

Resident and Family Handbook

LONG-TERM CARE HOME

Information for people and their loved ones
who are moving into long-term care homes



northern health
the northern way of caring

Table of Contents

Welcome to long-term care	2
About Northern Health	3
Our commitment	4
Residents' Bill of Rights	5
Our philosophy to care	6
Deciding to move to long-term care	7
Preparing to move	10
What to expect when you arrive	14
Settling into your new home	16
Ongoing care	18
Expressing your wishes	21
The care team	23
Purchased services	26
Long-term care home procedures	28
Health and safety of residents	29
Ensuring quality care	32
It's a partnership	34
Important contact numbers	35
Definitions of terms	36
Notes	38

Welcome to long-term care

This handbook provides general information to people waiting to get into long-term care homes.

Long-term care homes offer 24-hour care for people who have complex care needs. Our safe environment supports those who can no longer be cared for in their own home or in an assisted living residence.

All long-term care homes funded by Northern Health offer a comparable level of services and care. In British Columbia, all care homes are either licensed under the Community Care and Assisted Living Act or governed by the Hospital Act.

The benefits of long-term care include:

- A private or shared room
- Safe and secure living environment
- Help with medications
- 24-hour nursing and personal care following care plans
- Clinical support such as rehabilitation, dietitian and social work services
- Planned physical, social, and recreational activities
- Nutritious meals, including options for therapeutic meals and meal replacements
- Laundry services, including personal clothes
- Housekeeping services
- General hygiene supplies such as soap, shampoo, and tissues
- Routine medical supplies and standard incontinence management products

About Northern Health

Vision

Northern Health leads the way in promoting health and providing health services for Northern and rural populations.

Mission

Through the efforts of our dedicated staff and physicians, in partnership with communities and organizations, we provide exceptional health services for Northerners.

Values

Value statements guide decisions and actions.

We will succeed in our work through:

- **Empathy:** Seeking to understand each individual's experience
- **Respect:** Accepting each person as a unique individual.
- **Collaboration:** Working together to build partnerships
- **Innovation:** Seeing creative and practical solutions.

Our Strategic Priorities Include:

- **Healthy People in Healthy Communities:** Northern Health will partner with communities to support people to live well and to prevent disease and injury.
- **Coordinated and Accessible Services:** Northern Health will provide health services based in a Primary Care Home and linked to a range of specialized services which support each person and their family over the course of their lives, from staying healthy, to addressing disease and injury, to end-of-life care.
- **Quality:** Northern Health will ensure a culture of continuous quality improvement in all areas.

Our commitment

In 2009 the Government of British Columbia passed the [Residents' Bill of Rights](#) to promote the rights of all adults who live in long-term care homes. The Bill of Rights addresses:

- Commitment to care;
- Rights to health, safety, and dignity;
- Rights to participation and freedom of expression; and
- Rights to transparency and accountability.

People living in care homes have many of the same rights they had living in their own home.

The Residents' Bill of Rights serves as the foundation for all aspects of our care and operations. Northern Health and each of our staff members are committed to protecting residents' rights. As a team, we recognize that every resident is entitled to individualized, quality resident-centered care.



Residents' Bill of Rights

Commitment to care

1. An adult person in care has the right to a care plan developed:
 - (a) specifically for him or her, and
 - (b) on the basis of his or her unique abilities, physical, social and emotional needs, and cultural and spiritual preferences.

Rights to health, safety and dignity

2. An adult person in care has the right to the protection and promotion of his or her health, safety and dignity, including a right to all of the following:
 - (a) to be treated in a manner, and to live in an environment, that promotes his or her health, safety and dignity;
 - (b) to be protected from abuse and neglect;
 - (c) to have his or her lifestyle and choices respected and supported, and to pursue social, cultural, religious, spiritual and other interests;
 - (d) to have his or her personal privacy respected, including in relation to his or her records, bedroom, belongings and storage spaces;
 - (e) to receive visitors and to communicate with visitors in private;
 - (f) to keep and display personal possessions, pictures and furnishings in his or her bedroom.

Rights to participation and freedom of expression

3. An adult person in care has the right to participate in his or her own care and to freely express his or her views, including a right to all of the following:
 - (a) to participate in the development and implementation of his or her care plan;
 - (b) to establish and participate in a resident or family council to represent the interests of persons in care;
 - (c) to have his or her family or representative participate on a resident or family council on their own behalf;
 - (d) to have access to a fair and effective process to express concerns, make complaints or resolve disputes within the facility;
 - (e) to be informed as to how to make a complaint to an authority outside the facility;
 - (f) to have his or her family or representative exercise the rights under this clause on his or her behalf.

Residents' Bill of Rights con't

Rights to transparency and accountability

4. An adult person in care has the right to transparency and accountability, including a right to all of the following:
 - (a) to have ready access to copies of all laws, rules and policies affecting a service provided to him or her;
 - (b) to have ready access to a copy of the most recent routine inspection record made under the Act;
 - (c) to be informed in advance of all charges, fees and other amounts that he or she must pay for accommodation and services received through the facility;
 - (d) if any part of the cost of accommodation or services is prepaid, to receive at the time of prepayment a written statement setting out the terms and conditions under which a refund may be made;
 - (e) to have his or her family or representative informed of the matters described in this clause.

Scope of rights

5. The rights set out in clauses 2, 3 and 4 are subject to:
 - (a) what is reasonably practical given the physical, mental and emotional circumstances of the person in care;
 - (b) the need to protect and promote the health or safety of the person in care or another person in care, and
 - (c) the rights of other persons in care.

These rights are posted pursuant to section 7 (1)(c.1)(ii) of the
Community Care and Assisted Living Act

Our philosophy to care

Long-term care homes are an integral part of the community where people can live, work, and play. We work together to provide person- and family-centred care with a focus on individual abilities that nurture a sense of purpose, belonging, and companionship. Each person's unique qualities are embraced and valued; choices are recognized and respected. Together, we'll foster a life rich in purpose.

Deciding to move to long-term care

GENERAL INFORMATION

Selecting a care home:

Applications for long-term care services are handled through your primary health care team. Once your eligibility has been determined, you can choose up to three preferred care homes that you would like to move into. Your care team can provide you with information about specific care homes and whether they would be right for you. Your move in date will be based on the urgency of your situation, your preference of care home, and the length of time you have been waiting.

Every effort is made to honor your choice of preferred care home however, if your need for a care home is urgent, or you are in the hospital, you may be offered an interim care home. Your care team will work with you to help you understand your choices so you can make the best decision for your situation.

