Continuing Care Health Service Standards

Information Guide

Alberta

Continuing Care Health Service Standards Information Guide (2024)

Created by: Alberta Health, Continuing Care Branch
Last Updated: April 2024

This document is available online at: https://open.alberta.ca/publications/continuing-care-health-service-standards-information-guide

Alberta Continuing Care website: https://www.alberta.ca/continuing-care-in-alberta
Continuing care inspection and visit results are posted online at: https://standardsandlicensing.alberta.ca

 | April 1, 2024 | ISBN 978-1-4601-5997-2

Purpose

Alberta Health is committed to supporting the delivery of Quality Health Care to Albertans in the continuing care system through the application of the *Continuing Care Health Service Standards* (CCHSS). The CCHSS are a legislated requirement of Operators pursuant to the *Continuing Care Regulation* under the *Continuing Care Act*. The CCHSS set the minimum requirement that Operators in the continuing care system must comply with in the provision of publicly funded Health Care. This document is to provide information about the provincial standards and the types of evidence that are considered in assessing compliance to the standards.

Scope and Terminology

In Alberta, publicly funded Health Care is provided by continuing care home operators and Home and Community Care providers as defined in the *Continuing Care Act.* Together, both operators and providers are called Operators within the CCHSS (see definitions).

The CCHSS direct requirements related to the provision of publicly funded Health Care in the continuing care system, applying to Operators providing Facility-Based Care in Continuing Care Homes as well as those providing Home and Community Care.

For clarity of terminology used throughout this document, regarding terms set out in the *Continuing Care Regulation* and *Continuing Care (Ministerial) Regulation*:

- Continuing care home refers to facilities that were previously known as publicly funded supportive living facilities and long-term care facilities. For the purposes of the CCHSS, only Type A and Type B Continuing Care Homes are in scope of application.
    - Type A Continuing Care Homes refer to facilities previously referred to as long-term care facilities.
    - Type B Continuing Care Homes refer to facilities previously referred to as publicly funded supportive living accommodations or designated supportive living accommodations.
- Home and Community Care refers to what was previously known as the Coordinated Home Care Program. For the purposes of the CCHSS, only type 1 and type 2 Home and Community Care are in scope of application.
    - Type 1 Home and Community Care is provided to an eligible individual by the Regional Health Authority.
    - Type 2 Home and Community Care is provided to an eligible individual by a Home and Community Care provider who has entered into agreement with Regional Health Authority for the provision of Home and Community Care.

Funding for Health Care is provided by Alberta Health to the Regional Health Authority. Health Care is delivered by Regional Health Authority or by an Operator contracted by the Regional Health Authority.

Contact Details

This document can be found on the Alberta Health website: www.health.alberta.ca. For general information, call Alberta Health's Licensing and Compliance Monitoring Branch at (780) 644-8428 for toll-free access within Alberta, first dial 310-0000 and your call will be directed to the appropriate personnel.

Table of Contents

Definitions

Advance Care Planning

A process undertaken by a Client, their family and Health Care Providers to communicate and document the Client's Health Care goals to be taken into consideration should there be a time in the future when the Client cannot express their wishes.

Assistive Equipment

Equipment that allows a Client to maintain mobility and social connectedness, and complete activities of daily living and instrumental activities of daily living. Examples of Assistive Equipment include but are not limited to the following:

a) walkers;
b) wheelchairs;
c) canes;
d) scooters;
e) motorized wheelchairs;
f) grab bars;
g) bath chairs; or
h) mechanical lifts.

Care Plan

A written working document developed by the Interdisciplinary Team that includes a Client's assessed Unmet Health Care Needs, related Health Care goals and interventions.

Client

This term refers to both an eligible individual and eligible resident as defined in the *Continuing Care Act*.

End of Life Care

Care provided during the period of time when a resident of a continuing care home or an individual to whom Home and Community Care is provided is approaching death.

Enduring Power of Attorney

A legal document that appoints another person to make financial and legal decisions on behalf of a Client and meets the requirements of an enduring power of attorney under the *Powers of Attorney Act*.

Facility-Based Care

As defined in the Continuing Care Act, this refers to the group of goods and services that is provided on an ongoing basis to residents of a continuing care home and that is made up of the following:

a) prescribed accommodation goods and services;
b) prescribed health goods and services; and
c) prescribed other goods and services.

For the purposes of the CCHSS, only Type A and Type B Continuing Care Homes are in scope of application.

Health Care

The Facility-Based Care and/or Home and Community Care provided to a Client by a Health Care Provider.

Health Care Aide	An Unregulated Health Care Provider responsible for providing direct care to assist in the activities of daily living, comfort and safety of the Client.
Health Care Provider	A Regulated Health Professional or Unregulated Health Care Provider employed or contracted by an Operator for the provision of Health Care to Clients.
Health Information	Information that is "health information" as defined in the *Health Information Act*.
Health Status	A description or measurement of the health of a Client at a particular point in time that may require intervention by a Regulated Health Professional.
Home and Community Care	As defined in the *Continuing Care Act*, this refers to the prescribed health goods and services and prescribed other goods and services that are provided by a Home and Community Care provider to an eligible individual in the individual's home or community. Formerly, this program was referred to as the Co-ordinated Home Care Program and was also known as Alberta's Home Care Program. For the purposes of the CCHSS, only type 1 and type 2 Home and Community Care are in scope of application.
Interdisciplinary Team	A group comprised of Health Care Providers, the Client or the Client's legal representative, if applicable, and other individuals of the Client's choosing, who meet for the purposes of planning, coordinating and delivering Health Care services to the Client. The Health Care Providers on the Interdisciplinary Team are determined by the Client's assessed Health Care needs.
InterRAI Instruments	Comprehensive, standardized assessment instruments developed by InterRAI for evaluating a Client's needs, preferences and strengths. The InterRAI Instruments have a number of outputs that highlight areas that require further investigation, evaluate current Health Status and facilitate the allocation of resources.
Life Enrichment Services	Services that support the mental, physical, emotional, social, intellectual or spiritual needs and goals of a Client.
Medical Care	Any diagnostic or screening procedure, treatment, drug, or therapeutic diet prescribed for or provided to a Client by a Physician or a Nurse Practitioner.
Medical Status	A description or measurement of the health of a Client at a particular point in time that may require intervention by a Physician or a Nurse Practitioner.

Medical/Surgical Supplies	Supplies used for medical or surgical treatments.
Medication Assistance	A service provided to a Client to facilitate the Client's ability to self-administer medication and to ensure medication is taken as intended by the prescriber. For example, handing a medication container to the Client or opening the packaging that holds medication(s).
Medication Management	The processes required to ensure safe and effective medication therapy for a Client, including prescribing, communication of medication orders, medication reconciliation, dispensing, delivery, storage, medication support, documentation and follow-up.
Medication Reminder	A service provided by a Health Care Provider to remind a Client to self-administer medication and ensure that medication is taken as intended by the prescriber.
Medication Review	A critical examination by the Interdisciplinary Team of a Client's medications for appropriateness, effectiveness, interactions, and adverse reactions for the purposes of optimizing the impact of medications and minimizing the number of medication related problems.
Non-Critical Medical Devices	A medical device that is intended to provide Health Care to more than one Client at different times. The Non-Critical Medical Device either touches only intact skin, but not mucous membranes, or does not directly touch the Client.
Nurse Practitioner	A registered nurse with advanced education, knowledge, skills and competencies who is licensed to practice as a Nurse Practitioner in Alberta and is regulated by the College of Registered Nurses of Alberta.
Operator	A legal entity that receives public funding for the provision of Health Care directly to Clients.
Palliative Care	Care provided to improve the quality of life and to prevent and relieve the suffering of a resident of a continuing care home or an individual to whom Home and Community Care is provided who has an illness that can be reasonably expected to cause the death of the resident or individual within the foreseeable future.
Person Centered Care	The following principles of Health Care delivery that inform a Client's experience: a) transparency; b) individualization; c) recognition; d) respect; e) dignity; and f) choice.

Personal Directive	A legal document which empowers a person to act as an agent on behalf of a Client with respect to personal matters and which meets the requirements of the *Personal Directives Act.*
Physician	A person qualified and licensed to practice medicine in Alberta and is a regulated member of the College of Physicians and Surgeons of Alberta.
Quality	The six dimensions of Quality according to the Health Quality Council of Alberta's Alberta Quality Matrix for Health: a) acceptability; b) accessibility; c) appropriateness; d) effectiveness; e) efficiency; and f) safety.
Regional Health Authority	The Regional Health Authority established under the *Regional Health Authorities Act* and is responsible for the delivery of publicly funded Health Care in Alberta.
Regulated Health Professional	A Health Care Provider who is a member of a regulated health profession in Alberta and is required to practice in accordance with the *Health Professions Act*.
Responsive Behaviour	A significant subset of the behavioural and psychological symptoms of dementia (BPSD) that are thought to be an expression of: a) an unmet need; b) a response to a stimulus in a Client's environment; c) a psychological need; or d) a response to the approach of Health Care Providers or other Clients.
Restraint	Any measure that is pharmacological, environmental, mechanical or physical that is used with the intention of protecting a Client from self-harm or preventing harm to another person. For clarity, a Restraint does not include a Secure Space.
Reusable Medical Device	A medical device that can be reprocessed and reused to diagnose and treat multiple Clients. The Reusable Medical Device is designed and labeled by its manufacturer for multiple uses and is reprocessed by thorough cleaning and high-level disinfection or sterilization between Clients.
Risk Management	The systematic identification, evaluation, and mitigation of potential risk to a Client's Health Care. Risk Management is a process that recognizes the Client's right to live at risk and respect for the Client's choice.
Secure Space	A secure unit within a facility, a secure facility or a technological measure that limits a Client's ability to exit a facility or unit that is used with the intention of protecting a Client from harm. For clarity, a technological measure includes, but is not limited to, a wander alert system.

