  - c) Nil for directors and officers

## 7.2.5 Labour Disruption Contingency Plan

### Outcome

**Residents continue to receive quality care and services in the event of a labour-management dispute.**

### Requirements

The Service Provider shall ensure:

2. Essential services continue to be provided to residents whenever there is a reduction in the number of staff members available to serve the residents as a result of a labour-management dispute.
3. A labour disruption contingency plan will be developed including a detailed schedule of staffing.

## 7.2.6 Inspections

### Outcome

**The home is inspected by all applicable authorities having jurisdiction.**

### Requirements

The Service Provider shall ensure:

1. Compliance with the *Homes for Special Care Act and Regulations* and have a valid Homes for Special Care license to operate that is posted in a conspicuous location.
2. Inspection reports and recommendations from authorities having jurisdiction are retained. Compliance with recommendations and requirements are undertaken and evidenced by appropriate documentation. Such documentation is maintained in a common file for access by Department of Health inspectors.
3. A request in writing that the Fire Marshal inspect the home at least once a year.
4. A request in writing that the Food Safety Specialist (Department of Agriculture and Aquaculture) inspect the home at least once a year and that the registration decal is posted.
5. Compliance with relevant and applicable requirements of the Department of Agriculture and Aquaculture with respect to the maintenance of animals in the home.
6. Compliance with Occupational Health and Safety legislation.
7. Compliance with new or revised inspection processes for all applicable jurisdictions.

## 7.3 Nutritional Services

### 7.3.1 Balanced Diet

#### Outcome

**Residents receive a wholesome and appealing balanced diet in pleasing surroundings at times convenient to them.**

#### Requirements

The Service Provider shall ensure:

1. There are written policies and procedures for nutrition services that reflect public health and institutional food production leading practices.
2. There are written policies and processes in place to identify and appropriately communicate residents' food allergies, therapeutic diets, and food contraindications.
3. Diets are provided according to the resident's needs following assessment by the dietitian with consideration for the resident's likes and dislikes, religious beliefs, and culture.
4. Menus are balanced according to Canada's Food Guide and provide flexibility to meet nutrition guidelines and interventions as identified for each resident's specific needs and preferences. Additional referencing is referred to the DRI (Dietary Reference Intakes). A registered dietitian will review menus at least twice a year.
5. Three meals and two snacks are provided daily at appropriate intervals. The planned menu will offer choices/alternatives based on residents' needs, including entrees, vegetables, desserts and beverages, for regular, therapeutic, and texture modified diets.
6. The meal system provides the flexibility to offer meals/snacks throughout the day.
7. Supervision is provided during dining, including meals, snack and other food-related activities to promote residents' safety, comfort, independence, dignity in eating and drinking, the residents' overall response to the dining program, and to monitor each resident's nutritional well being.
8. The meal service will provide a relaxed and quality dining experience.
9. The environment will promote the residents' enjoyment, safety, comfort, independence and dignity, allowing them to socialize and eat at a pace that suits them.

## Long Term Care Program Requirements

10. Mealtimes will focus on a positive and pleasurable dining experience that stimulates the senses, appetite, and conversation, where every effort is made to limit noise and interruptions.
11. The residents and family are encouraged to participate in menu development. The service provider shall ensure that there is an ongoing opportunity to evaluate and improve the dining experience for the residents.
12. A policy and process will be in place to permit family members and residents to prepare or reheat residents' favorite foods with appropriate food safety measures.
13. Processes are in place, e.g. Hazard Analysis Critical Control Points (HACCP), to ensure that food and beverages for mealtime and snacks are provided at safe, comfortable and palatable temperatures, according to residents' individual needs.
14. There is a written hydration therapy program that is implemented and maintained.
15. A Calcium and Vitamin D supplementation program is in place in accordance with the Department's guidelines.
16. Staff is educated on safe food practices upon hire and annually thereafter.

## 7.4 Environmental Services

### Outcome

**The well-being of residents, staff, and visitors is enhanced by the home's physical environment that is effectively and efficiently cleaned.**

### Requirements

The Service Provider shall ensure:

1. There are written policies and procedures for environmental services.
2. Environmental services staff members will incorporate in their work practices, infection prevention and control measures at all times.
3. Housekeeping schedules are documented and separated into daily, weekly, monthly, quarterly, and annually schedules.
4. Housekeeping schedules are flexible in nature and planned to accommodate the resident's routine, while maintaining a clean and safe environment.
5. There is a process to accommodate necessary housekeeping duties outside of regular environmental service hours, e.g. spills.
6. Cleaning supplies are secured at all times and not accessible to residents. Cleaning and disinfecting agents should be hospital grade and must be mixed and used according to manufacturers' recommendations.
7. There is an effective odour control system.
8. There is an organized laundry system with adequate covered laundry receptacles to maintain a clean and safe service.