RESOURCE: Help in selecting a long-term care home

Ministry of Health resource designed to help individuals and their families select a long-term care home: www.health.gov.bc.ca/library/publications/year/2013/planning-for-your-care-needs.pdf

Costs of living in long-term care

The long-term care home rates start at a minimum rate set by the Ministry of Health. The rates increase according to a person's income, to a maximum amount. These rates are generally 80% of a person's after tax income. The rates are updated annually based on your annual tax return. Before moving in, your primary health care team will advise you of the rate and any other associated charges or fees. You or your substitute decision maker will be asked to sign an admission agreement relating to your financial responsibility.

What if my income has not been properly assessed or circumstances change?

Every effort will be made to ensure a person's income level is fairly assessed to determine a new rate. If there are any questions about whether your rate has been assessed correctly, contact your primary health care team or the site manager in the home.

TIP:

Be sure your income tax is done promptly every year so that your rate is adjusted appropriately.

How are rent payments made?

Rent is payable in different ways depending on the care home. Many privately owned homes need pre-authorized or post-dated payments at the start of every month. Northern Health will contact you to set up pre-authorized payments upon admission. Pre-authorized payments ensure that payments are timely and straightforward. You or your substitute decision maker will get statements detailing the rent and any other fees you have paid.

You or your family members will be reimbursed for any money remaining, when the room is vacated, according to Northern Health policy. For more information, please contact the manager of the home.

Room charges during absences:

The Ministry of Health limits how long a person can be away from a long-term care home. Leaves are limited to 30 days added up over a year. Absences due to hospitalizations are not limited. Room charges do apply during absences, including hospitalizations. On occasion, you may need to be transferred to a specialized care facility. If this absence is lengthy (i.e. a month or more), your room may be given to another person and you will be offered a different room when you return.

Typical extra living costs in long-term care home:

- Any moving in and out expenses
- Personal transportation, including medical and dental appointments
- Ambulance charges
- Personal clothing
- Labeling clothing and other personal items
- Personal care items – Kleenex, shampoo, deodorant, soap, toothbrush, toothpaste, razors, Polident®, Poligrip®, hairbrush, etc.
- Mending and repair, alterations and tailoring
- Personal cable connection and monthly charges. Cable may be provided at a reduced rate in some long-term care homes
- Personal phone connection and monthly charges
- Eye glasses/examinations
- Dentist, dental hygienist visits and dentures
- Foot care
- Hearing aids and batteries, including replacement batteries

- Cost of bus trips/outing costs and meals when the individual is away from the home
- Oxygen and oxygen supplies (some exceptions may occur)
- Purchase or rental of equipment exclusive to your use such as walkers, wheelchairs, and crutches
- Hip protectors
- Specialized mattresses and cushions
- Repairs and maintenance of any personal and specialized equipment for exclusive resident use
- Upholstery cleaning of personal furnishings made of fabric that requires special attention
- Removal of personal furnishings that are no longer able to be satisfactorily cleaned or safe to use
- Personal newspaper and magazine subscription fees
- Barber and hair-dressing fees
- Medications that aren't covered by PharmaCare such as non-prescription drugs, vitamins, herbal remedies and some specialized medications
- Nutrition supplements that aren't typically provided by the home
- Funeral and burial arrangements
- Other private services (e.g. paid companions or massage therapists)

RESOURCE:

For more information about the services and costs associated with long-term care homes, see the Government of British Columbia Home and Community Care Policy Manual: www2.gov.bc.ca/gov/topic.page?id=8F569BDA913540DCAB75145DBB6070CE

Preparing to move

The time between being notified of a vacancy and accepting an offer of care and accommodation in a long-term care home may be very short. We recommend that you prepare beforehand.

Important steps to take prior to the move

- Tour the care home after accepting the offer and before you move in
- Confirm that your family doctor or nurse practitioner will continue to provide care after the move; if not, then you will need to find a new doctor or nurse practitioner
- Talk about future wishes for health care and for end-of-life with your family and doctor or nurse practitioner
- Make a list of people to tell about the change of address
- Ensure your personal items are labeled
- If you are considering bringing in personal furnishings for your room, please discuss with the Manager, Nursing or Housekeeping Services prior to move in day. Any furniture you're considering bringing into the facility must have a surface that can be cleaned using Northern Health standards
- Organize legal documents and insurance. Check to see if you qualify for financial benefits (e.g. Guaranteed Income Supplement)

Once the bed is ready

- Find out the best time to arrive and ask about the personal items you'll need to bring
- Organize transportation and any help you'll need to move in
- Visit your doctor to update your medication list

Furniture

Rooms have a bed/mattress, night table, and wardrobe/dresser. There may also be a chair in the room. A nurse call system is available beside each bed and in the bathroom. Most rooms have a ceiling lift to assist residents with mobility and transfer needs.

You're encouraged to personalize your room by decorating it with pictures and things that are important to you. Personal furnishing must be cleanable and movable; fabric coverings are discouraged, and will be your responsibility to clean if needed. Families may be asked to remove furniture if it presents a risk to others. All personal furniture must be kept in your room as the common areas are fully furnished.

All electrical equipment must be inspected by maintenance staff and approved for use; this includes radios and TVs. Mini fridges are site specific and require inspection and approval prior to use. Food preparation appliances such as microwaves, crock pots, kettles and toasters are not permitted.

Please talk to the Site Manager to find out what can be placed in your room.

Valuables

All personal items brought into a care home are your responsibility. All items should be clearly marked with your name. Staff will make every effort to safeguard your eyeglasses, teeth, hearing aids and other personal items; however, these items do go missing from time to time. As an example, someone with dementia may wander away with another person's eyeglasses and put them somewhere unusual. The cost of replacement rests with you. Insurance for loss of items such as wheelchairs, dentures, and hearing aids is recommended.

TIP:

In many cases, homeowner insurance will cover losses incurred by a spouse living in a long-term care home. Check with your insurance agent to see if your home owner's insurance will cover belongings in a care home.

A record of personal items is made upon admission. Please let staff know if valuable items are brought in or removed. Valuable items, especially jewelry, identification, and money, shouldn't be left at the care home.

You're encouraged to set up a comfort fund for small purchases such as ice cream on an outing. Please check with the manager or care coordinator about how this can be done.