Significant Change in Health Status	A consistent pattern of change in a Client's Health Status which is evidenced by at least two areas of decline or improvement according to the InterRAI Instrument or Standardized Assessment Tool used, and as determined by a Regulated Health Professional.
Staff	All employees of an Operator.
Standardized Assessment Tool	A formal tool that enables comprehensive standardized evaluation of the Health Care needs, strengths, and preferences of a Client.
Technology	Technology which allows for automatic and continuous real- time monitoring for emergencies or Technology that supports Clients and their caregivers in completing activities of daily living and instrumental activities of daily living. Examples of Technology include but are not limited to: a) assistive personal emergency response systems; b) fall detection and prevention systems; c) environmental monitoring and alarms; or d) appliance monitoring and control.
Type A Continuing Care Home	A facility that has a continuing care home licence type A as set out in the *Continuing Care Regulation*. These facilities were formerly referred to as long-term care facilities, which were inclusive of nursing homes and auxiliary hospitals.
Type B Continuing Care Home	A facility that has a continuing care home licence type B as set out in the *Continuing Care Regulation.* These facilities were formerly referred to as publicly funded supportive living accommodations or more commonly as designated supportive living.
Unmet Health Care Needs	The requirements for Health Care that remain after the abilities, existing supports and resources of the Client, the Client's family and their community have been considered upon completion of a standardized assessment.
Unregulated Health Care Provider	A Health Care Provider that is not registered or licensed by a regulatory body. An Unregulated Health Care Provider does not have a legally defined scope of practice and must work under the direct or indirect supervision of a Regulated Health Professional.

1.0 Standardized Assessment and Person-Centred Care Planning

1.1 An Operator must ensure that a Client's Health Care needs are assessed using the appropriate InterRAI Instrument upon the Client's commencement of Home and Community Care, or upon admission to a Type A Continuing Care Home or Type B Continuing Care Home and:

a) where an InterRAI Instrument is not appropriate, the Regional Health Authority must designate the Standardized Assessment Tool to be used;

b) the assessment is conducted by a Regulated Health Professional trained in the appropriate InterRAI Instrument or Standardized Assessment Tool;

c) Clients receiving services in a Type A Continuing Care Home must be reassessed:

i. quarterly; and

ii. upon a Significant Change in the Client's Health Status;

d) Clients receiving Home and Community Care or services in a Type B Continuing Care Home must be reassessed:

i. annually; and

ii. upon a Significant Change in the Client's Health Status.

Evidence of compliance may include, but is not limited to, the following:		
An assessment using the appropriate InterRAI Instrument / Standardized Assessment Tool		
Assessments / reassessments by a Regulated Health Care Provider within the timelines stated in Standard 1.1		
Annual competency of Regulated Health Care Providers in the InterRAI Instrument or any other Standardized Assessment Tool in use	**As demonstrated by one or more of:**	InterRAI / Standardized Assessment Tool competency report
		Education tracking document

1.2 An Operator must ensure that care planning begins upon the Client's commencement of Home and Community Care, or upon admission to a Type A Continuing Care Home or Type B Continuing Care Home and that the Care Plan:

a) reflects the findings of the assessment in 1.1;

b) is kept up to date and relevant to the Client's Health Status; and

c) is revised by a Regulated Health Professional based on any reassessments.

Evidence of compliance may include, but is not limited to, the following:
Care Plans and health records are initiated on the date of admission / commencement and are current and relevant
Results of the assessments are reflected in the Care Plan
Revisions to Care Plans based on any reassessments are completed by a Regulated Health Care Provider

1.3 An Operator must ensure that the Care Plan addresses:

a) a Client's physical, mental, emotional, social, intellectual and spiritual Health Care needs and corresponding goals;

b) a description of the necessary interventions related to the assessment in 1.1 and which Interdisciplinary Team member is responsible for providing those interventions; and

c) where a Client has a legal representative:

i. identification of the Client's legal representative;

ii. identification of the source of their legal authority; and

iii. contact information for the legal representative.

<table>
<tr><th colspan="3">Evidence of compliance may include, but is not limited to, the following:</th></tr>
<tr><td colspan="3">Client needs and corresponding goals are addressed in the Care Plan (e.g., clinical assessment protocols)</td></tr>
<tr><td colspan="3">A description in the Care Plan of the necessary interventions and which Interdisciplinary Team member is providing the necessary interventions</td></tr>
<tr><td colspan="3">Documented identification of a Client's legal representatives, if any, and their contact information</td></tr>
<tr><td rowspan="4">Where there is a legal representative, evidence of the source of their legal authority</td><td rowspan="4">As demonstrated by one or more of:</td><td>Personal directive</td></tr>
<tr><td>Guardianship order</td></tr>
<tr><td>Enduring power of attorney</td></tr>
<tr><td>Trusteeship</td></tr>
<tr><td colspan="3">Capacity assessments</td></tr>
</table>

1.4 An Operator of a Type A Continuing Care Home must have documented processes in place that ensure a Physician or a Nurse Practitioner conduct:

a) a Medical Status assessment of a Client upon admission; and

b) reassessments of a Client's Medical Status on an annual basis and when there is a significant change in the Client's Medical Status.

Notes
Standard 1.4 applies to Type A Continuing Care Facilities only Medical Status assessments are described in: • The College of Physicians and Surgeons of Alberta's Standards of Practice – SoP-Consolidated-Version.pdf (cpsa.ca) • The College and Association of Registered Nurses' Practice Standards for Regulated Members – practice-standards-for-regulated-members-2013.pdf (nurses.ab.ca)

Evidence of compliance may include, but is not limited to, the following:
Medical Status assessments are completed by a Physician or a Nurse Practitioner upon admission
Reassessments are completed by a Physician or a Nurse Practitioner annually and upon a significant change in the Client's Medical Status

1.5 An Operator must ensure a Client or and the Client's legal representative, if applicable, have the opportunity to:

a) participate in the development and review of the Client's Care Plan, including the determination of Health Care needs and service options;

b) invite individuals of their choosing to participate in the development and review of the Care Plan; and

c) access the Client's Care Plan upon request.

Notes
Persons receiving the Care Plan must be the Client or the Client's legal representative

Evidence of compliance may include, but is not limited to, the following:		
Documentation that the Client, the Client's legal representative and individuals of the Client's choosing (including but not limited to family members or friends) are invited to be involved in the development and review of the Client's Care Plan	**As demonstrated by one or more of:**	Interdisciplinary Team conference form
		Progress / case notes
		Admission records
		Letters / invitations to Interdisciplinary Team conferences
The Client and the Client's legal representative are either: offered a copy of the Care Plan; or informed that the Care Plan is available upon request	**As demonstrated by one or more of:**	Interdisciplinary Team conference form
		Client handbook / information packages
		Care Plan request tracking sheet
		Progress / case notes

1.6 Where a Client or the Client's legal representative, if applicable, is unable or unwilling to participate in the development or review of the Client's Care Plan, the Operator must ensure this is documented in the Client's Care Plan.

Notes
Standard 1.6 only applies where a Client or their legal representative is unable or unwilling to participate in care planning

Evidence of compliance may include, but is not limited to, the following:
Documentation in the Care Plan that the Client or their legal representative was contacted regarding the review of the Care Plan and their choice not to participate or inability to participate

1.7 An Operator must ensure that:

a) an Interdisciplinary Team conference is held to create a Care Plan upon the Client's commencement of Home and Community Care or upon admission to a Type A Continuing Care Home or Type B Continuing Care Home; and

b) a Client has an Interdisciplinary Team conference to review and make necessary updates to the Client's Care Plan:

i) annually; and

ii) upon a Significant Change in the Client's Health Status.

Evidence of compliance may include, but is not limited to, the following:		
Documentation of unscheduled Interdisciplinary Team conferences that occur upon a Significant Change in the Client's Health Status		
Documentation of the Interdisciplinary Team conference as per the timelines stated in Standard 1.7 and the review and update of the current Care Plan	**As demonstrated by one or more of:**	Interdisciplinary Team conference form
		Updated Care Plan
		Review of Client health records / tracking tools during Interdisciplinary Team conference

1.8 An Operator must ensure that all Care Plan reviews address whether:

a) the Care Plan addresses the Unmet Health Care Needs of the Client;

b) the Client's Health Care needs and goals are being met;

c) the interventions that have been implemented related to the Client's Health Care needs and goals have been effective; and

d) any revisions are required.

Evidence of compliance may include, but is not limited to, the following:		
Reviews of the Care Plan are documented (including the date of the review) and address, if applicable: • the Unmet Health Care needs; • whether the Unmet Health Care needs and goals are being met; • whether the interventions have been effective; and • any revisions that are required	**As demonstrated by one or more of:**	InterRAI / Standardized Assessment Tool outputs (e.g. clinical assessment protocolsand outcome scores)
		Progress / case notes
		Care Plan

1.9 An Operator must ensure that any change to a Client's Care Plan is documented and communicated to the Client, the Interdisciplinary Team and the Client's Health Care Providers.

Evidence of compliance may include, but is not limited to, the following:		
Changes to the Client's Care Plan are communicated to the Client	**As demonstrated by one or more of:**	Progress / case notes
		Forms / Letters
		Health Compliance Officer conversations with Clients
Changes to the Client's Care Plan are	**As demonstrated by**	Interdisciplinary Team

documented and communicated to the Interdisciplinary Team and the Client's Health Care Providers	**one or more of:**	conference form
		Progress / case notes
		Revised Care Plan
		Task list
		Kardex
		Tracking tool
		Service authorization

1.10 An Operator of a Type A Continuing Care Home must ensure that the Client's responsible Physician or Nurse Practitioner is contacted regarding the review of the Client's Care Plan for the purposes of providing input.

Notes
Standard 1.10 applies to Type A Continuing Care Facilities only

Evidence of compliance may include, but is not limited to, the following:		
Documentation that the Client's responsible Physician or Nurse Practitioner was contacted regarding the review of the Client's Care Plan	**As demonstrated by one or more of:**	Interdisciplinary Team conference form
		Progress / case notes
		Tracking sheet
		Correspondence (fax, letter)

2.0 Case Management

2.1 Upon the Client's commencement of Home and Community Care or upon admission to a Type A Continuing Care Home or Type B Continuing Care Home, an Operator must ensure that each Client has an assigned Regulated Health Professional, qualified to provide case management, who is responsible for coordinating, integrating and facilitating Health Care services for the Client.