## 7.5 Facility Condition

### Outcome

**The facility and site are kept in a condition that provides a comfortable and secure environment that optimizes the quality of life for residents and family and supports the delivery of quality resident accommodation and care.**

### Requirements

1. General

The Service Provider shall ensure:

- a) That repairs and alterations to Nursing Homes are carried out in accordance with the requirements of Z317.13.03 Infection Control during Construction or Renovation of Health Care Facilities.
- b) That Nursing Home maintenance is carried out in accordance with the latest edition of the Nursing Home Building Maintenance Standard.
- c) That repairs and alterations are carried out in accordance with the Department's Facility Space and Design Requirements.
- d) That materials, systems, equipment and furnishings are maintained in accordance with the requirements of the manufacturer/supplier of the product.
- e) That site development and building alterations or change of use of space from that originally intended have prior approval of the Department.
- f) That decommissioned redundant equipment and materials are removed and disposed
- g) That root causes of issues related to compromised functionality, surface integrity and aesthetic integrity are corrected.
- h) That building systems and components perform to originally intended standards for control of water (including vapour and condensation) and air movement.

2. Site

The Service Provider shall ensure:

- a) That developed areas of the site are finished in soft landscaping; such as, but not limited to: lawns, ground cover, shrubbery, trees or planting beds, or hard landscaping surfaces; e.g., pavements or pavers.

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- b) The aesthetic, functional and surface integrity of hard surfaced areas.
- c) The aesthetic integrity and health of lawn areas and plant materials.
- d) That leaves; branch falls, etc. are removed as they present themselves.
- e) The aesthetic, functional and surface integrity of all exterior equipment, furnishings and structures; such that, but not limited to: tanks, transformers, outbuildings, lighting, signage, fences and enclosures.

### 3. Building Envelope

The Service Provider shall ensure:

- a) The aesthetic, functional and surface integrity of the building envelope; such as but not limited to: roofs, walls, windows, doors, gutters, downspouts, coatings and sealants.

### 4. Building Interior

The Service Provider shall ensure:

- a) The aesthetic, functional and surface integrity of interior building components; such as, but not limited to: partitions, ceilings, finish materials, doors, hardware, casework, coatings and sealants.

### 5. Building Systems, Furnishings And Equipment

The Service Provider shall ensure:

- a) The functional integrity of all building systems, furnishings and equipment; such as, but not limited to: plumbing, heating, ventilation, power, lighting, emergency power, fire alarm, voice and data.
- b) The aesthetic and surface integrity of all furnishings and equipment and exposed mechanical and electrical systems and components; such as, but not limited to: fixtures, trim, devices, enclosures and fabrics.
- c) That service and access operational clearances required for maintenance are not compromised.

## 7.6 Quality

### 7.6.1 Quality Management

#### Outcome

**There is an integrated, comprehensive quality plan that is able to demonstrate leading practices.**

#### Requirements

The Service Provider shall ensure:

1. A written quality reporting structure with mechanisms to:
  - a) identify deviations from expected outcomes;
  - b) to track and trend key quality issues; and
  - c) to improve on a continuous basis.
2. Policies and procedures are consistent with professionally recognized standards of practice for regulated health care professionals employed in the home.
3. Management and staff members use research-based, evidence-informed approaches to care and service delivery, which are based on leading practices.
4. Resident and family satisfaction surveys administered by the family council, are conducted annually, the results of which shall be posted in common areas and made available to the Department of Health inspector.

### 7.6.2 Risk Management Program

#### Outcome

**Systems and processes are in place to minimize risk.**

#### Requirements

The Service Provider shall ensure:

1. There are written policies and procedures to minimize risk to residents, staff, and the home, including:
  - a) An active program plan for the assessment, identification, and management of risk.
  - b) An assessment of risks associated with each new resident shall be conducted within 24 hours of admission and documented as part of the individual plan of care. Residents at risk shall have an individual risk

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management plan that is reviewed at least quarterly and revised to ensure the plan continues to mitigate the identified risk.

- c) A resident identification process is implemented within 24 hours of resident admission and updated regularly to ensure it clearly identifies the resident.
  - d) A process to document and appropriately communicate resident allergies.
  - e) A written procedure to direct staff in the event of a missing resident.
2. A report is completed after each incident.
  3. Incident reports are analyzed quarterly to understand trends and causes and to ensure that appropriate action is taken to remedy the identified risks.
  4. Staff members are trained in the safe operation of equipment.

### 7.6.3 Protection of Residents from Abuse

#### Outcome

**Residents are protected from all forms of abuse and neglect pursuant to the *Protection of Persons in Care Act*.**

#### Requirements

The Service Provider shall ensure:

1. Compliance with the *Protection of Persons in Care Act* ("PPC Act") by:
  - a) protecting residents from abuse and maintaining a reasonable level of safety for the residents;
  - b) promptly reporting to the Minister or the Minister's delegate where it is believed a resident has been abused or is likely to be abused;
  - c) permitting, at reasonable times, the entry of an investigator appointed pursuant to the PPC Act to the home;
  - d) cooperating with and instructing employees to cooperate with an investigator by:
    - i. providing requested information,
    - ii. producing information as requested by the investigator,
    - iii. assisting and facilitating access by the investigator to any person or resident.
  - e) providing assistance as is reasonably required by the investigator;