Clothing

Comfortable, loose fitting, warm clothing, that can be easily put on, is preferred. Adaptive, open-backed clothing may also be appropriate. The right clothing can help you maintain your independence for as long as possible. It makes dressing and transferring easier for both you and the staff member who is assisting you. We recommend that you don't purchase clothing until staff has done an assessment to find out what type would be best.

Laundering of personal clothing is an optional service provided by the care home, but mending and repair, alterations and tailoring are not included in that service. All personal clothing is washed together. Things that need special care (i.e. hand washing, dry clean only) are your responsibility and shouldn't be left to be washed at the home. Every effort is made to ensure compatible items are laundered together and that non-washable items are returned to you in a clear plastic bag. If these items are washed laundry services won't be held responsible.

All clothing must be labeled with your name even if you are choosing not to have your personal clothes laundered by the care home. This is to prevent loss in case an article of clothing is placed with the in-house laundry. Standard labelling of clothing is done by laundry services.

See the table below for a list of suggested clothing and personal items. Seven to ten changes of clothes is recommended. Basic incontinence supplies are provided by the home.

Women's Clothing/Items	Men's Clothing/Items
** Consider ease of dressing **	
<ul style="list-style-type: none"> • Night gown • Housecoat • Bra and/or undershirts • Underpants • Slips if applicable • Outfits/dresses • Jogging suits • Stockings or socks • Sweaters • Slippers, non-slip (recommended) • Non-slip shoes • Coat or jacket (lightweight & heavyweight) • Cosmetics, body lotion • Eyeglasses • Hearing aids • Body lotions, shaving supplies • Dentures and denture brush • Toothbrush/toothpaste/denture tablets • Hairbrush/combs • Soap, Deodorant, Kleenex 	<ul style="list-style-type: none"> • Pajamas • Housecoat • Undershorts • Shirts • Shorts and pants • Undershirts/vests • Jogging suits • Socks • Sweaters • Slippers, non-slip recommended • Non-slip shoes • Coat or jacket (lightweight & heavyweight) • Electric Razor • Eyeglasses • Hearing aids • Shaving supplies, aftershave • Dentures and denture brush • Toothbrush/toothpaste/denture tablets • Hairbrush/combs • Soap, Deodorant, Kleenex

Walkers, canes, and wheelchairs

Who is responsible for providing equipment?

If an occupational therapist or physiotherapist has recommended a basic wheelchair and the cost of that wheelchair is not covered by other funding sources (see below), the basic wheelchair and a basic cushion will be provided free of charge for the duration of your stay. You'll be responsible for covering the cost of any required changes to the basic chair or the purchase of a customized wheelchair. Walkers, canes, non-basic wheelchairs (customized) and other specialized equipment are not provided by the care homes. You or your family are responsible for purchasing or renting any specialized equipment including special cushions and mattresses when needed.

What is a basic wheelchair?

Definition of basic wheelchair: A manual, self-propelled, safe and durable wheelchair with a basic contoured seat cushion, which is reasonable to obtain and maintain.

What if I do not have the equipment I need?

Care homes have a limited supply of equipment which may be loaned for a period of 3 – 6 weeks. Such equipment will be loaned according to availability and priority of need. There may be a small fee associated with this service.

Is there funding for equipment?

You may qualify for funding or assistance through various sources such as the Veteran's Affairs Canada (VAC), Aboriginal programs, the Ministry of Social Development, or private insurance such as Blue Cross.

Is power mobility allowed?

All power mobility equipment, including scooters and power wheelchairs, is assessed on an individual basis. The equipment is inspected on admission and you may be required to pass a power mobility driving test. If you pass, you must sign a power mobility agreement to ensure safety for everyone. Additional driving tests may be required if your abilities change.

Who assists with equipment needs?

An occupational therapist or physiotherapist completes assessments and recommends the most suitable equipment.

What kind of equipment may be needed?

- Wheelchairs (basic wheelchairs may be provided by the home)
- Wheelchair cushions
- Walkers
- Splints
- Heel boots
- Mattress overlays
- Specialty mattresses
- Adaptive aids (long handled shoehorn, reachers)
- Adaptive clothing (to accommodate patient lifts)
- Wheelchair alarms
- Bolsters
- Hip Protectors, etc.

What to expect when you arrive

Admission

When you first move into a long-term care home, you and your family will be provided with an orientation, including:

- A tour of the site and your room
- Information about the services provided
- An introduction to staff and residents
- Each care home is unique. Staff will discuss the special aspects of the home once you arrive.

You and your family are encouraged to participate in the admission process by:

- Talking about what's important to you
- Identifying key concerns
- Answering staff questions
- Making informed decisions related to care

Care staff will gather information during the admission process so they can get to know you and develop a personalized care plan. This care plan is a guideline of the type of care and support you require.

Adjusting to a move

Moving into a long-term care home is like moving to a new neighbourhood. Each person reacts differently to a move. While it can be a welcome and positive change for you and your loved ones, it can also be a very stressful time; particularly for those with dementia.

The first four hours of the admission process is a critical time when you may need extra support. The goal of the care team is to work with you and your family to provide that support. If able, family and friends are encouraged to ease the transition. Some suggestions for family and loved ones include:

- Select the best time for admission for both you and the care home
- Support you to attend a meal or an activity at the long-term care home before the admission occurs; a loved one may share the meal for a small fee
- Ensure a family/personal history is completed (often called family admission questionnaire)
- Visit you and plan to stay for most of the day, if needed
- Bring in a favorite meal or treat for the day
- Choose a familiar, enjoyable activity that the family can do together
- Help you get ready for bed

The first week after a move is often unsettling for everyone. It'll take time to feel comfortable in your new home and to build trusting relationships with other residents and staff. It's not unusual to feel sad, anxious, angry, or confused.

Families may notice a change in your behaviour as you adjust to the new setting. You may stop doing something you were able to do for yourself before, or you may start doing something you haven't before. Families are asked to speak with staff to share what they are seeing.



Settling into a new home

Long-term care homes aim to be home-like and comfortable. Chairs and couches are arranged in small groups to encourage conversation. Smaller spaces are available for visiting and for hobbies, including: TV watching, card and/or board games, puzzles, and small scale structured group activities. A weekly and daily menu as well as a calendar of recreational activities are posted. Staff routinely remind residents about any upcoming activities that may interest them.

The ongoing role of family and loved ones

Families and loved ones are partners in care. We encourage them to review the care plan with nursing staff and participate in resident care conferences (team meetings where care plans are reviewed). These are excellent ways for the care team and the family to be in agreement about your care and to promote good communication. Family and friends are encouraged to visit and participate in many of the day-to-day activities.