Evidence of compliance may include, but is not limited to, the following:
A list of Regulated Health Care Providers, qualified to provide case management, who are responsible for coordinating, integrating and facilitating Health Care services for each Client
The job descriptions of the Regulated Health Care Providers responsible for case management, including their qualifications

2.2 An Operator must ensure that each Client and the Client's legal representative, if applicable, is provided with information on who they should contact should they have questions or require assistance regarding the Client's Health Care or Care Plan.

Evidence of compliance may include, but is not limited to, the following:		
The Client and the Client's legal representative are provided with information on who to contact regarding the Client's Health Care or Care Plan	**As demonstrated by one or more of:**	Admission package
		Health Care record
		Progress / case notes
		Health Compliance Officer conversations with Clients and Health Care Providers

3.0 On-Call Access to Physician or Nurse Practitioner Services

3.1 An Operator of a Type A Continuing Care Home must make a documented procedure available to all Regulated Health Professionals on how to access the on-call Physician or Nurse Practitioner outside of regular daytime or evening shifts.

Notes
Standard 3.1 applies to Type A Continuing Care Facilities only

Evidence of compliance may include, but is not limited to, the following:		
Process for accessing the on-call Physician or Nurse Practitioner	**As demonstrated by one or more of:**	Policies
		Guidelines
		Instructions
		Physician / Nurse Practitioner on-call schedule

4.0 Client Access to Information

4.1 Upon the Client's commencement of Home and Community Care, or upon admission to a Type A Continuing Care Home or Type B Continuing Care Home, an Operator must ensure that a Client or the Client's legal representative, if applicable, are provided written information:

a) about the Health Care or Medical Care available within the setting where the Client resides or where the Client's Health Care or Medical Care is provided;

b) summarizing the Health Care and Medical Care to be provided to the Client;

c) describing the funded and unfunded services and any costs assigned to the Client;

d) about the responsibilities of the Operator in the provision of Health Care and Medical Care to the Client; and

e) about the Client's responsibilities regarding their Health Care and Medical Care, if any.

Evidence of compliance may include, but is not limited to, the following:		
Documentation that Clients or their legal representatives are provided with the information in Standard 4.1	**As demonstrated by one or more of:**	Admission or service agreements
		Client handbook /Information package
		Admission package

4.2 An Operator must ensure that any updates to the information in 4.1 are provided and made readily available to a Client or the Client's legal representative.

Evidence of compliance may include, but is not limited to, the following:		
Documentation that Clients or their legal representatives are informed of updates to the information in Standard 4.1	**As demonstrated by one or more of:**	Progress / Case notes
		Client / family Council minutes
		Correspondence (email, fax, letter)
		Addendums to agreements
		Bulletins, posters and pamphlets
		Conference checklists
		Health Compliance Officer conversations with Clients or their legal representatives

4.3 Where an Operator has assessed a Client as requiring Health Care or Medical Care not provided by the Operator or not publicly funded, the Operator must ensure a Client or the Client's legal representative, if applicable, are provided with information on accessing the required Health Care or Medical Care.

Notes
Standard 4.3 is only applicable where a Client requires Health Care or Medical Care that the Operator does not provide or is not publicly funded

Evidence of compliance may include, but is not limited to, the following:		
Clients and their legal representative are provided with information on accessing the required Health Care or Medical Care	**As demonstrated by one or more of:**	Admission package
		Brochures / posters
		Admission and conference checklists
		Client handbook / Information packages
		Progress / case notes
		Health Compliance Officer conversations with Clients or their legal representatives

4.4 Where an Operator has assessed a Client as requiring information on Personal Directives, Enduring Powers of Attorney, guardianship orders, trusteeship orders, or Advance Care Planning, the Operator must ensure that the relevant information is provided to the Client or the Client's legal representative, if applicable:

a) upon the Client's commencement of Home and Community Care, or upon admission to a Type A Continuing Care Home or Type B Continuing Care Home;

b) when the Client transfers between different publicly funded Operators;

c) when the Client transfers between different levels of care within the same Operator; and

d) following any Interdisciplinary Team conference.

Notes
Standard 4.4 is only applicable where an Operator has assessed a Client as requiring information on personal directives, Enduring Power of Attorney, guardianship, trusteeship or Advance Care Planning

Evidence of compliance may include, but is not limited to, the following:		
Information, as listed in Standard 4.4, is provided to the Client and the Client's legal representative	**As demonstrated by one or more of:**	Admission package
		Brochures / posters
		Client handbook / information packages
		Interdisciplinary Team conference form

		Progress / case notes
		Goals of care / Advanced Care Planning
		Referral to Regulated Health Care Provider responsible for case management
		Health Compliance Officer conversations with Clients or their legal representatives

5.0 Palliative Care and End-Of-Life Care

5.1 Where an Operator provides Palliative Care and/or End-of-Life Care, an Operator must:

a) establish, implement and maintain documented policies and procedures identifying what specific Palliative Care and/or End-of-Life Care it provides; and

b) make these policies and procedures available to the Client, the Client's legal representative, if applicable, and Staff.

Notes
Standard 5.1 is only applicable where the Operator provides Palliative Care and/or End-of-Life Care services

Evidence of compliance may include, but is not limited to, the following:		
Policies and procedures outline the Palliative Care and/or End-of-Life Care services provided by the Operator		
Staff are made aware of policies and procedures on Palliative Care and/or End-of-Life Care services	**As demonstrated by one or more of:**	In-service material and attendance sheets
		Staff access to Palliative Care and End-of-Life Care resources
Clients and their legal representatives are made aware of policies and procedures on Palliative Care and/or End-of-Life Care services	**As demonstrated by one or more of:**	Client / family Council minutes
		Client handbook / Information packages
		Admission conference document or admission check list

5.2 An Operator must ensure that a Client or the Client's legal representative, if applicable, are provided with information on Palliative Care and/or End-of-Life Care based on the Client's Health Status and assessed Health Care needs.

Evidence of compliance may include, but is not limited to, the following:		
The Client and the Client's legal representative are provided with information on Palliative Care and/or End-of-Life Care based on the Client's Health Status and assessed Health Care needs	**As demonstrated by one or more of:**	Consult / Referral
		Progress / case notes
		Interdisciplinary Team conference form
		Admission checklist / client admission package
		Palliative Care and End-of-Life Care resources

5.3 An Operator must ensure the following are documented in a Client's Care Plan:

a) the Client's Palliative Care and/or End-of-Life Care goals; and

b) any relevant instructions pertaining to Palliative Care and/or End-of-Life Care listed in any legal documents made known to the Operator.

Evidence of compliance may include, but is not limited to, the following:
Palliative Care and/or End-of-Life Care goals are documented in the Care Plan
As appropriate to the Client's Health Status, the Client's Care Plan contains relevant instructions for Palliative Care and/or End-of-Life Care goals as per legal documents

5.4 An Operator must ensure that all Health Care Providers providing Palliative Care and/or End-of-Life Care to a Client have access to the Client's necessary Health Information, including the Client's Palliative Care and/or End-of-Life Care goals, subject to 7.1.

Evidence of compliance may include, but is not limited to, the following:		
Evidence confirming Health Care Providers have access to and are aware of the Client's necessary health information, including the Client's Palliative Care and/or End-of-Life Care goal(s)	**As demonstrated by one or more of:**	Health Compliance Officer conversations with Health Care Providers
		Progress / case notes
		Care Plans

6.0 Assistive Equipment, Technology And Medical/Surgical Supplies

6.1 An Operator must ensure that a Client is:

a) provided with any Assistive Equipment, Technology or Medical/Surgical Supplies that the Client has been assessed as requiring; or

b) referred to a service which can provide the Assistive Equipment, Technology or Medical/Surgical Supplies.

Notes
Depending on the Assistive Equipment, Technology or Medical/Surgical Supplies required by the Client, an Operator may either: • assess and provide the Client with the required items; or • refer the Client to a service that can provide the items

Evidence of compliance may include, but is not limited to, the following:		
Assessments of Clients completed for Assistive Equipment, Technology or Medical/Surgical Supplies		
Documentation that the Operator has provided the Assistive Equipment, Technology or Medical/Surgical Supplies that the Client has been assessed as requiring		
Documentation of the referral of a Client to the service which can provide the required Assistive Equipment, Technology or Medical/Surgical Supplies	**As demonstrated by one or more of:**	Referrals
		List of service providers
		Documented process
		Alberta Aids to Daily Living (AADL) forms

6.2 Where an Operator uses Assistive Equipment that it does not own for the purpose of providing Health Care to a Client, the Operator must establish, implement and maintain documented policies and procedures for Health Care Providers to identify and report unsafe Assistive Equipment being used.

Notes
Standard 6.2 is only applicable where the Operator uses Assistive Equipment that it does not own

Evidence of compliance may include, but is not limited to, the following:		
Policies and procedures for identifying and reporting unsafe Assistive Equipment		
Implementation of policies and procedures to identify and report unsafe Assistive Equipment	**As demonstrated by one or more of:**	Lock out tags
		Log books
		Maintenance records
		Health Compliance Officer conversations with Health Care Providers regarding the

		process for reporting

6.3 Where an Operator owns and provides the Assistive Equipment, Technology, Reusable Medical Devices, or Non-Critical Medical Devices for the purpose of providing Health Care to a Client, the Operator must establish, implement and maintain documented policies and procedures for:

a) regular routine maintenance for the purposes of general upkeep against wear and tear;

b) regular preventative maintenance and repairs for the purposes of addressing wear and tear or sudden failure of equipment components;

c) documentation of the routine maintenance, preventative maintenance and repairs performed by the Operator; and

d) identification and reporting of any unsafe Assistive Equipment, Technology, Reusable Medical Devices or Non-Critical Medical Devices by the Staff using it.