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- f) complying with any direction received from the Minister with respect to protecting the resident from abuse;
  - g) providing the Minister with a written report describing the action taken or be taken to comply with the direction;
  - h) ensuring no adverse employment action is taken against employees in the home who, in good faith, make a report of abuse; and;
  - i) ensuring there is no altering, interrupting or discontinuing, or threatening to alter, interrupt or discontinue service by anyone in the facility, including any employee, to a resident or any persons who have made a report of abuse or to a relative of either of them who receives services from the home where the report is made in good faith.
2. Where any employee is suspected of abusing a resident:
    - a) suspend such employee;
    - b) report the suspicion to the Minister; and
    - c) investigate and take action according to facility policy.
  3. The service provider shall, where it is believed an allegation of abuse falls under the jurisdiction of the Criminal Code of Canada, including misappropriation, improper or illegal conversion of money or other valuables, or physical abuse, report the matter to the police.
  4. The service provider shall provide education to the home's employees with respect to the service provider's policies and procedures related to the PPC Act.

### 7.6.4 Disaster Preparedness and Emergency Planning

#### Outcome

**Residents' safety and well being are maintained during an emergency situation.**

#### Requirements

The Service Provider shall ensure:

1. There is a written Business Continuity Plan that addresses the operational recovery and continuity of services in relation to legislated emergency responsibilities in the face of a disaster or other major outage.

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There is a documented facility specific disaster preparedness plan to address:

- Emergency evacuation;
  - Emergency relocation;
  - Emergency expansion; and
  - Emergency isolation.
2. The emergency plan is exercised at least once every three years and needed changes are incorporated into the plan. Only planned exercises will meet this requirement. A written record of the exercise, areas for improvement, and remedial actions shall be maintained.
  3. The staff callback system is kept current and exercised at least annually. A written record of the exercise shall be maintained and necessary changes shall be incorporated.
  4. Fire drills are executed on a monthly basis, rotating by shift and documented, including date, time, location, staff attendance, outcome, and debriefing.

### 7.6.5 Pandemic Preparedness Plan

#### Outcome

**Residents' safety and well being are maintained during a Pandemic Influenza emergency.**

#### Requirements

The Service Provider shall ensure:

1. There is a documented pandemic preparedness plan in place in accordance with the Department's standard template.
2. Every service provider will have a pandemic committee and report daily to the Department during a pandemic situation
3. The pandemic plan shall be submitted to the Department for approval.
4. The pandemic plan is an evergreen model, updated and reviewed annually by the home's pandemic committee.
5. Pandemic influenza staff education sessions.

## 7.6.6 Medication Management

### Outcome

**Residents receive prescribed medications in a safe manner.**

### Requirements

The Service Provider shall ensure:

1. There are written policies and procedures for the management and administration of medications and treatments that reflect leading practices.
2. Prescription and non-prescription medications and treatments are administered only when ordered by an authorized prescriber.
3. There is a process in place that ensures verbal orders from authorized prescribers are signed.
4. Medications are stored in a secure and appropriate manner, accessible only to persons authorized to administer medications.
5. Medications are accounted for, administered, and documented in accordance with federal and provincial legislation.
6. Each resident will have an individual Medication Administration Record (MAR) accompanied by a current photograph.
7. MARs are reviewed, double-checked for accuracy and co-signed by two authorized staff members before being utilized.
8. Preparation of doses for more than one administration time is not permitted.
9. There is a current pharmaceutical reference resource available.
10. Pharmaceutical services are provided to ensure that the medication needs of the resident are met.

## 7.6.7 Infection Prevention and Control

### Outcome

**Residents live in a home that is maintained in a sanitary manner by staff members who are knowledgeable in the management of infection prevention and control.**

### Requirements

The Service Provider shall ensure:

1. There are written policies, procedures, and guidelines on the infection prevention and control program, with particular emphasis on proper hand washing techniques.
2. Responsibility for infection prevention and control is defined with clear lines of accountability with a designated person assigned to oversee infection prevention and control throughout the home.
3. There is an active program for the prevention, control, and investigation of infectious and communicable diseases. This includes the monitoring of infection rates and sharing of information internally and with the Department.
4. Alcohol hand wash and hand washing facilities are prominently situated throughout the home in areas determined by the person designated to oversee infection prevention and control. Paper towels shall be used.
5. Systems are in place for detecting and responding to outbreaks of infections with clear reporting mechanisms to public health and the Department.
6. Provision for influenza immunization and other immunizations or vaccinations are facilitated and recorded, in accordance with provincial requirements and guidelines.
7. The infection control program is regularly reviewed and revised to reflect leading practices and provincial direction.
8. There are processes and practices in place to ensure staff adheres to the separation of clean and dirty linens/areas.
9. There are designated areas for the collection, processing, and disposal of human and hazardous waste to minimize the transmission of infectious diseases.
10. There are processes for sanitizing of equipment. Contracted services shall follow acceptable standards for cleaning equipment i.e. foot care equipment.
11. Personal protective equipment which includes proper fitting gloves, long sleeve gowns, goggles and procedure masks will be provided for all staff, when appropriate.