Family and loved ones can continue to participate in your life at your new home by:

- Introducing themselves to staff
- Taking you for 'rides' or walks
- Reviewing the activities calendar for activities they can join
- Visiting you and sharing in meals for a small fee

Family members also need time to adjust to this major change. We encourage loved ones to:

- Balance taking care of themselves with the care and support they provide to their family member
- Speak with other family members and loved ones about how to work as a team to help maintain a strong connection to you
- Check out bulletin boards and/or attend family council meetings to get information and support

Resident and family council

Resident and family council meetings are held at each long-term care home on a regular basis. These meetings provide the opportunity for residents, families, and friends to discuss topics related to the services and care provided by the care home. The meetings help the care home maintain and improve the quality of life for the residents. Functions of the councils include:

- Supporting residents, families, and friends
- Sharing information
- Advocating when concerns and issues affect the residents

All residents and family members are encouraged to participate.

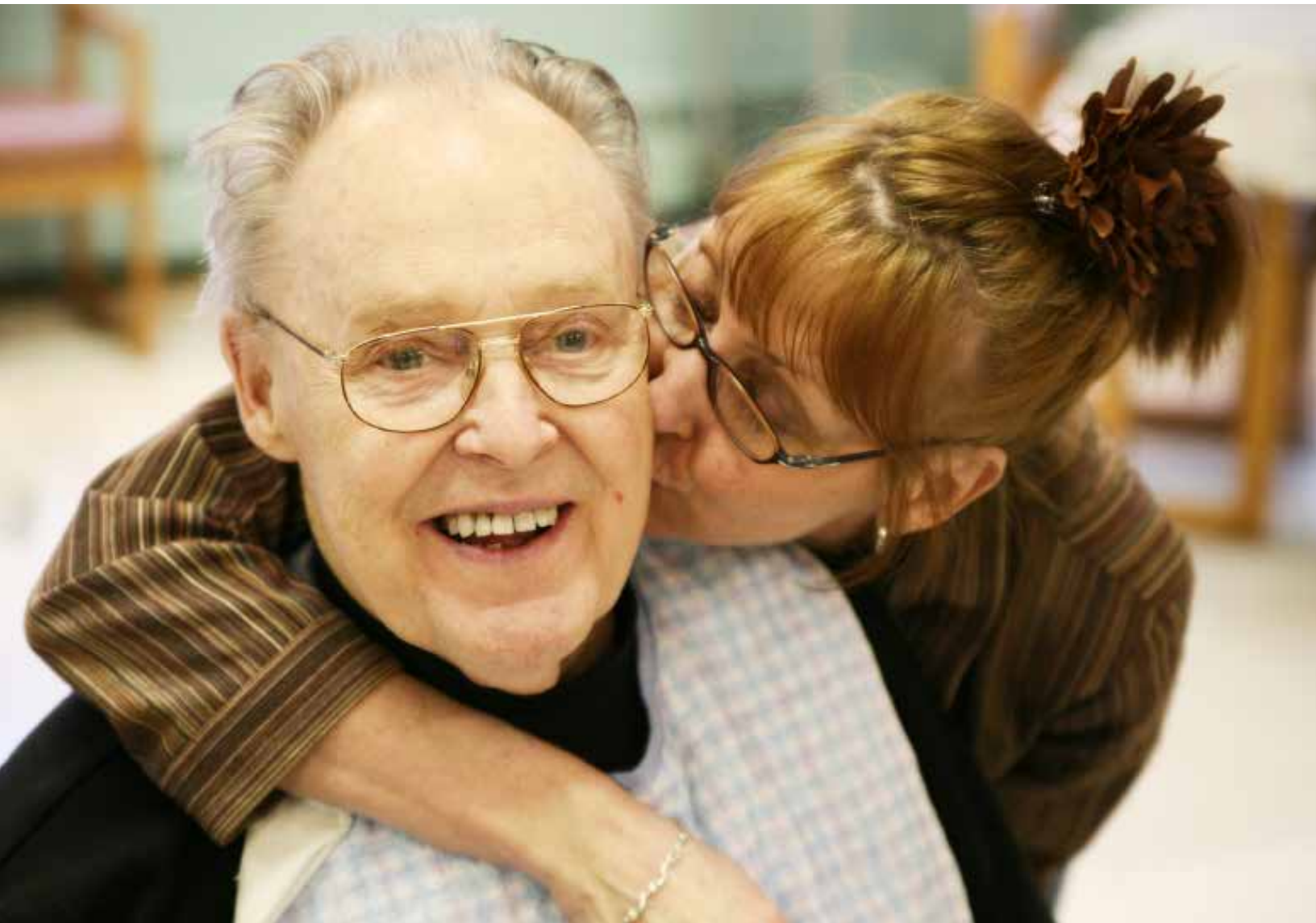
Visiting and staying in touch

There are no set visiting hours. We ask loved ones to talk to the staff to find out about any special events and how to make the most of your visit. Let nursing staff know in advance, if possible, about any upcoming longer term absences.

Families and loved ones are also encouraged to keep in touch by phone or internet. Many long-term care homes now have internet computer access available for you, allowing for communication by e-mail and Skype.

Leaves and vacations

All residents need to notify staff and sign the “sign out sheet” prior to leaving the home. It is important to let the staff know when you’re leaving in case there’s a fire or evacuation. Staff will need to know who is still in the building. This also ensures arrangements can be made for medication while you are away.



Ongoing care

Recreation and activity programs

Each day, a variety of activities and programs are offered to suit many levels of interests and abilities.

Some homes have courtyards that provide access to outdoor areas. They feature activity areas with planters that let residents get their hands dirty again, and take part in and enjoy gardening activities.

Long-term care homes are aware of the valuable relationship that animals/pets can have with residents and their loved ones.

Care homes have different ways of including pets as part of their programming or socialization (e.g. therapy dog visits, visiting pets, etc.). If you wish to have a pet visit please check with the site manager in your home for details on the pet policy. Generally pets are required to have a vet check and be on a leash.

Nutrition and food services

Morning, noon, and evening meals are provided as well as between-meal snacks. Menus are posted to inform you of the meals being served.

Food is prepared to:

- Provide appealing and tasty meals that meet individual nutrition requirements
- Observe cultural and religious practices
- Celebrate special occasions

Our dining rooms are designed to provide a pleasurable and comfortable environment, encouraging conversation and socialization.