Notes
Standard 6.3 is only applicable to the Assistive Equipment, Technology, Reusable Medical Devices or Non-Critical Medical Devices owned and provided by the Operator

Evidence of compliance may include, but is not limited to, the following:		
Policies and procedures related to Assistive Equipment, Technology, Reusable Medical Devices and Non-Critical Medical Devices, as listed in Standard 6.3		
Manufacturer's instructions for Assistive Equipment, Technology, Reusable Medical Devices and Non-Critical Medical Devices		
Documentation of regular routine maintenance, regular preventative maintenance and repairs	**As demonstrated by one or more of:**	Tracking and schedules
		Records of repairs
		Preventative maintenance and regular routine records
		Inspection certificates
Implementation of policies and procedures to identify and report unsafe Assistive Equipment, Technology, Reusable Medical Devices or Non-Critical Medical Devices	**As demonstrated by one or more of:**	Lock out tags
		Log books
		Maintenance records
		Health Compliance Officer conversations with Staff regarding the process for reporting

6.4 An Operator must ensure that instruction on the appropriate and safe use of the Operator owned Assistive Equipment, Technology or Medical/Surgical Supplies is provided to each Staff, volunteer, Client, and the Client's designated caregivers required to use them.

Notes
Standard 6.4 is only applicable to the Assistive Equipment, Technology or Medical/Surgical Supplies owned by the Operator, but used by Staff, volunteers, Clients and the Client's care

givers		
Evidence of compliance may include, but is not limited to, the following:		
Information and/or training materials on the use of Assistive Equipment, Technology or Medical/Surgical Supplies are available to Staff and volunteers	**As demonstrated by one or more of:**	In-service materials and attendance sheets
		Equipment manuals
		Manufacturer's instructions
		Health Compliance Officer conversations with Staff and volunteers
Education on the use of Assistive Equipment, Technology or Medical/Surgical Supplies has been provided to the Client and the Client's designated care givers	**As demonstrated by one or more of:**	Progress / case notes
		Education materials
		Attendance sheets
		Checklists
		Health Compliance Officer conversations with Clients and care givers

6.5 For the purpose of 6.4, the Client's designated caregiver is an individual who consistently provides unpaid support, care and assistance in a variety of ways to the Client and is documented in the Care Plan.

Notes
Standard 6.5 provides a definition; no evidence is required

7.0 Sharing of Client Information

7.1 To the extent allowed for by law, an Operator must ensure that the following is communicated to other Operators providing Health Care to a Client:

a) the Client's necessary Health Information; and

b) the Client's Personal Directive, Enduring Power of Attorney, guardianship, trusteeship order, or Advance Care Planning document.

Notes
When sharing Client information, the following provincial legislation should be considered for applicability: • Freedom of Information and Protection of Privacy Act • Health Information Act • Personal Information Protection Act • Personal Information Protection and Electronic Documents Act

Evidence of compliance may include, but is not limited to, the following:		
Process to ensure appropriate information accompanies the Client at points of transfer	**As demonstrated by one or more of:**	Progress notes / case notes
		Care plans
		Interdisciplinary team conference form
		Goals of care / Advanced Care Planning

8.0 Health Care Providers

8.1 An Operator must establish, implement and maintain documented policies and procedures that require a criminal record check is obtained:

a) from each prospective employee as a condition of employment and prior to commencement of employment;

b) from each volunteer prior to commencement of volunteer service; and

c) within the six months prior to commencement of employment or volunteer service.

Notes
Health Compliance Officers will require access to employee and volunteer files to evidence Standard 8.1

Evidence of compliance may include, but is not limited to, the following:		
Policies and procedures related to criminal records checks, as listed in Standard 8.1		
Documentation that criminal records checks have been obtained for all prospective employees and volunteers and are dated no more than six months prior to their commencement date	**As demonstrated by one or more of:**	Checklists
		Criminal record checks on employee and volunteer files
		Notations regarding the review of the criminal record check

8.2 An Operator must provide the Health Care Providers it employs with access to current information on the required competencies, written job descriptions and guidelines for performing their roles.

Evidence of compliance may include, but is not limited to, the following:		
Required competencies, written job descriptions and guidelines for performing Health Care Provider roles		
Documentation demonstrating that Health Care Providers have access to required competencies, written job descriptions and guidelines for performing their roles	**As demonstrated by one or more of:**	Orientation materials
		Orientation checklists
		Employee handbooks
		Electronic resources
		Staff meeting minutes
		Bulletin boards
		In-service records and education materials
		Memos

8.3 An Operator must annually verify and document that all Regulated Health Care Professionals it

employs are actively registered and in good standing with their professional colleges.

Notes
Health Compliance Officers will require access to Regulated Health Care Professionals' files for evidence of compliance with Standard 8.3 Operators may be able to verify the registration of a Regulated Health Care Professional through the relevant professional college's website

Evidence of compliance may include, but is not limited to, the following:
Tracking of the annual verification that Regulated Health Care Professionals are actively registered/licensed and are in good standing with their professional colleges

8.4 An Operator must ensure that all Health Care Aides it employs meet the competency requirements as defined by the Government of Alberta's Health Care Aide Competency Profile; and provide evidence to the Operator of their competency as follows:

a) Certified – certified as a Health Care Aide through a Government of Alberta licensed post-secondary institution using the Provincial Health Care Aide Curriculum (evidence required upon hire); or

b) Substantially Equivalent – an educational background deemed equivalent by the Operator as compared to the approved Provincial Health Care Aide Curriculum (evidence required upon hire); or

c) Deemed Competent – assessed as competent within 12 months of being hired by an Operator using the Provincial Competency Assessment Profile Tool.

Notes
Health Compliance Officers will require access to Staff files for evidence of compliance with Standard 8.4

Evidence of compliance may include, but is not limited to, the following:		
Documentation demonstrating that Health Care Providers have access to required competencies, written job descriptions and guidelines for performing their roles	**As demonstrated by one or more of:**	Certificates from Alberta licensed post-secondary institutions
		Out of province / country certificates that are deemed equivalent
		Completed provincial competency assessments

8.5 An Operator must maintain evidence of competency status for all Health Care Aides it employs.

Evidence of compliance may include, but is not limited to, the following:
Tracking of competency assessments for all Health Care Aides

8.6 An Operator must ensure that all Unregulated Health Care Providers it employs work only within the defined competencies of their written job descriptions.

Evidence of compliance may include, but is not limited to, the following:
Job descriptions for Unregulated Health Care Providers
Documented task delegation
Health Compliance Officer observation and conversation with Staff

8.7 An Operator must ensure that all Unregulated Health Care Providers it employs are supervised by a Regulated Health Professional.

Notes
Regulated Health Care Professionals must abide by the professional Code of Ethics and Standards of Practice as set out by their professional college

Evidence of compliance may include, but is not limited to, the following:		
Documentation of supervision of Unregulated Health Care Providers by a Regulated Health Professional.	**As demonstrated by one or more of:**	Job descriptions
		Process for accessing Regulated Health Care
		Providers (both regular hours of work and oncall processes)
		Staff schedules that indicate who is supervising

9.0 Staff Training

9.1 An Operator must ensure that training materials are current in relation to the legislation, regulations, standards, and guidelines listed in 9.2 and 9.3.

Evidence of compliance may include, but is not limited to, the following:
Training materials for the training listed in Standards 9.2 and 9.3

9.2 An Operator must establish, implement and maintain documented policies and procedures to ensure:

a) training for all Staff in:
   i) Person Centered Care;
   ii) prevention, recognition and management of Responsive Behaviours;
   iii) infection prevention and control practices; and
   iv) emergency preparedness, pandemic preparedness and service continuity;

b) training for Health Care Aides involved in the provision of Medication Management are trained in Medication Reminders and Medication Assistance;

c) training for any Staff working with a Client with dementia are trained in care of Clients with dementia;

d) training for Health Care Providers in:
   i) Risk Management;
   ii) fall prevention and management;
   iii) cardiopulmonary resuscitation (CPR) where their job description requires they must be trained in CPR;
   iv) Palliative Care and End-of-Life Care where providing such care;
   v) safe lifts and transfers where providing such care;
   vi) restraint use and management where they may be required to implement or manage Restraints; and
   vii) methods to ensure safe bath and shower water temperatures where involved in assisting Clients with bathing;

e) training in nutrition and hydration assistance techniques, including choking prevention and response, for any Unregulated Health Care Provider or volunteer involved in assisting a Client in meeting the Client's nutrition and hydration needs; and

f) the training in 9.2(a) through 9.2(e) occurs within six months from the date of hire, and every two years thereafter.

Notes
Health Compliance Officers will require access to Staff and volunteer files for evidence of

compliance with this Standard.

Evidence of compliance may include, but is not limited to, the following:		
Policies and procedures related to training, as listed in Standard 9.2		
Health Compliance Officer conversations with staff, staff educators, and volunteers		
Documentation demonstrating the required training is provided to applicable Staff and volunteers • within 6 months of hire; and • every two years, thereafter.	**As demonstrated by one or more of:**	Training calendars and sign in sheets
		Tracking system of Staff and volunteer training
		Training records on Staff and volunteer files
		Orientation materials and checklists

9.3 An Operator must establish, implement and maintain documented policies and procedures to ensure:

a) training for all Health Care Providers in;

i) the CCHSS;

ii) Health Information management;

iii) the *Health Information Act* and the *Freedom of Information and Protection of Privacy Act;*

iv) the prevention and reporting of Client abuse; and

v) incident reporting pursuant to 20.2, 20.3 and 20.4;

b) training for registered nurses, licensed practical nurses and Health Care Aides on Personal Directives, Enduring Powers of Attorney, guardianship and trusteeship in the provision of Health Care; and

c) the training in 9.3(a) and 9.3(b) occurs within six months of the date of hire and within three months of any significant update or revisions to the related training materials.