## 7.7 Ethics

### Outcome

**Resident values are promoted and protected by the consistent application of ethical principles in decision-making.**

### Requirements

The Service Provider shall ensure:

1. There are written policies and procedures to address ethical issues.
2. There is a documented decision-making process for dealing with ethical issues.
3. There is a process to address non-compliance with the home's code of ethics.

## 7.8 Information Management

### 7.8.1 Information System

#### Outcome

**Adopting an Information Management approach is intended to produce better data, support accountability and quality improvement through improved performance measurement and support evidence-based decision-making.**

#### Requirements

The Service Provider shall ensure:

1. The home has a system that:
  - a) Supports the principles of client-centric design
  - b) Makes available useful, relevant, quality information to inform decision-making
  - c) Focuses on outcomes related to care provision and service delivery
  - d) Ensures compliance with the *Protection of Personal Information and Electronic Documents Act* (PIPEDA) as well as any other applicable legislation
  - e) Is capable of contributing to the Canadian Institute for Health Information's (CIHI) Continuing Care Reporting system (CCRS).
2. The home will participate with the Department to create a balanced framework of key performance measures based on strategic objectives and priorities and which is linked to decision-making needs. The framework should include, but not be limited to the following areas:
  - a) Service utilization and access
  - b) Quality, safe care
  - c) Appropriateness of care/clinical characteristics/client outcomes
  - d) Client satisfaction
  - e) Financial
  - f) Efficiency/productivity
  - g) Sustainability
3. The home with the Department will set a philosophy of continuous improvement, and ensure clear, measurable targets.

**Lessons Learned (not a requirement):**

interRAI ([www.interrai.org](http://www.interrai.org)) an international, non-profit consortium of researchers have developed and scientifically validated a clinical assessment system for use in long term care (MDS 2.0). It is used to promote evidence-based clinical practice and policy decisions, and data collected by the instrument contributes to the Continuing Care Reporting System. The Department of Health has been piloting the system in a number of facilities in Nova Scotia, and is considering a provincial implementation in the future.

**7.8.2 Resident Records**

**Outcome**

**Resident records are accurate and complete and are maintained in a manner that insures privacy and security.**

**Requirements**

The Service Provider shall ensure:

1. There are written policies and procedures for resident records which reflect leading practices with respect to:
  - a) documentation standards;
  - b) access, privacy, privacy breach, and security;
2. That the resident records shall only be disclosed in a manner that:
  - a) relates to the residents care;
  - b) is with the express written consent of the resident; or
  - c) is in accordance with applicable legislation, which may include the *Freedom of Information and Protection of Privacy Act* (Nova Scotia) or the *Personal Information Protection and Electronic Documents Act* (Canada) and *Homes for Special Care Act*.
3. There is a records retention schedule for all resident records.
4. The resident records are available to the Department of Health inspectors or investigators, upon request.
5. The resident financial records are maintained separately from the resident care records.

### 7.8.3 Mandatory Reporting to Department of Health

#### Outcome

**Required reports and information are provided to the Department of Health in a timely manner.**

#### Requirements

The Service Provider shall ensure:

1. Major incidents are verbally reported to the Minister's delegate, using the following telephone number 902-424-0435, within 24 hours of the incident. A written report describing the incident and action taken shall be submitted within five working days of the incident.
2. Mandatory reports, as determined by the Department of Health are submitted, as required.

## 7.9 Human Resource Management

### Team based Resident-centred Care

Decentralization of care into separate self-contained more home like households offers a personal and flexible living experience and is fundamental to the philosophy of small group living. Keeping the household small supports a more residential setting that enhances the LTC experience for residents. This approach supports resident and family participation and decision-making, staff-resident collaboration, and staff teamwork by enhancing resident quality of life and well-being.

Smaller numbers of residents and staff encourage relationship-building between and amongst residents, families, and staff members. The better the staff members know the residents, the better they can understand the person and the individual's unique needs. Staff members quickly learn to make decisions based on the residents' needs, and to work cooperatively for that end

This approach moves away from the traditional institutional skilled nursing facility to one that is focused on providing residents with the opportunity to make more choices and to participate in more purposeful activities. Its primary purpose is to serve as a place where residents receive assistance and support with activities of daily living and clinical care, without the assistance and care becoming the focus of their lives.

Unlike the traditional nursing home that encourages staff members to adhere to routines designed to be efficient for the staff who provide the needed care, the nursing homes that shift their focus to a resident-centered care model encourage their staff to work with the residents as a team to determine what works well for them. Team members learn collaborative problem solving and share responsibility, as well as accountability, for resident outcomes.

Team based resident care has proven successful by:

- Supporting residents and families to be partners in care by promoting choice, empowerment, autonomy, and independence in every day life;
- Providing a clear statement of role expectations where team work is emphasized;
- Enabling self-led work teams and increased decision-making;
- Encouraging decision-making as close to the resident as possible;
- Enabling flexible scheduling of activities of daily living without set schedules;
- Supporting innovative and alternative approaches of care delivery; and
- Enabling staff to consistently work with the same residents.