Families are also encouraged to bring in favorite foods for their loved one. Please check with the site manager, for information about what foods are appropriate to bring to the home. In most long-term care homes, family and friends are welcome to share in meals for a small fee. For more details about dining with residents, please speak with the staff.

Spiritual care

People living in a long-term care home are offered spiritual support through various religious and spiritual groups. Spiritual care may be provided through group meetings, one-to-one visits, sermons, music and song.

Health care needs

Twenty-four hour care is provided according to your care plans. The care team will work with you and your family to complete an assessment of your needs and expectations. A care plan takes into account physical, social, emotional, and spiritual needs and interests of each resident.

Most residents' needs can be managed in the care home. However, on occasion, the level of care required may exceed what the care home can provide. In the case of a medical emergency or a situation that can't be managed in the care home, you'll be transferred to the hospital and returned to the home once stable.

When a resident is transferred to hospital or between care settings or programs, a copy of their Medical Orders for Scope of Treatment (MOST), Cardio Pulmonary Resuscitation (CPR) order, and any other health care directives will be transferred with them.

In the event of illness or injury, the nursing staff will contact your doctor and family or substitute decision maker. The substitute decision maker is responsible for sharing information or news with other family members or loved ones.

Dementia care

The term dementia describes many conditions that can lead to a gradual and progressive decline in thinking and functional ability. Dementia can affect short-term memory, communication, language, judgment, reasoning, and abstract thinking. Eventually the person might not be able to dress themselves and may even lose interest in eating and drinking. The brain stops giving their body the messages it needs to survive. In time, even the digestive system stops working and cannot absorb food even if the person continues to eat. Dementia is a truly progressive, terminal illness.

Preserving the person's quality of life, especially as it pertains to who they were before they had dementia, requires a specialized approach to care. Northern Health has invested many resources to provide this specialized approach to care. Many staff have taken some form of dementia care training providing them with skills in caring for an individual with dementia. The overall goal of care is to reduce a person's feeling of isolation, boredom, and powerlessness that can come from the disease.

All programs and activities that residents with dementia participate in, (recreation, eating, bathing, and dressing) provide opportunities that can enhance their quality of life. These programs initiate thought processes, increase functioning ability, increase self-esteem, and help reduce the frequency or intensity of challenging behaviors.

Special care unit

Some long-term care homes have Special Care Units. A Special Care Unit is intended for residents with dementia who are at risk of leaving the care home or require support managing behaviors which pose a risk to themselves or others. The aim is for residents to move to a more appropriate care unit once they can be safely accommodated there.

End-of-life care

End-of-life care focuses on making a person comfortable during the final stages of life. Comfort for some residents may mean medicine and/or treatment to control pain and other symptoms. For others, it may mean having loved ones with them or listening to music. [Medical assistance in dying](#) services are available in all Northern Health facilities. The focus for end-of-life care is creating a peaceful and kind environment that aligns with the person's wishes.



Expressing your wishes

General information

Advance care planning is the process of thinking about and writing down your wishes for future health care treatment in the event you are unable to make decisions for yourself.

An advance care plan has two main functions:

- It tells your family, your substitute decision-maker, and your doctor what kinds of treatment you do or don't want to receive when you near the end of your life and you can no longer make these decisions for yourself.
- It lets you name a person who can make treatment decisions for you when you can't make decisions for yourself. This person is called a "substitute decision-maker."

Talking about your end-of-life wishes with your family, doctor or nurse practitioner, and care providers is important. Although these can be difficult talks to have with loved ones, it is important to make your wishes known.

Some of the hardest decisions relate to the use of life support and life-prolonging treatments such as ventilation to assist with breathing, kidney dialysis to help kidney function, tube feeding, and CPR. Knowing your wishes may help reduce the uncertainty and anxiety loved ones experience. It may bring them a measure of comfort knowing that they followed your wishes.

Prior to, or once admitted to a long-term care home, you will be asked questions about your end-of-life wishes, including CPR. CPR is an emergency procedure performed when someone's heart stops beating or, in some circumstances, when they stop breathing. In long-term care, a written order must be present in a resident's care plan for CPR to be performed in the event of a cardiac arrest.

Advance directives and substitute decision makers

An advance directive is the legal document that will serve as a reference if you're unable to express your wishes.

In BC, there are two types of representation agreements or enduring power of attorney documents. These documents allow you to designate who you want to manage your financial, legal, health, medical and/or personal affairs if you become incapable of making these decisions or providing consent.

You are encouraged to document advance directives while you're healthy and clear-thinking. A "temporary substitute decision maker" can be appointed if you're not able to give consent and haven't legally selected someone to speak to your medical or health issues.

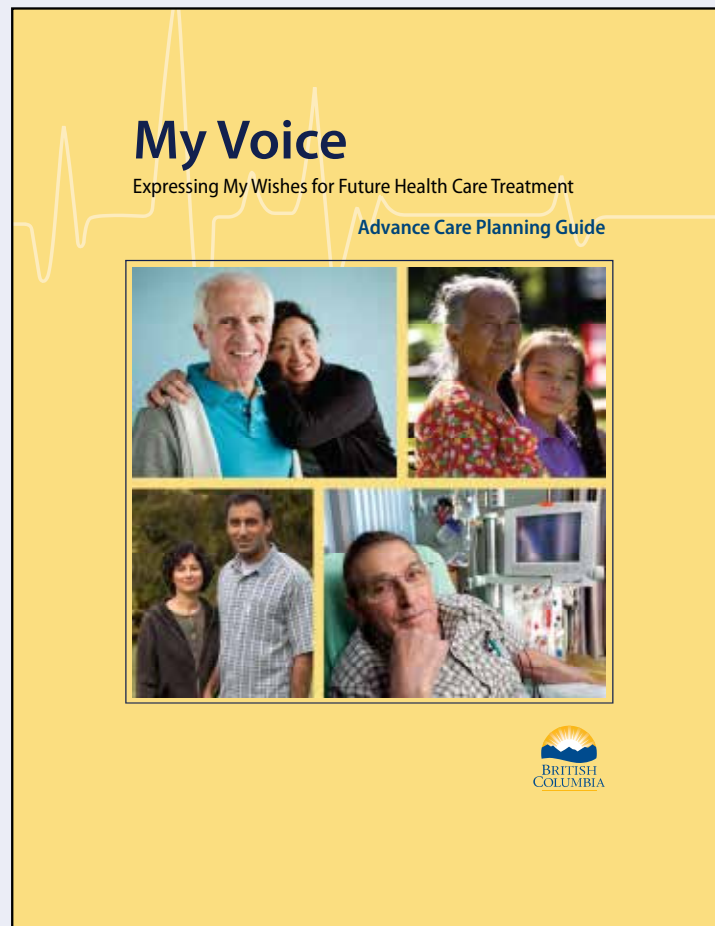
If a resident is incapable of authorizing legal documents, the court may appoint a "committee" on their behalf.