Notes
Health Compliance Officer s will require access to Staff files for evidence of compliance with this Standard.

Evidence of compliance may include, but is not limited to, the following:		
Policies and procedures related to training, as listed in Standard 9.3		
Health Compliance Officer conversations with Staff		
Documentation demonstrating the required training is provided to applicable Staff • within 6 months of hire; and	**As demonstrated by one or more of:**	Training calendars and sign in sheets
		Tracking system of Staff training

• every two years, thereafter.		Training records on Staff files Orientation materials and checklists

9.4 An Operator must document compliance with the requirements in 9.1, 9.2, and 9.3.

Notes
Evidence for this Standard is noted in the evidence of compliance for Standards 9.1, 9.2, and 9.3; additional evidence is not required. The following chart provides an overview of the training requirements and timelines listed in Standards 9.2 and 9.3.

Evidence of compliance may include, but is not limited to, the following:		
Person Centered Care	All staff	Within 6 months of hire, and every two years, thereafter
Prevention, recognition and management of Responsive Behaviours		
Infection prevention and control practices		
Emergency preparedness, pandemic preparedness and service continuity		
Care of Clients with dementia	Any Staff working with a Client with dementia	
Risk Management	All Health Care Providers	
Fall prevention and management		
CCHSS		Within 6 months of hire, and within 3 months of significant update or revision to training materials
Health information management		
Health Information Act		
Prevention and reporting of Client abuse		
Freedom of Information and Protection of Privacy Act		
Incident reporting		
Cardiopulmonary resuscitation (CPR)	Health Care Providers whose job descriptions require CPR	Within 6 months of hire, and every two years, thereafter
Palliative Care and End-of-Life Care	Health Care Providers who provide such care	
Safe lifts and transfers		
Restraint use and management		
Safe bathing and showering temperatures		
Medication Reminders and medication	Health Care Aides that provide such	

assistance	care	
Personal directives, Enduring Power of Attorney, guardianship, and trusteeship	All registered nurses, licensed practical nurses, health care aides	Within 6 months of hire, and within 3 months of significant update or revision to training materials
Training in nutrition and hydration assistance techniques, including choking prevention and response	Unregulated Health Care Providers and volunteers that provide such care	Within 6 months of hire, and every two years, thereafter

10.0 Risk Management

10.1 Where a Client chooses to live at risk, the Operator must ensure:

a) a managed risk agreement is initiated between the Operator and the Client or the Client's legal representative, if applicable that includes the Risk Management strategies to be implemented;

b) the managed risk agreement is dated and contains the Client's signature or the Client's legal representative's signature, if applicable;

c) documentation in the Care Plan of the inability or unwillingness of the Client or the Client's legal representative, if applicable, to sign the managed risk agreement;

d) the Client or the Client's legal representative, if applicable, are provided with a signed copy of the managed risk agreement;

e) a signed managed risk agreement is filed on the Client's chart and a copy placed in their Care Plan; and

f) the managed risk agreement is reviewed during the Interdisciplinary Team conference.

Evidence of compliance may include, but is not limited to, the following:		
A signed and dated managed risk agreement, that includes the Risk Management strategies to be implemented (where the Client or the Client's legal representative is unwilling or unable to sign, this is noted on the Client's Care Plan)		
Managed risk agreement is filed on the Client's health record and documented on the Client's Care Plan		
Documentation that a signed copy of the managed risk agreement was provided to the Client or the Client's legal representative	**As demonstrated by one or more of:**	Safety risk assessment
		Behaviour support plan
		Signed managed risk agreement
		Progress / case notes
		Interdisciplinary Team conference form
Managed risk agreement was reviewed at the Interdisciplinary Team conference	**As demonstrated by one or more of:**	Signed managed risk agreement
		Progress / case notes
		Interdisciplinary Team conference form

10.2 For the purpose of 10.1, "live at risk" means the Client or the Client's legal representative, if applicable, understands the facts pertaining to an activity or situation, the risks of their decision and accepts the possible negative Health Care outcomes.

Notes
Standard 10.2 provides a definition; no evidence is required

11.0 Infection Prevention and Control (IPC)

11.1 An Operator shall establish, implement and maintain documented IPC policies and procedures which must address but are not limited to the following:

a) performance of a point of care risk assessment to evaluate the risk factors related to the interaction between a Client and the Client's environment, which must include the Client's immunization and screening status, to determine their potential for exposure to infectious agents and identify risks for transmission;

b) hand hygiene programs for Staff, Clients, volunteers and visitors;

c) source control to contain infectious agents from an infectious source including signage, separate entrances, partitions, early recognition, diagnosis, treatment and respiratory hygiene;

d) aseptic technique;

e) immunizations and screening requirements for Staff;

f) use of personal protective equipment by Staff;

g) sharps safety program;

h) management of the Client care environment, including but not limited to, the following:

ii) cleaning of the Client care environment;

iii) cleaning and disinfection of Non-Critical Medical Devices; and

iv) handling of waste and linen;

i) guidelines for the implementation of additional precautions;

j) outbreak prevention, identification, management and control for Staff, Clients, volunteers and visitors;

k) target surveillance and reporting of notifiable diseases in accordance with the Notifiable Disease Management Guidelines;

l) IPC management of Operator-owned, Client-owned, and pet-therapy pets and animals;

m) the cleaning, disinfection, and sterilization of single use medical devices, intended for use with a single Client; and

n) the cleaning, disinfection and sterilization of Reusable Medical Devices.

Notes
Reviews for compliance with Alberta Health's infection prevention and control standards will also be performed in applicable settings. The examples of evidence for compliance with such standards as provided in this Information Guide are for information only. Operators must refer directly to Alberta Health's infection prevention and control standards when determining how to comply with those standards, which are available on-line at: Infection prevention and control | Alberta.ca For additional information on Alberta Health's infection prevention and control standards, please contact: infectionpreventioncontrol@albertahealthservices.caf

Programs	
Hand Hygiene Program	A hand hygiene program may contain, but is not limited to the following components: • assessment of Staff readiness and cultural influences related to hand hygiene; • policies and procedures; • easy access to alcohol based hand rub (ABHR) and hand hygiene sinks; • education; • Client engagement; and • process for monitoring, evaluating and improving compliance to hand hygiene. (Provincial Infectious Diseases Advisory Committee, 2014)
Sharps Program	A sharps program may contain, but is not limited to the following components: • assessment of the current setting (review of safety devices used, i.e. safety engineered needles), access to sharps containers, Staff readiness and cultural influences; • education; • process for selecting and evaluating devices; • process for reporting and analyzing injuries related to sharps; • process for monitoring, evaluating and improving outcomes of the sharps program (i.e. reduction in needle stick injuries). (Centers for Disease Control and Prevention, 2008)

Evidence of compliance may include, but is not limited to, the following:
Documentation: • Policies and procedures related to IPC, as listed in Standard 11.1 • Hand hygiene audits results • Client immunization and screening records • Staff immunization records • Surveillance and reporting of notifiable diseases • Current outbreak identification and management process • Process for management of Clients with antibiotic resistant organisms (ARO) • Current pet health records and pet related cleaning schedules • Cleaning and disinfection schedules
Health Compliance Officer conversations with Staff regarding: • Point of care risk assessments • Process for management of Clients with Antibiotic Resistant Organisms (ARO) • Communicable disease outbreak identification process • Use and management of single use medical devices as per Alberta Health's Standards for Single Use Medical Devices • Cleaning, disinfection and sterilization of Reusable Medical Devices as per Alberta Health's Standards for Cleaning, Disinfection and Sterilization of Reusable Medical Devices for Health Care Facilities and Settings
Health Compliance Officer observation of: • Hand hygiene programs

• Hand washing station and/or alcohol based hand rub is easily accessible • Sharps programs • Access to sharps containers • Use and management of single use medical devices as per Alberta Health's Standards for Single Use Medical Devices • Handling of waste and laundry

Health Compliance Officer observation of:
• Cleaning, disinfection and sterilization
  ○ Cleaning, disinfection and sterilization of Reusable Medical Devices as per Alberta Health's Standards for Cleaning, Disinfection and Sterilization of Reusable Medical Devices for Health Care Facilities and Settings
  ○ Cleaning and disinfection of non-critical medical devices according to manufacturer's instructions
  ○ Clean storage room free of corrugated packing boxes and expired medication and surgical supplies
  ○ Facility is clean, including Client's room and high touch surfaces (handrails, counter, door handles)
  ○ The Client's personal care items are separated and labelled, when kept in shared rooms/bathrooms

11.2 An Operator shall ensure information on IPC policies and procedures is made available to Staff, including contracted staff, Clients, the Clients' legal representatives, if applicable, volunteers, and visitors.

Evidence of compliance may include, but is not limited to, the following:		
IPC policies and procedures are made available to Staff and volunteers	**As demonstrated by one or more of:**	Health Compliance Officer conversations with Staff
		Electronic or printed access to policies and procedures
IPC policies and procedures are made available to Clients and their legal representatives	**As demonstrated by one or more of:**	Client handbook
		Admission package
		Client / family Council minutes
		IPC signage in common areas (e.g. hand washing)
IPC policies and procedures are made available to visitors	**As demonstrated by one or more of:**	IPC signage in common areas (e.g. hand washing)
		Printed materials (brochures, leaflets) in public areas

11.3 An Operator shall ensure that Staff has access to the necessary equipment and supplies to carry out the policies and procedures in 11.1.

Evidence of compliance may include, but is not limited to, the following:

Observation of:
• Equipment and supplies are available:
  ○ biohazard bins, where appropriate;
  ○ isolation carts, where appropriate;

○ personal protective equipment at point of care; and ○ disinfectant wipes for shared equipment. Signage • outbreak/isolation signage, where appropriate; and • donning and doffing of personal protective equipment

11.4 An Operator must ensure that there is a documented procedure available to all Staff on how to contact the local IPC or Public Health resource.