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The development of smaller households, as supported by the Space & Design Requirements, offers the opportunity for the Department to propose an alternate staffing model that enables the continuing Care Assistant (CCA) to work to the full scope of education. The CCA curriculum is designed to develop the necessary knowledge, skills, and attitudes required to provide a wide variety of quality services to residents. The CCA is an individual who assists clients with personal care and support services, while promoting healthy and independent living. The resident will have the reassurance that they are being assisted by a qualified individual who has met provincially-established standards.

On April 1, 2006 the Department of Health's established the Continuing Care Assistant (CCA) Education Entry-to-Practice Policy for direct care workers. To promote quality care, the Continuing Care Branch, Nova Scotia Department of Health, established requirements for the educational qualifications to be used by employers when hiring individuals to be employed in providing direct care and support services to clients in designated service venues which fall under the mandate of the Branch.

In addition to those with Continuing Care Assistant certification, individuals who hold provincial certification as a Personal Care Worker, Home Health Provider or Home Health Aide are eligible for hire as new employees to work in Nursing Homes and Homes for the Aged. An individual not holding one of the identified provincial certificates, but who has been employed in the capacity of personal care worker in a Nursing Home or Home for the Aged within the 12 months prior to an employment application, is eligible for hire as a new employee to work in Nursing Homes and Homes for the Aged.

### **Nursing Home Staffing Requirements**

1. All nursing homes must provide Registered Nurse coverage 24 hours per day, seven days per week.
2. Professional nursing staffing requirement equates to a minimum combined total of 1 hour of RN/LPN per resident per day.
3. Program support is defined as services provided by the dietician, physiotherapist, occupational therapy, social work and recreation.
4. Program Support will be funded either directly or indirectly by the Department of Health.
5. The service Provider must make a declaration of one of the two staffing models (CCA Full Scope of Practice or Traditional CCA Direct Care), as described below.

## Option 1: CCA Full Scope of Practice Staffing Model

### Protected Envelope: CCA Full Scope of Practice Staffing Model

Health care costs for CCA Full Scope of Practice Staffing Model are defined as salaries, benefits, and operational costs related to the provision of resident care in the household setting including professional nursing, CCA (full scope of practice<sup>1</sup>), and program supports i.e. dietician, physiotherapist, occupational therapy, social work and recreation.

#### Assumptions:

- food will be prepared elsewhere and delivered to the household to be served by the CCA
- daily light housekeeping on the household will be performed by the CCA.
- resident's personal laundry will be performed by the CCA on the household.
- deep cleaning, carbolising, floor buffing etc will be completed by facility housekeeping staff.
- linens, towels etc will be laundered off-household.

### Unprotected Envelope: CCA Full Scope of Practice Staffing Model

Accommodation services costs for CCA Full Scope of Practice Staffing Model are defined as salaries, benefits and operational costs of: administration; maintenance; management; and off-household dietary and environmental services.

The following are examples of staffing complements for resident care and program support (protected envelope) for nursing home and residential care using the CCA full scope of practice model.

#### Example CCA Full Scope of Practice Model - 36 bed nursing home

Position	FTEs
<b>Resident Care</b>	
Director of Resident Care	1.00
RN	4.95
LPN	3.33
CCA	31.11
Ward Clerk	0.50
Ward Clerk	0.50
<b>Total</b>	<b>41.39</b>
<b>Program Support</b>	
Physiotherapist	0.15
Occupational therapist	0.15
Dietician	0.20
Recreation Director	1.00
<b>Total</b>	<b>1.50</b>

<sup>1</sup> CCA full scope of practice means a qualified employee who applies all of the required components of the CCA program curriculum skills within the household setting including: household management, personal care, mobility assistance, meal preparation, respite and emotional support.

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**Example CCA Full Scope of Practice Staffing Model - 71 bed nursing home**

Position	FTEs
<b>Resident Care</b>	
Director of Resident Care	1.00
Inservice RN	0.50
RN	6.63
LPN	9.95
CCA	62.22
Ward Clerk	1.00
<b>Total</b>	<b>81.30</b>
<b>Program Support</b>	
Physiotherapist	0.40
Occupational therapist	0.40
Dietician	0.50
Recreation Director	1.00
Recreation Programmer	1.00
<b>Total</b>	<b>3.30</b>

**Example CCA Full Scope of Practice Staffing Model - 36 beds  
(24 nursing home and 12 RCF)**

Position	FTEs
<b>Resident Care</b>	
Director of Resident Care	1.00
RN	4.95
LPN (NH)	1.45
LPN (RCF )	0.20
CCA (NH)	20.73
CCA (RCF)	6.63
<b>Total</b>	<b>34.96</b>
<b>Program Support</b>	
Physiotherapist	0.10
Occupational therapist	0.10
Dietician	0.15
Recreation Director	1.00
<b>Total</b>	<b>1.35</b>

## Option 2: Traditional CCA Direct Care Staffing Model

### Protected Envelope Traditional CCA Direct Care Staffing Model

Health care costs for the Traditional CCA Direct Care Staffing Model are defined as salaries, benefits, and operational costs related to the provision of resident care in the household setting including professional nursing, CCA, and program supports i.e. dietician, physiotherapist, occupational therapy, social work and recreation. Under this model dietary and environmental services are excluded from health care costs.