In situations where the resident's affairs are very simple, a social worker may also assist the resident and/or loved ones in becoming a private trustee of federal pensions. The public guardian and trustee office can also provide assistance, but usually as a last resort. Where available, talk with a social worker if you would like more information.

Please note that employees of long-term care homes aren't allowed to witness personal documents such as wills.

RESOURCE:

A Ministry of Health guide to assist families and their loved ones understand this topic: [My Voice: Expressing My Wishes for Future Health Care Treatment](#)



The care team

Residential care regulations and policies require that all staff and volunteers have the necessary qualification to provide safe quality care. Staff screening includes criminal record check, character references, work history, training certificates, and compliance with the province's immunization and tuberculosis control programs.

Long-term care homes are held to the same standards and provide a similar level of services and care. However, staff that makes up the care team may vary from one care home to another.

The following section identifies staff you may meet and describes their roles.

Doctor or nurse practitioner

All individuals living in a long-term care home must have a doctor or nurse practitioner. A person's family doctor or nurse practitioner may continue to provide care once a person moves into a long-term care home.

Long-term care home manager

Each care home has a manager who looks after the overall operation of the home. A manager is responsible for ensuring quality care and services for the residents living in a long-term care home.

Nursing and care team

The nursing team provides 24-hour care to residents. Members of the nursing and care team may include:

- Registered nurses (RNs)
- Registered psychiatric nurses (RPNs)
- Licensed practical nurses (LPNs)
- Care aides

Some care homes have a care coordinator or director of care who is responsible for coordinating the care provided to residents. These staff members work with your doctor and other health care professionals to make sure you receive the care you need.

Nutrition and food services

Meals and snacks are prepared daily by the staff from the food services. The team includes food service workers, cooks, and supervisors. A registered dietitian oversees the nutritional needs of the residents living in a care home. Menus are updated on a regular basis taking into account residents' needs and overall preferences. Special diets and modified food textures are available when required.

Social work staff

Social workers help ensure the voices of residents and their loved ones are heard, and work to strengthen communication between residents, loved ones and staff.

Social workers:

- Provide practical and/or emotional support to residents and their loved ones at times of loss and transition
- Help clarifying concerns related to financial and medical decisions
- Help residents access services and resources
- Help explore expectations about placement

Social workers play a strong role in promoting choice and respect for differences.

Recreation staff

Recreation staff may include recreation therapists, recreation coordinators, and/or activity workers. Recreation staff:

- Provide therapeutic one-to-one time to residents
- Facilitate small group games and social time
- Organize large group social events celebrating holiday themes

Activities may include a variety of outings, music, creative arts, gardening, baking, games, church services, exercise programs, pampering time, and much more. The emphasis is on nurturing residents' interests.

Rehabilitation staff

Rehabilitation staff includes:

- Physiotherapists
- Occupational therapists
- Rehabilitation assistants

The role of the rehabilitation team is to assist each resident to maintain their optimal level of safe mobility and activities of daily living. Rehabilitation services include assessment and fitting of assistive devices (wheelchairs, walkers, splints, hip protectors, etc.) and exercise programs. Rehabilitation staff are also consulted regarding skin care, swallowing, and falls.

Housekeeping and laundry staff

Housekeeping staff clean bedroom floors, high traffic areas and washrooms daily.

The entire room is usually cleaned on a weekly basis. Laundry may be done by a variety of staff depending on the care home. You and your family members are also encouraged to take part in keeping the your room tidy.

Facilities maintenance staff

Facility maintenance staff address repair and maintenance needs of the building site. Maintenance concerns can be passed on to the care coordinator or site manager who will notify the facilities maintenance department.

Students

Health care students may participate as part of the care team. You may encounter a sole student or large groups of students accompanied by an instructor. All students are supervised in their work.

Volunteers

Most long-term care homes offer a variety of volunteer opportunities and run a volunteer program. Volunteers play an important role in long-term care homes. We encourage family and friends to ask about the volunteer opportunities at your care home.

You may see volunteers visiting with animals, playing music, assisting with recreation programs, and visiting with residents. All individual volunteers are screened and supervised.

Volunteers may be community members, family members, or friends. You may also see volunteer or service groups at the home, such as music bands, junior volunteers, hospice volunteers, and school groups.



Purchased service

A number of services are available on a fee-for-service basis for an extra cost. It's up to you, your family, or your substitute decision maker to purchase these services.

Many service providers come to care homes to offer their services. You may need to access some services in the community. Family members are encouraged to organize and assist with resident appointments in the community.

Please see the care coordinator or site manager to find out about the specific services available in the care home.

Hair care

Hairdressers and barbers are available in most long-term care homes, although not all care homes have a hairdressing salon.

Dental care

Dental hygienists, denturists, or dentists may be available to provide services in care homes. Access to specific services will vary and you may need to access this service in the community.

You're encouraged to be screened by a dental health professional yearly and when concerns arise.

Eye and hearing care

Optometrists and audiologists (eye care and hearing centres) typically provide their services in the community.

As in the case with dental care, it's important to have your eyes and hearing checked regularly so that any issues can be addressed promptly. Good vision and hearing enhance quality of life.

It's recommended that dentures, glasses, and hearing aids be marked clearly with your name.

TIP:

Check with your dental, optical, and hearing specialists for the best way to label these items.

Foot care

Foot care nurses provide assessment, treatment, and support to elderly and diabetic residents. Maintenance visits usually occur every six to eight weeks. Many care homes have foot care nurses who routinely provide services in the home.

Other services

In addition to the services identified here, you may also purchase other services such as paid companions, massage therapist, etc. The availability of such services varies from community to community. It's up to you, your family, or your substitute decision maker to secure and fund these services.

If you plan to have a privately paid service put in place, please speak to the site manager or care coordinator before you proceed. Some homes may have policies in place regarding the purchasing of contracted services.



Long-term care home procedures

Immunization

As required by the Adult Care Regulations, people who move into a long-term care home must comply with the province's immunization and tuberculosis screening program. Care homes are required to maintain a record of the immunizations/ vaccines that you receive. The program promotes both the pneumococcal and influenza vaccines.