Evidence of compliance may include, but is not limited to, the following:
Documented procedure on how Staff can contact the local IPC or Public Health resource

12.0 Medication Management

12.1 Operators must establish, implement and maintain documented policies and procedures for Medication Management that must, at a minimum, include the following:

a) pharmacy services;

b) quality improvement;

c) medication reconciliation to ensure complete and accurate transfer of medication information and reduce medication errors and adverse drug events:

i) upon the Client's commencement of Home and Community Care, or upon admission to a Type A Continuing Care Home or Type B Continuing Care Home;

ii) when the Client transfers between different publicly funded Operators; and

iii) as the Client transfers between different levels of care within the same Operator;

d) assessment of a Client's medication knowledge;

e) access to medication information by a Client or the Client's legal representative, if applicable;

f) assessment, ongoing monitoring and reassessment of a Client's physical ability and cognitive ability to competently self-administer medications;

g) Medication Review;

h) monitoring and reporting of adverse drug events;

i) management and documentation of willful or inadvertent non- adherence to the Medication Management program including:

i) failure to fill a prescription;

ii) failure to take a prescription;

iii) omitting doses or overdosing;

iv) improperly storing medication; or

v) improper use of medication administration devices;

j) medication labeling, packaging and storage;

k) safe disposal of medication;

l) the "8 Rights" of Medication Administration principles that Health Care Providers must adhere to when administering or assisting with medication:

i) right medication;

ii) right Client;

iii) right dose;

iv) right time;

v) right route;

vi) right reason;

vii) right documentation; and

viii) right to refuse a medication;

m) roles and responsibilities of Regulated Health Professionals; and

n) roles and responsibilities of Unregulated Health Care Providers.

Notes
Best practices for medication management can be found at: • Decision Making Standards for Nurses in the Supervision of Health Care Aides (Decision-Making Standards for Nurses in the Supervision of Health Care Aides (Jun 2010)); • Assignment of Client Care Guidelines for Registered Nurses (assignment-of-client-care-guidelines-for-registered-nurses-may-2014.pdf); • Medication Guidelines (guidelines-for-medication-and-vaccine-injection-safety-acp-crna-cpsa-2018.pdf (nurses.ab.ca))

Evidence of compliance may include, but is not limited to, the following:		
Policies and procedures related to Medication Management as listed in Standard 12.1		
Assessment of Client's medication knowledge upon admission and introduction of new medications	**As demonstrated by one or more of:**	Progress / case notes
		Admission assessment
		Care Plan
		Medication Review
Client or the Client's legal representative has access to the Client's medication information (i.e. medication list)		
Review of InterRAI/Standardized Assessment Tool assessment and reassessment outcome scores related to physical and cognitive ability to competently self-administer medications		
Medication reconciliation completed		
Tracking, root cause analysis and action taken for reporting medication errors and near misses		
Documentation of quality initiatives related to Medication Management (i.e. tracking and trending of medication errors and near misses)		
Documentation of Client's non-adherence to the Medication Management program	**As demonstrated by one or more of:**	Managed risk agreement
		Care Plan
		Progress / case notes
		Behaviour support plan
		Coding on medication administration records (MAR)
Medication Reviews completed		
Review of Medication Management processes (i.e. medication administration records, narcotic tracking sheets, Physician order sheets and progress / case notes)		
Job descriptions for Regulated and Unregulated Health Professionals outlining their roles and responsibilities		
Health Compliance Officer conversations with Staff regarding: • medication errors; • roles and responsibilities; and • the "8 rights".		
Observation of: • locked medication carts, cupboards and/or rooms;		

- secured dead drug box;
- clear medication labelling;
- safe disposal of unused or expired medications;
- Staff medication administration and Medication Assistance, as per requirements of Standard 12.1.

12.2 An Operator must ensure that a Client is provided with the option of Medication Reminders or Medication Assistance to support and enable the Client to competently self-administer some or all of the Client's medications for as long as possible.

Notes
Standard 12.2 is applicable where Clients have been assessed as being able to self-administer medication)

Evidence of compliance may include, but is not limited to, the following:		
Documentation of an assessment indicating the Client is able to competently self-administer and the options provided to eligible Clients	**As demonstrated by one or more of:**	Care Plan
		Service authorization
		Client handbook / information package
		Capacity assessment
		Progress / case notes

12.3 Where a Client is assessed as being unable to competently self-administer their medication, an Operator must ensure that the Client is provided with a plan for assistance in accordance with the Medication Management policies and procedures.

Notes
Standard 12.3 is applicable where Clients have been assessed as being unable to self-administer medications

Evidence of compliance may include, but is not limited to, the following:		
Documentation that a Client has been assessed as unable to self-administer, and is provided with a plan for medication assistance/administration	**As demonstrated by one or more of:**	Care Plan
		Service authorization
		Capacity assessment
		Progress / case notes

12.4 An Operator must ensure that a Client's plan for Medication Management will be reassessed at the Client's Interdisciplinary Team conference and updates documented in the Care Plan.

Evidence of compliance may include, but is not limited to, the following:

Reassessment of a Client's plan for Medication Management occurs during Interdisciplinary Team conferences
Updates are included in the Client's Care Plan

13.0 Life Enrichment Services

13.1 An Operator of a Type A Continuing Care Home or a Type B Continuing Care Home must provide Life Enrichment Services as indicated in the Care Plan.

13.2 An Operator must ensure that information about Life Enrichment Services is communicated to a Client and the Client's legal representative in an appropriate manner.

13.3 An Operator must ensure that Staff who are required to plan, develop, coordinate and deliver Life Enrichment Services have the necessary education and knowledge, or equivalent experience, to do so in a way that meets the needs of the Clients.

Evidence of compliance may include, but is not limited to, the following:		
Life enrichment services are provided as indicated in the Client's care plan	**As demonstrated by one or more of:**	Care Plans
		Progress / case notes
		Health Compliance Officer conversations with Clients
		Interdisciplinary conference
Information about Life Enrichment Services is communicated to the Client and the Client's legal representative in an appropriate manner	**As demonstrated by one or more of:**	Progress / case notes
		Forms / Letters
		Health Compliance Officer conversations with Clients
		Memos
		Client handbook / information package
		Admission package
		Posted schedule about services
Staff who are required to plan, develop, coordinate and deliver Life Enrichment Services have the necessary education and knowledge, or equivalent experience, to do so in a way that meets the needs of the Clients	**As demonstrated by one or more of:**	Staff Records
		Employee handbooks
		Staff meeting minutes
		In-service records and education materials
		Memos

14.0 Nutrition and Hydration Management

14.1 Where concerns regarding a Client's nutrition and hydration needs are identified by Health Care Providers, an Operator must ensure that the Client is assessed by a Regulated Health Professional to determine if there is a need for nutrition and hydration intervention.

Notes
Standard 14.1 is only applicable where concerns regarding a Client's nutrition and hydration needs are identified

Evidence of compliance may include, but is not limited to, the following:		
Required assessments are completed by an appropriate Regulated Health Care Provider		
Process to identify nutrition and hydration needs	**As demonstrated by one or more of:**	Tracking of Clients' weights
		InterRAI / Standardized Assessment Tool assessments
		Standardized nutrition assessments and screening tools
		Referrals / consults
		Observation and documentation of food and fluid intake
		Interdisciplinary Team conference form

14.2 Where a Client has been assessed as having therapeutic nutrition and hydration needs, an Operator must ensure that a registered dietitian is included in the Client's assessment and identified as part of the Client's Interdisciplinary Team to provide direction for necessary nutrition and hydration care and interventions.

Notes
Standard 14.2 is only applicable where a Client has been assessed as having therapeutic nutrition and hydration needs

Evidence of compliance may include, but is not limited to, the following:		
A registered dietitian is included in the Client's assessment	**As demonstrated by one or more of:**	InterRAI/Standardized Assessment Tool assessment
		Care Plan
		Progress / case notes
		Consult document
A registered dietitian is identified as part of the Client's Interdisciplinary	**As demonstrated by one or more of:**	Interdisciplinary Team conference form

Team		Recommendations
		Meeting minutes
		Consult document
		Care Plan
		Progress / case notes

14.3 An Operator must ensure that the directions for nutrition and hydration interventions for a Client are reviewed by a Regulated Health Professional and documented in the Care Plan, including identifying which Interdisciplinary Team member is responsible for implementing the interventions.

Evidence of compliance may include, but is not limited to, the following:
Directions for nutrition and hydration interventions: • are reviewed by a Regulated Health Care Provider; • are documented in the Care Plan; and • identify the Interdisciplinary Team member responsible for implementing the interventions.

15.0 Oral Care Assistance and Bathing Frequency in Continuing Care Homes

15.1 An Operator of a Type A Continuing Care Home or a Type B Continuing Care Home must establish, implement and maintain documented policies and procedures regarding:

a) the provision of oral care assistance to a Client; and

b) bathing frequency.

Evidence of compliance may include, but is not limited to, the following:
Policies and procedures related to oral care assistance, as listed in Standard 15.2
Policies and procedures related to bathing frequency, as listed in Standard 15.3

15.2 The policies and procedures in 15.1(a) must provide the Client with the opportunity for assistance with oral care twice a day and more frequently when required, as documented in the Client's Care Plan.

Evidence of compliance may include, but is not limited to, the following:		
Documented evidence in the Care Plan of the Client's preference for assistance with oral care		
Documented evidence that the Client's preference for assistance with oral care is implemented	**As demonstrated by one or more of:**	Task / flow sheet
		Point of care charting
		Interdisciplinary Team conference form
		Progress / case notes

15.3 The policies and procedures in 15.1(b) must provide the Client with the opportunity for bathing at a minimum of twice a week by the method of the Client's preference, and more frequently based on the Client's Unmet Health Care Need.