### Unprotected Envelope Traditional CCA Direct Care Staffing Model

Accommodation services costs for the Traditional CCA Direct Care Staffing Model are defined as salaries, benefits and operational costs of: administration; maintenance; management; and all dietary and environmental services.

The following are examples of staffing complements for resident care and program support (protected envelope) for nursing home and residential care using the traditional direct care model.

### Example Traditional CCA Direct Care Staffing Model - 36 bed nursing home

Position	FTEs
<b>Resident Care</b>	
Director of Resident Care	1.00
RN	4.95
LPN	3.33
CCA	24.89
Ward Clerk	0.50
<b>Total</b>	<b>34.67</b>
<b>Program Support</b>	
Physiotherapist	0.15
Occupational therapist	0.15
Dietician	0.20
Recreation Director	1.00
<b>Total</b>	<b>1.50</b>

**Example Traditional CCA Direct Care Staffing Model - 71 bed nursing home**

Position	FTEs
<b>Resident Care</b>	
Director of Resident Care	1.00
Inservice RN	0.50
RN	6.63
LPN	9.95
CCA	49.77
Ward Clerk	1.00
<b>Total</b>	<b>68.85</b>
<b>Program Support</b>	
Physiotherapist	0.40
Occupational therapist	0.40
Dietician	0.50
Recreation Director	1.00
Recreation Programmer	1.00
<b>Total</b>	<b>3.30</b>

**Example Traditional CCA Direct Care Staffing Model - 36 beds  
(24 nursing home and 12 RCF)**

Position	FTEs
<b>Resident Care</b>	
Director of Resident Care	1.00
RN	4.95
LPN (NH)	1.45
LPN (RCF )	0.20
CCA (NH)	16.60
CCA (RCF)	6.63
<b>Total</b>	<b>30.83</b>
<b>Program Support</b>	
Physiotherapist	0.10
Occupational therapist	0.10
Dietician	0.15
Recreation Director	1.00
<b>Total</b>	<b>1.35</b>

### 7.9.1 Staff

#### Outcome

**The staff complement will support the achievement of the outcomes in all program areas.**

#### Requirements

The Service Provider shall ensure:

1. The development of a written human resource plan that anticipates human resource needs to provide required services.
2. There are policies and procedures related to recruitment, hiring, and orientation of staff members.
3. Staff members individually and collectively have the skills and experience to deliver the services and care which the setting offers to provide.
4. The verification of the current licensure, certification, registration or other credentials of staff members and volunteers prior to the staff members assuming job responsibilities and shall have procedures for verifying that current status is maintained.
5. The maintenance of documentation of pre-employment criminal background checks for staff members and volunteers.
6. The allocation of staff members is appropriate in number and qualifications, reflecting the needs of residents and the layout of the home, and funded direct care hours are utilized, as intended.
7. There is a current job description for each position that clearly defines the role, responsibilities, and scope of position that is reviewed annually.
8. There is a formalized performance management process in place, which evaluates the staff member's performance annually and more frequently, as necessary.

## 7.9.2 Education Requirements

### Outcome

**Staff members have an appropriate educational level that supports program outcomes.**

### Requirements

The Service Provider shall ensure:

That key staff have the minimal education and experience required as listed below.

#### 1. Minimum Education Requirements and Experience – Nursing Home

Administrator	Baccalaureate degree in a field of study relevant to the operation of a nursing home and five years of relevant managerial experience.
Director of Resident care	Baccalaureate degree/diploma in nursing and current registration of the College of Registered Nurses of Nova Scotia and three years of relevant health care management experience.
Business Manager	Bachelor of Business Administration or Commerce with concentration in accounting and three years relevant experience.
Recreation Director	Degree in Recreation Therapy with certification in the field of Therapeutic Recreation from the National Council for Recreation Therapeutic Certification and current membership with either Nova Scotia Recreation Professionals in Health or Therapeutic Recreation Association Atlantic Canada.
Recreation Programmer (Level I)	Community College Diploma in Recreation and current membership with either Nova Scotia Recreation Professionals in Health or Therapeutic Recreation Association Atlantic Canada.
Hospitality Manager	Community College diploma in an applicable field and two years relevant experience.
Food Service Manager	Community College diploma in a food service related field and two years relevant experience.
Registered Nurses (RN)	Current Registration with the individual provincial licensing body.
Licensed Practical Nurse (LPN)	Current Registration with the individual provincial licensing body.
Dietitian (DPt)	Current Registration with the individual provincial licensing body.
Physiotherapist (PT)	Current Registration with the individual provincial licensing body.
Occupational Therapist (OT)	Current Registration with the individual provincial licensing body
Social Worker (SW)	Current Registration with the individual provincial licensing body
Direct Care	Continuing Care Assistant, as per DOH Entry to

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	Practice Policy.
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2. Minimum Education Requirements and Experience – Residential Care Facility

Administrator	A combination of education and experience necessary to achieve the required outcomes.
Direct Care	Continuing Care Assistant, as per DOH Entry to Practice Policy.