Tuberculosis screening

Prior to being accepted into a long-term care home, you must undergo initial screening for tuberculosis. If you show symptoms related to tuberculosis, you must be seen by a doctor to rule out tuberculosis. A person with active tuberculosis cannot be admitted to a care home.

Medications

Once you arrive in the care home, you'll be asked to clarify which medications you're taking. Care staff will discuss your medication needs with your doctor and document these in your plan of care.

Medications must be safely and securely stored at all times. Unless otherwise specified in your care plan, medications are to be stored in the medication room and dispensed by the nursing staff. Please talk to the care coordinator or site manager regarding the use of any herbal medication.

Oxygen

Oxygen is available for use only as ordered by a doctor. An individual may be required to assume the cost of oxygen and supplies; however, a medical condition might qualify an individual for a subsidy by the Ministry of Health.



Health and safety residents

It's important to recognize that all residents share a common living space, services, and care provided by staff. To ensure the safety and welfare of everyone, the rights and the safety of all residents, staff, and visitors need to be considered at all times.

Visiting when sick

If a family member or loved one is sick with flu like symptoms, have a fever, or a cough, or vomiting and diarrhea, we ask that they don't visit the care home. While this may be difficult, we must protect **all** of our residents against infections including influenza. Instead, we encourage loved ones to maintain contact with you through other means: send a card, phone, or consider sending an e-mail if the home has a general email address. This will allow you to keep in touch.

Hand washing

All visitors to a care home should use the hand hygiene station at the entrance to the home. Hand washing and hand sanitizer are the most effective way of preventing the spread of infections. Washing hands should be done by everyone after visits to the bathroom and before meals. Visitors can assist you with hand washing.

Respiratory etiquette

If you're able, cough and sneeze into your sleeve rather than your hand. This stops the spread of germs from hands to doorknobs, telephones, and anything else you touch. If you used your hands or tissues to cover your cough or sneeze, be sure to clean your hands afterwards by using the hand sanitizer.

During the flu season residents, staff, visitors and volunteers are encouraged to have the influenza vaccine – if this is not possible, a mask must be worn between December 1 and March 31 to prevent influenza infections in the care home.

Air care

Please avoid the use of highly scented personal care products and room deodorizers as these can trigger respiratory symptoms in other residents and staff.

Aggressive alert

All homes are required to assess risks and share the safest way to help a resident who may have aggressive behaviors. Some homes use a purple dot as a way of alerting staff, families, and visitors to get more information before they help a resident. Other homes use a stop sign. Ask what symbol is used in your care home.

Falls management

Long-term care homes have a falls management program in place. While falls can't be completely prevented, the risk of injury can be minimized by careful planning. Once you're admitted, and as your condition changes your falls risk will be assessed. Strategies to reduce the risk of falls become part of the care plan.

Family members can participate in falls prevention by supporting recommendations for personal safety equipment. Personal safety equipment may include hip protectors, appropriate footwear, walking aides, wheelchairs, and bed or chair alarms. To support a safe environment, careful consideration should be made in selecting and arranging furniture.

Restraints

A restraint is anything that restricts a person's movement in order to reduce harm to themselves or others. Northern Health promotes a least restraint philosophy which supports balancing the freedoms of individuals while reducing the risk of injury. Any discussion about safety where a restraint is considered should also include consideration of the right to live at risk and the resident's independence.

There are times when a restraint may be necessary and appropriate. Except in the case of an emergency, you and/or your substitute decision maker, as well as a doctor, must agree before a restraint is used.

No lift policy

Long-term care homes want to ensure that you are cared for safely, while maintaining a healthy work environment for employees. After you move in, staff will assess your need to be lifted and positioned with a mechanical lift.

If you're unable to get up from a bed or chair, or unable to turn in bed, the staff will use a mechanical lift. Exceptions to this policy may occur when it's absolutely necessary, such as in a medical emergency. We encourage families and friends to also abide by this policy.

Wandering

Long-term care homes usually have a monitored door security system in place to ensure residents' safety. Staff will monitor and make safety plans for any residents who are unsafe to leave the home on their own.

Resident identifiers, such as name bands or ID cards, may be required to be worn by you to ensure your safety. In most cases, staffs knows immediately when a resident is out of the long-term care home and are able to redirect them back into the building. If a resident is reported missing, staff will contact local police to assist with a search.

Outings

If you leave the care home for an outing, you're required to carry identification indicating your name and the location and phone number of your care home. Under the Adult Care Regulations, you may only leave the home as indicated in your care plan or another preexisting arrangement.

Where no care plan or arrangement is in place, you may leave the home in the care of a legal representative or a person authorized by the representative. If you're planning an outing with your loved ones, please ensure the staff are aware and make arrangements to receive your medication while away from the care home.

Risk management

At times, you may choose to participate in activities that may be considered to put you at risk (for example, smoking). In these circumstances, you or your substitute decision maker will be required to sign a risk agreement.

Alcohol consumption

The consumption of alcohol may be permitted. Each home has a process for ensuring your safety if you choose to drink alcohol. Consent from your doctor may be required.

Smoking

Northern Health has a no smoking policy and smoking is **not allowed**. Some long-term care homes allow you to smoke in designated areas. Smoking in designated outdoor areas is only permitted for residents who live there. There is absolutely no smoking in your room or common areas of the care home.

Fire alarms

Fire drills are conducted routinely. If you hear the fire alarm, please stay in the room until directed to leave by staff. There are fire doors throughout the building which close automatically when the fire bell rings. These doors are controlled by electromagnets and will be reopened as soon as the alarm is cleared and reset.

Ensuring quality care

All community care facilities in British Columbia that care for three or more “vulnerable” persons must have a license under the *Community Care and Assisted Living Act* or the *Hospital Act* and are routinely inspected

Long-term care homes funded by Northern Health are also required to be accredited through Accreditation Canada which audits health care organizations and provides a rating of the organization’s compliance with a wide variety of standards. All care homes are required to have a process to monitor the quality of their services and care, and to provide opportunities for residents and families to provide feedback and make complaints.

Addressing concerns and complaints

Upon admission, you and your family receive information about who is responsible for coordinating services and resident care and who you should speak to if you have questions or concerns.

If you have a compliment or a complaint, we encourage you to speak with the person who provided the service or the manager of the care home. Most complaints can be handled within the home. If you do not receive a satisfactory response after speaking to the care home manager, you should contact the Northern Health Patient Care Quality Office (PCQO) or the Community Care Licensing Office (Licensing Direct).