Evidence of compliance may include, but is not limited to, the following:		
Documented evidence in the Care Plan of the Client's preference for bathing frequency and method		
Documented evidence that the Client's preference for bathing frequency and method is implemented	**As demonstrated by one or more of:**	Task / flow sheet
		Point of care charting
		Interdisciplinary Team conference form
		Progress / case notes

15.4 A Client's preference for method and frequency of bathing must be documented in the Client's Care Plan.

Evidence of compliance may include, but is not limited to, the following:
Care Plan documents the Client's preference for method and frequency of bathing
Health Compliance Officer conversations with Clients regarding their bathing preferences

15.5 For the purposes of 15, "bathing" means showers, tub baths, full body sponge baths and bed baths.

Notes
Standard 15.5 provides a definition; no evidence is required

16.0 Safe Bath and Shower Water Temperature

16.1 An Operator must establish, implement and maintain documented policies and procedures regarding safe water temperatures where a Client is assisted by Health Care Providers with tub baths or showers. The policies and procedures must:

a) require safe water temperatures between 38 and 43 degrees Celsius;

b) require monitoring and documentation of the water temperature of each assisted tub bath or shower;

c) require reporting of any variation from the established safe water temperatures; and

d) describe the competencies of a Health Care Provider assisting the Client with tub baths or showers.

Notes
Health Compliance Officer s will require access to Health Care Provider files for evidence of compliance with Standard 16.1. If a Client requests a temperature lower than 38°C, this should be noted in the Client's Care Plan

Evidence of compliance may include, but is not limited to, the following:		
Policies and procedures related to safe water temperatures, as listed in Standard 16.1		
Temperature logs for every assisted tub bath and shower		
Health Compliance Officer conversations with Health Care Providers regarding safe water temperatures		
Documentation of reporting any variation in safe water temperatures	**As demonstrated by one or more of:**	Maintenance records
		Signage for out of order tubs and showers
		Log book
Documentation of Health Care Provider competencies for tub bath and shower assistance	**As demonstrated by one or more of:**	In-service materials
		Sign in sheets
		Health Care Provider files

16.2 An Operator of a Type A Continuing Care Home or Type B Continuing Care Home must establish, implement and maintain documented policies and procedures regarding:

a) monitoring and maintenance of the water supply system; and

b) documentation of daily water temperature checks for each therapeutic tub prior to the first daily use.

Evidence of compliance may include, but is not limited to, the following:		
Policies and procedures related to monitoring and maintenance, as listed in Standard 15.2		
Daily water temperature checks for each therapeutic tub prior to the first daily use		
Preventative and regular routine	**As demonstrated**	Preventative maintenance logs

maintenance records	**by one or more of:**	Checklists
		Invoices
Corrective maintenance records	**As demonstrated by one or more of:**	Corrective maintenance records
		Logs
		Work orders

16.3 For the purposes of 16.2, a “therapeutic tub” is a tub into which a Client is lifted or is fully accessible, for example by a side door.

Notes
Standard 16.3 provides a definition; no evidence is required

17.0 Restraint Management and Secure Spaces

17.1 An Operator must establish, implement and maintain documented policies and procedures regarding Restraint use that require:

a) where a Client has been assessed as exhibiting a behaviour or a Responsive Behaviour that puts the Client or others at risk of immediate harm, the Regulated Health Professional may initiate the process to utilize a Restraint;

b) supportive interventions must be considered prior to the utilization of a Restraint;

c) if supportive interventions are considered and deemed ineffective or inappropriate in the circumstance, the least restrictive Restraint may be utilized;

d) information on the use of Restraints must be provided to the Client or the Client's legal representative, if applicable, when possible prior to its use and at any Interdisciplinary Team conferences that occur during the time the Restraint is in use;

e) the method and frequency for monitoring the Client when the Restraint is in use;

f) criteria for the discontinuation of a Restraint; and

g) where an antipsychotic medication is used as a pharmacological Restraint:

i) a Medication Review by a Physician or Nurse Practitioner and the Interdisciplinary Team will occur at a minimum of once a month to ensure the appropriateness of the medications prescribed; and

ii) where the antipsychotic medication is no longer required, a Physician, Nurse Practitioner or pharmacist will document instructions regarding the process for gradual dose reduction and discontinuation.

Evidence of compliance may include, but is not limited to, the following:		
Policies and procedures related to Restraint management, as listed in Standard 17.1		
Assessments regarding behaviour are completed to initiate the process for consideration of a Restraint	**As demonstrated by one or more of:**	Review of InterRAI/Standardized
		Assessment Tool outputs (e.g. outcome scores)
		Progress / case notes
		Behaviour mapping
		Interdisciplinary Team conference form
Communication to the Client and the Client's legal representative regarding the use of Restraints	**As demonstrated by one or more of:**	Progress / case notes
		Interdisciplinary Team conference form
Documentation of the supportive interventions explored and rejected prior to utilizing the least restrictive Restraint	**As demonstrated by one or more of:**	Pre-Restraint form
		Progress / case notes
		Care Plan
		Interdisciplinary Team conference form

		Behavioural support plan
Restraint tracking sheets which include method and frequency of Client monitoring		
Criteria for the discontinuation of a Restraint	**As demonstrated by one or more of:**	Restraint assessment
		Physician orders
		Consult notes
		Progress / case notes
Monthly antipsychotic Medication Reviews by the Physician or Nurse Practitioner and Interdisciplinary Team		
Instructions for the gradual reduction and discontinuation of antipsychotic medication	**As demonstrated by one or more of:**	Physician or Nurse Practitioner orders, or Pharmacist recommendations
		Medication administration records
		Progress / case notes

17.2 An Operator must ensure that when a Restraint is used, it is reviewed by the Interdisciplinary Team on a frequency determined by the Interdisciplinary Team or upon significant change in the Client's behavioural symptoms.

Evidence of compliance may include, but is not limited to, the following:		
Documentation of how the decision for review frequency was made by the Interdisciplinary Team	**As demonstrated by one or more of:**	Interdisciplinary Team conference form
		Progress / case notes
Review of Restraint use, as per the frequency identified by the Interdisciplinary Team	**As demonstrated by one or more of:**	Care plan
		Interdisciplinary Team conference form
		Progress / case notes

17.3 When a Restraint is used, an Operator must ensure the following is documented in a Client's chart and Care Plan:

a) the behaviour that put the Client or others at risk of harm;

b) the supportive interventions that have been considered and trialed;

c) indications for the initial use of the Restraint;

d) a Physician's order or Nurse Practitioner's order, within 72 hours of initiation of the Restraint, authorizing the use of the Restraint;

e) the method and frequency for monitoring the Client when the Restraint is in use; and

f) assessment of the Client while the Restraint is being used and review of the ongoing need for the Restraint.

Evidence of compliance may include, but is not limited to, the following:		
Information, as listed in Standard 16 (a) through (f) is at minimum referenced in the Client's Care Plan and the Client's	**As demonstrated by**	Care Plan
		Restraint assessment

Chart where applicable	**one or more of:**	Progress / case notes
		Referrals / consults
Client's Care Plan will identify the name of the restraint being used and reference the Physician order or Nurse Practitioner's order (please refer to Nursing Home Act for further requirements related to Nurse Practitioners orders).		
Method and frequency for monitoring the Client when the Restraint is in use is documented in the Client's Chart and Care Plan		
17.3 (f), assessment and re-assessment of the restraint is referenced at minimum in the Client's Care Plan or a reference is made to where the information is documented in the Client's chart.	**As demonstrated by one or more of:**	Care Plan
		Restraint assessment
		Progress / case notes
		Interdisciplinary Team conference form

17.4 An Operator must establish, implement and maintain documented policies and procedures regarding Secure Spaces that require:

a) information on the Secure Space must be provided to the Client or the Client's legal representative, if applicable, prior to or on initiation of the Secure Space and upon request while the Client lives within or is subject to the Secure Space;

b) the method and frequency for monitoring the Client while the Client resides in, or is subject to, the Secure Space; and

c) criteria for the discontinuation of the use of a Secure Space.

Evidence of compliance may include, but is not limited to, the following:		
Communication to the Client and the Client's legal representative regarding the need for a Secure Space	**As demonstrated by one or more of:**	Interdisciplinary Team conference form
		Progress / case notes
The method and frequency for monitoring the Client in the Secure Space is documented in the Client's Care Plan.		
Criteria for the discontinuation of the Secure Space	**As demonstrated by one or more of:**	Physician or Nurse Practitioner orders
		Assessment forms
		Progress / case notes
		Referrals / consults

17.5 An Operator must ensure that when a Secure Space is used that the appropriateness of the Secure Space is documented and reviewed by the Interdisciplinary Team:

a) upon a client's admission to, or the initiation of, the Secure Space;

b) on a frequency determined by the Interdisciplinary Team; and

c) upon a significant change in the behaviour or Responsive Behaviour that led to the use of a Secure Space.

Evidence of compliance may include, but is not limited to, the following:		
The Secure Space is reviewed on admission by the Interdisciplinary Team	**As demonstrated by one or more of:**	Interdisciplinary Team conference form
		Progress / case notes
The Secure Space is reviewed as per the frequency identified by the Interdisciplinary Team and upon significant change in the Client's behaviour	**As demonstrated by one or more of:**	Interdisciplinary Team conference form
		Progress / case notes

17.6 While a Client resides in, or is subject to, a Secure Space, an Operator must ensure the following is documented in a Client's chart and Care Plan:

a) evidence of the reason for the use of the Secure Space for the Client;

b) the method and frequency for monitoring the Client; and

c) ongoing review of the appropriateness and effectiveness of the Secure Space in meeting the needs of the Client.

Evidence of compliance may include, but is not limited to, the following:		
Reason for the use of the Secure Space is documented in the Client's chart and Care Plan	**As demonstrated by one or more of:**	Interdisciplinary Team conference form
		Care Plan
		Progress / case notes
The method and frequency for monitoring the Client in the Secure Space is documented in the Client's Chart and Care Plan.		
The ongoing review of the appropriateness and effectiveness of the Secure Space is documented in the Client's chart and Care Plan	**As demonstrated by one or more of:**	Interdisciplinary Team conference form
		Progress / case notes

17.7 For the purposes of 17.1 and 17.3, "supportive interventions" are positive, non-restrictive and non-pharmacological interventions including, but not limited to:

a) meaningful activity participation;

b) assessment and management of the Client's pain;

c) assisting the Client to the toilet;

d) assisting the Client with repositioning;

e) social interactions; or

f) environmental interventions.