3. New employees and volunteers will complete an initial orientation to the home that is timely and documented including but not limited to:

- Resident values;
- Confidentiality;
- Ethics;
- Continuous quality improvement;
- Team work;
- Understanding the needs of the cognitively impaired;
- Infection prevention and control, including proper hand washing technique;
- Emergency procedures including fire safety and disaster plan;
- Heimlich maneuver;
- Information on abuse, neglect, and misappropriation of funds;
- Workplace Hazardous Materials Information Systems;
- Specific job duties and responsibilities;
- Diversity;
- Organizational values;
- Facility policies and procedures;
- Body mechanics; and
- Occupational health and safety.

4. The completed orientation checklist is signed and dated by the employee and maintained in the employee's personnel file.

5. Volunteers receive orientation, are supervised, are supported in their role, and do not replace paid staff members.

6. Ongoing education to meet the needs of the resident population provided to staff members by qualified individuals.

7. Contracted personnel e.g. agency staff will work under the policies and procedures of the service provider.

8. Contracted personnel e.g. agency staff responsibilities and communication processes are clearly defined by written policy.

### 7.9.3 Mandatory Continuing Education

#### Outcome

**Staff and volunteers have the necessary knowledge, skills, and abilities to provide quality care and service.**

#### Requirements

The Service Provider shall ensure:

1. Staff members and volunteers receive regular in-service on upgrading of required skills, at least annually, on:
  - Resident values;
  - Confidentiality;
  - Continuous quality improvement;
  - Team work;
  - The risk of infection and their roles in preventing and managing infection, emphasizing proper hand washing technique;
  - Emergency procedures including fire safety and disaster plan;
  - Workplace Hazardous Materials Information Systems (WHMIS); and
  - Body mechanics.
2. There is a policy for ongoing education for staff members that includes, at a minimum:
  - Identified learning needs of staff;
  - New equipment;
  - Changing resident needs; and
  - Mandatory professional education, e.g. CPR and First Aid.
3. Annual attendance record of individual staff participation, which includes the date of the in-service /education session attended, are maintained.

## 8. Nursing Homes

Section 8 Applies to Nursing Homes only

### 8.1 Resident Care

#### 8.1.1 Individual Plan of Care

##### Outcome

**The resident has an individualized plan of care based on a holistic assessment focused on maximizing the resident's abilities and preferences.**

##### Requirement

The Service Provider shall ensure:

1. Assessment
  - a) Each resident has a holistic interdisciplinary assessment, including assessment of risk, initiated within 24 hours of admission to a home and completed within one week, which becomes the basis for the care to be delivered by staff.
2. Care Conference
  - a) An interdisciplinary care conference, including the resident and/or representative, is conducted within six weeks of admission to the home and annually thereafter or more frequently as the resident's individual needs require. The care conference shall result in a mutually agreeable documented plan of care.
3. Plan of care
  - a) The plan of care sets out in detail the actions that the interdisciplinary team shall undertake to meet the identified needs of the resident. The plan's rationale, goals, benefits, and expected outcomes are documented on the resident record, and are communicated to team members and the resident.
  - b) The plan of care includes measurable, achievable goals and be evaluated by the interdisciplinary team quarterly or more frequently, as required. Plans of care shall be updated to reflect changing needs, interventions, and documented accordingly.
  - c) Personal care staff encourages and support the resident to maximize independence in the activities of daily living to enhance quality of life.
  - d) Upon admission, the resident/designated representative is provided with information on the available options for advance care directives,
  - e) Residents have funeral arrangements completed and communicated to the service provider.

## 8.1.2 Professional Clinical Services

### Outcome

**Residents assessed health care needs are met.**

### Requirements

The Service Provider shall ensure:

1. There are written policies and procedures related to resident care.
2. The resident's health status is monitored daily and there is a system in place to recognize indicators of resident's changing needs and to respond accordingly.
3. The resident's designated representative is advised as soon as possible of changes in the resident's health status.
4. Interventions meet relevant clinical guidelines and practices according to the relevant professional regulatory/licensing bodies and be documented appropriately in the resident's record.
5. Resident access to specialized health care services is facilitated, according to the resident's individualized care need, e.g. physiotherapy, occupational therapy, medical specialists, acute home care,
6. Resident care protocols based on current leading practice are developed, implemented, monitored, and regularly evaluated with particular emphasis on challenging behaviours, skin integrity, wound management, infection control, and nutrition.
7. A nutritional assessment and plan is completed by a registered dietitian on admission and as the resident's individual needs require, respecting the resident's food preferences, religious practices, and cultural beliefs.
8. The resident's weight is taken on admission and monitored on a regular basis, according to the home's policy and more often as the resident's needs require.
9. A functional abilities assessment and plan is completed on admission and as the resident's individual needs require.
10. A lift and transfer assessment is completed for each resident within 24 hours of admission and as the resident's individual needs change. The results of the assessment are documented and communicated appropriately to staff members.
11. Residents receive advocacy and support according to their needs.
12. The home will have a physician medical advisor.
13. Residents are under the care of a physician of choice who agrees to provide service in the home.