RESOURCE:

To contact the PCQO call: **1-877-677-7715**

<https://www.northernhealth.ca/contact/patient-care-quality-office>

If you have a concern that a home is being operated in a manner that does not comply with the requirements as outlined in the Residential Care Regulations, you can notify a licensing officer.

RESOURCE:

To contact a licensing officer call: **250-565-2150**

<https://www.northernhealth.ca/services/community-care-licensing/contact-licensing-officer>

Aboriginal Patient Liaison

The role of the Aboriginal Patient Liaison is to support Indigenous People and their families to navigate the health care system. Aboriginal Patient Liaisons help to address challenges that arise in long-term care. Aboriginal Patient Liaisons improve access and ensure the Indigenous Person's health care experience is culturally sensitive and inclusive. The goal is to ensure an Indigenous Person understands the health care process and that members of the care team understand the unique needs of Indigenous People.

The Aboriginal Patient Liaison can also provide linkages to non-insured benefits coverage for medical equipment and supplies, prescriptions, vision, and dental care.

RESOURCE:

To contact Northern Health's Aboriginal Patient Liaisons:

E-mail: indigenous.health@northernhealth.ca

<https://www.indigenouthealthnh.ca/initiatives/APLs>

It's a partnership

Living in a long-term care home involves a partnership between you, your family or loved ones, and the care home. The home's responsibility is to provide individualized, high quality, and safe person-centered care. In order to achieve this, we ask that your family and loved ones:

1. Take an interest in the care being provided, including attending care conferences
2. Visit regularly
3. Be respectful when speaking with staff, residents, and visitors
4. Attend resident/family council meetings on a regular basis
5. Tell staff of any concerns which require their attention
6. Provide personal items such as clothes, supplies, and equipment
7. Ensure that rent is paid at, or prior to, the beginning of every month
8. Provide transportation to community appointments when able
9. Pay for items not covered by your health care plan—medications, oxygen, dental visits, eyeglasses, foot care, some specialized equipment and supplies, etc
10. Be responsible for any valuables brought into the home and left in your room
11. Have the telephone and cable connected
12. Tidy the closets and drawers and remove unnecessary clothing
13. Purchase and repair necessary wheelchairs, walkers, canes, Broda chairs and other personal equipment
14. Purchase liability and content insurance where appropriate
15. Remove excess furniture from the room if the safety of you and staff are at risk
16. Participate in mealtimes
17. Arrange and pay for funeral and burial arrangements
18. Remove all personal belongings within 24 hours of the room being vacated

Definition of terms

Access coordinator is a role provided by a member of your health care team in Northern Health. They provide support and coordination to individuals and families applying for placement into long-term care services, ensuring a smooth transfer to programs and/or long-term care services.

Advance care plan is a written summary of a capable adult's wishes or instructions to guide a substitute decision maker if that person is asked by a physician or other health care provider to make a health care treatment decision on behalf of the adult.

Advance care planning is a process by which a capable adult talks over their beliefs, values and wishes for health care with their close family/friend (s) and a health care provider in advance of a time when they may be incapable of deciding for themselves.

Advance directive is a capable adult's written instructions that informs the health care provider about the health care treatment the adult consents to or refuses. It's effective when the capable adult becomes incapable and only applies to the health care conditions and treatments noted in the advance directive.

Dementia is a gradual and progressive decline in mental processing ability that affects short-term memory, communication, language, judgment, reasoning, and abstract thinking.

End-of-life care is provided in the final stage of life. Care provided during this time may be called supportive care, palliative care or symptom management. End-of-life care addresses physical, psychological, and spiritual concerns and focuses on comfort, respect for decisions, and support for the family. It's provided by an interdisciplinary group of health care providers.

Enduring power of attorney is a document in which an adult authorizes another person (called their attorney) to make decisions in relation to the adult's financial affairs, business and property. The person (attorney) is authorized to act when the adult becomes incapable, and to continue to act when the adult remains incapable. Attorneys may not make health care treatment decisions.

GIS is the Guaranteed Income Supplement. GIS provides a monthly non-taxable benefit to low-income Old Age Security (OAS) recipients living in Canada.

<https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/general-supplements-and-programs/seniors-supplement>

Incapable (incapability) is determined by a health care provider who must base their decision on whether or not the adult demonstrates that they understand:

1. The information given about their health condition;
2. The nature of the proposed health care including risks, benefits and alternatives; and,
3. That the information applies to their situation.

Personal guardian (committee of the person) is a person appointed by the court to make health care and personal decisions for the benefit of the adult when they are incapable of deciding on their own.

Power of attorney is a document that appoints a person called an attorney who is authorized by a capable adult to make financial, business and/or property decisions on his/her behalf. Attorneys may not make health care treatment decisions.

Representative is a person 19 years or older who is named by a capable adult, in a representation agreement, to make health care treatment decisions on their behalf when they are incapable of deciding.

Representation Agreement (RA) is the document in which a capable adult names the representative to make health care and other decisions on his/her behalf when incapable. There are two types:

1. Section 7 RA: An adult may authorize a representative to make decisions about the routine management of financial affairs, personal care and some health care decisions on behalf of the adult, excluding decisions about the refusal of life support and/or life prolonging medical interventions.
2. Section 9 RA: An adult may authorize a representative to make personal care and health care decisions on behalf of the adult, including decisions about the acceptance or refusal of life support and life-prolonging medical interventions.

Resident is an individual living in a long-term care home.

Long-term home is the BC Ministry of Health term for what you may know as residential care, extended care, nursing home care or geriatric care facility.

Spouse is a person who:

1. Is married to another person and isn't living separate and apart, within the meaning of the Divorce Act (Canada), from the other person; or
2. Is living and cohabiting with another person in a marriage-like relationship, including between persons of the same gender.

Substitute decision maker is a capable person with the authority to make health care treatment decisions on behalf of an incapable adult. This includes a personal guardian (committee of the person), representative, and/or temporary substitute decision maker.

Temporary substitute decision maker (TSDM) is a capable adult chosen by a health care provider to make health care treatment decisions on behalf of an incapable adult when care is needed. A TSDM isn't chosen if the adult has an advance directive that addresses the care needed at the time or if the adult has an available personal guardian or representative.

Notes

Notes



northern health
the northern way of caring

www.northernhealth.ca

10-500-6111 (IND Rev. 08/19)