Notes
Standard 17.7 provides a definition; no evidence is required

17.8 For the purpose of 17.1(c), the “least restrictive Restraint” means only that degree of Restraint, used for the least amount of time, which is necessary for the avoidance of harm to the Client or harm to others.

Notes
Standard 17.8 provides a definition; no evidence is required

17.9 For the purposes of 17.2 and 17.5 a “significant change” in the Client’s behavioural symptoms is a pattern of change in the behaviour or Responsive Behaviour that led to the use of a Restraint or Secure Space. The assessment or determination that a significant change has occurred must be made by a Regulated Health Professional.

Notes
Standard 17.9 provides a definition; no evidence is required

18.0 Continuity of Health Care

18.1 An Operator must establish, implement, and maintain documented emergency preparedness, pandemic, and contingency plans to provide for the continuity of Health Care to a Client in the event of a disruption to services and/or staffing.

Evidence of compliance may include, but is not limited to, the following:
Documentation of emergency preparedness, pandemic, and contingency plans
Health Compliance Officer conversations with Staff regarding the activation of required plans

18.2 An Operator must ensure the emergency preparedness plan, pandemic plan, and contingency plan:

a) mitigate the risk and impact of the disruption of Health Care to a Client;

b) are reviewed and updated annually and after each implementation;

c) contain measures to ensure there are sufficient Staff to meet Clients' needs;

d) identify relevant agencies, partners, health service providers and funders, and resources that will be involved in responding to the disruption;

e) are developed, reviewed, and updated in collaboration with any relevant agencies, partners, health service providers and funders, and resources that will be involved in responding to the disruption;

f) include communications strategies to ensure that Clients, families, Staff, and other impacted parties are informed throughout the disruption;

g) are communicated and made available to the Client and the Client's legal representative, if applicable:

   i) upon the Client's commencement of Home and Community Care, or upon admission to a Type A Continuing Care Home or Type B Continuing Care Home; and

   ii) after any update.

h) are communicated and made available to any other impacted parties, including Staff, contractors, services providers, and volunteers;

i) are routinely practiced or simulated to the extent reasonably practicable, at frequencies stated in the plan, including with identified relevant agencies, partners, health service providers and funders, and resources that will be involved in responding to the disruption; and

j) identify the most responsible person during disruptions:

   i) for the purposes of Type A and Type B Continuing Care Homes, this person must be on-site.

Evidence of compliance may include, but is not limited to, the following:
Plans mitigate the risk and impact of disruption in a Client's care
Plans identify relevant agencies, partners, health service providers and funders, and resources that will be involved in responding to the disruption

Plans identify the most responsible on-site person during disruptions		
Plans are reviewed and updated in collaboration with relevant agencies, partners, health service providers and funders, and resources that will be involved in responding to the disruption annually and after each implementation		
Plans are communicated and made available to the Client and the Client's legal representative upon commencement/admission and after any update to the plans	**As demonstrated by one or more of:**	Plans are posted or made available
		Client / family Council minutes
		Memos
		Client handbook / information package
		Admission package
		Evidence that there was or will be communication with clients/families during a disruption
Plans are communicated and made available to any other impacted parties, including Staff, contractors, services providers, and volunteers	**As demonstrated by one or more of:**	Plans are posted or made available
		Memos
		Staff/volunteer handbook / information package / regular training opportunities for staff
Plans are routinely practiced or simulated to the extent reasonably practicable, at frequencies stated in the plan, including with identified relevant agencies, partners, health service providers and funders, and resources that will be involved in responding to the disruption	**As demonstrated by one or more of:**	Documentation of recent and/or planned practices or simulations
		Debriefs of the practiced and simulated plans
		Posting of the practiced or simulated plan to staff, residents or family councils
		Evidence to ensure sufficient staff are in place

19.0 Concerns Resolution on Health Care

19.1 An Operator must establish, implement, and maintain a documented policy and procedure for responding to concerns about the Health Care provided. The policy and procedure must:

a) be provided to the Client, the Client's legal representative, if applicable, and the Client's family:

i) upon the Client's commencement of Home and Community Care, or upon admission to a Type A Continuing Care Home or Type B Continuing Care Home and

ii) upon request;

b) identify the method and a timeframe in which the Operator will respond to concerns from a Client, the Client's legal representative, if applicable, or the Client's family;

c) include:

i) information on how the Client, the Client's legal representative, or the Client's family can make a concern known and to whom;

ii) the Operator's process for responding to a concern;

iii) record keeping by the Operator of any actions taken; and

d) be provided to Staff

Evidence of compliance may include, but is not limited to, the following:		
Policies and procedures related to concerns resolution, as listed in Standard 18.1		
Documentation of the actions taken by the Operator related to reported concerns or complaints		
Concerns and complaints information and process provided to the Client, the Client's legal representative, and the Client's family	**As demonstrated by one or more of:**	Client handbook / information package
		Posters
		Pamphlets

19.2 An Operator must provide the Client, the Client's legal representative, if applicable, or the Client's family with written information on relevant external complaints and concerns resolution processes:

a) upon the Client's commencement of Home and Community Care, or upon admission to a Type A Continuing Care Home or Type B Continuing Care Home; and

b) upon request.

Notes
Relevant external complaints and concerns resolution processes include, but are not limited to, the following: • the Alberta Health Advocates; • Health professional regulatory bodies (e.g., College of Physicians and Surgeons of Alberta, College and Association of Registered Nurses of Alberta, etc.);

- Provincial Ombudsman;
- Protection for Persons in Care
- Alberta Health Services' Complaints Resolution Process; and
- Alberta Health's Complaints Office (1-888-357-9339)

Evidence of compliance may include, but is not limited to, the following:		
Clients, their legal representatives and family are provided with applicable information on relevant external complaints and concerns resolution processes upon commencement/admission and request	**As demonstrated by one or more of:**	Client handbook / information packages
		Admission agreements
		Information available in public areas
		Client / family Council meetings

20.0 Quality Improvement Reporting

20.1 An Operator must establish, implement, and maintain documented Quality improvement policies and programs to evaluate and improve its delivery of Health Care.

Evidence of compliance may include, but is not limited to, the following:		
Quality improvement policies and programs to evaluate and improve the Operator's delivery of Health Care		
Health Compliance Officer conversations with Staff regarding Quality improvement initiatives		
Documentation of Quality improvement initiatives	**As demonstrated by one or more of:**	Issues log with root cause analysis
		Trending reports and benchmarking
		Quality indicators utilized to improve service
		Development of Quality improvement strategies
		Plans of action / initiatives
		Satisfaction surveys

20.2 An Operator must establish, implement, and maintain, documented policies and procedures for the documentation, tracking, and trending of:

a) any incident that could pose an adverse risk to a Client; and

b) any near miss that could have resulted in negative consequences for a Client but did not because of chance or timely intervention.

Notes
Standard 20.2 refers to the Operator's internal incident and near miss reporting process

Evidence of compliance may include, but is not limited to, the following:		
Policies and procedures related to incident and near misses documentation, tracking and trending, as listed in Standard 20.2		
Implementation of the incident and near miss documentation, tracking and trending process	**As demonstrated by one or more of:**	Incident and near miss reports
		Tracking and trending reports
		Issues logs

20.3 An Operator must establish, implement and maintain documented policies and procedures for the prevention, reporting, review and follow-up of reportable incidents.

Notes
Standard 20.3 refers to duty to notify incidents as defined in Standard 20.5 that are reported to the Director

Evidence of compliance may include, but is not limited to, the following:
Policy and procedures for preventing, reporting, reviewing and following up of duty to notify incidents
Documentation of duty to notify incidents that were reported, reviewed and followed up on

20.4 Reportable incidents must be reported in accordance with the process set out by the director designated under section 38 of the *Continuing Care Act*. The actions taken to address the incident must also be documented and reported to the director.

Notes
Standard 20.4 refers to duty to notify incidents as defined in Standard 20.5 that are reported to Alberta Health. The duty to notify incident form and criteria can be found on-line at: Continuing care – Mandatory reporting | Alberta.ca There is also a requirement to report incidents under the Accommodation Standards. The duty to notify incident form, decision guide, examples, and process can also be utilized in reporting incidents under those standards.

Evidence of compliance may include, but is not limited to, the following:
Documentation of the incidents that were reported
Health Compliance Officer conversations with Staff regarding duty to notify incidents

20.5 A reportable incident is an unexpected or normally avoidable outcome that negatively affects a Client's health or quality of life and occurs in the course of Health Care or has the potential to alter the Client's Health Status. Reportable incidents include:

a) death or serious harm to a Client caused by:
   i) error or omission in the provision of Health Care;
   ii) error or omission in the provision of accommodation services;
   iii) equipment malfunction or error in operation;
   iv) accommodation grounds or equipment in disrepair or unsafe; or
   v) assault/aggression;
b) Client being unaccounted for;
c) unplanned activation of a contingency plan caused by:
   i) disruption of utilities;
   ii) evacuation;
   iii) Staff disruption;
   iv) severe weather; or
   v) loss of essential equipment.

d) extensive damage to the accommodation caused by:
   i) fire or flood;
   ii) disaster; or
   iii) building or equipment failure.

Notes
Standard 20.5 provides a definition; no evidence is required

20.6 An Operator must ensure that InterRAI assessment data is collected and submitted in accordance with the process and guidelines set out by Alberta Health once a month through the Alberta Continuing Care Information System (ACCIS).

Evidence of compliance may include, but is not limited to, the following:
InterRAI assessment data is collected and submitted once a month through ACCIS (i.e. Operator generated reports of submissions made)

Full versions of the *Continuing Care Act*, the Regulations and the standards can be accessed from King's Printer on-line at: https://www.alberta.ca/alberta-kings-printer.