## Long Term Care Program Requirements

14. There is an interdisciplinary pharmacy committee consisting of at least the Service provider, Medical Director, Pharmacist, Director of Resident Care and Clinical Dietician who meet at least quarterly.

### 8.1.3 Recreational Services

#### Outcome

**Residents' range of leisure programming matches their expectations and preferences and satisfies their social, cultural, spiritual, and recreational interests and needs.**

#### Requirements

The Service Provider shall ensure:

1. There are written policies and procedures for therapeutic recreation programming.
2. The *Standards of Practice for Recreation as a Therapy and Service* (2006) is used as the basis for the delivery of recreation and leisure services.
3. A recreational assessment and plan for each resident is completed on admission, is included in the interdisciplinary plan of care, and is updated as the resident's individual needs change.
4. A recreation program is developed that:
  - a) Allows other members of the care team to assist and support the continuous development of programs for the changing needs of the resident;
  - b) are in keeping with the residents' needs, preferences, abilities, and strengths;
  - c) are flexible, innovative, and varied to respond to the residents' leisure needs; and
  - d) is planned with resident participation at a minimum of one month in advance and posted in common and resident areas.
5. Resident participation records of individual and group programs are accurately maintained.
6. Community affiliations are encouraged, nurtured, and facilitated.
7. Intergenerational programs and affiliations are encouraged, nurtured, and facilitated.

## 8.1.4 End of Life Care

### Outcome

**Residents receive dignified end of life care that meets their physical, emotional, cultural, and spiritual needs.**

### Requirements

The Service Provider shall ensure:

1. There are written policies and procedures related to end of life care.
2. Advance care directives provide choices to each resident as to options for the degree of medical intervention with respect to the residents end of life decisions and documented accordingly on the plan of care.
3. Residents may decide as to the extent to which family, friends, or representatives are involved in their end of life care.
4. The resident's advance care directives are reviewed with the resident by the interdisciplinary team to ensure that the resident's wishes are clearly recorded in the resident record and understood.
5. Residents' religious and cultural practices concerning death and dying are recorded in the resident record.
6. There is a documented procedure in place to direct staff in the event of an expected death and an unexpected death.

## 9. Residential Care Facility

Section 9 Applies to Residential Care Facility only

### 9.1 Resident Supervisory/Personal Care

#### 9.1.1 Individual Plan of Care

##### Outcome

**The resident has an individualized plan of care based on a holistic assessment focused on maximizing the resident's abilities.**

##### Requirement

The Service Provider shall ensure:

1. There are written policies and procedures related to resident care.
2. Each resident will have a comprehensive assessment, including assessment of risk initiated within 24 hours of admission to a home and completed within one week, which becomes the basis for the care to be delivered.
3. A care conference, including the resident and/or representative, is conducted within six weeks of admission to the home and annually thereafter or as the resident's individual needs require. The care conference shall result in a mutually agreeable documented plan of care.
4. The plan of care sets out the actions that the team shall undertake to meet the identified needs of the resident. The plan's rationale, goals, benefits, and expected outcomes are communicated to team members and the resident.
5. Resident access to specialized health care services is facilitated, according to the resident's individualized care need, e.g. dietitian, physiotherapist, occupational therapist, medical specialists.
6. The plan of care will include measurable, achievable goals, and identified time frames for evaluation. They shall be reviewed quarterly and as the resident's individual needs require and documented accordingly.
7. Staff encourages and supports the resident to maximize independence in the activities of daily living to enhance quality of life.
8. The resident's health status is regularly monitored and there is a system in place to recognize indicators of changing resident's needs and to respond accordingly.
9. The resident's next-of-kin or designated representative is advised as soon as possible of changes in the resident's health status.

## Long Term Care Program Requirements

10. The resident's weight is taken on admission and monitored on a regular basis, according to the home's policy and as the resident's needs require.
11. Residents are under the care of a physician of choice, who agrees to provide service in the home.
12. Pharmaceutical services are provided to ensure that the medication needs of the resident are met.
13. Staff members will document clearly, concisely, and completely on the resident record.

### 9.1.2 Recreational Services

#### Outcome

**Residents' range of leisure programming matches their expectations and preferences and satisfies their social, cultural, spiritual, and recreational interests and needs.**

#### Requirements

The Service Provider shall ensure:

1. Recreational programs are in keeping with the residents' needs, preferences, abilities, and strengths.
2. Recreational activities, programs, and schedules are flexible, innovative, and varied to respond to the residents' leisure needs, e.g. pet therapy, gardening.
3. Recreational activities and programs are planned with resident participation at a minimum of one month in advance and posted in all public and resident areas.
4. Resident participation records of individual and group programs shall be accurately maintained.
5. Community linkages are encouraged, nurtured, and facilitated.
6. Intergenerational programs and linkages are encouraged, nurtured, and facilitated.

## Acknowledgements

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