Alberta Health

Continuing Care Health Service Standards
Information Guide

Compliance and Monitoring

July 2018

Alberta Government

Continuing Care Health Service Standards Information Guide (2018)

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This document is also located on the Continuing Care Desktop

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Continuing Care Health Service Standards Information Guide

The Continuing Care Health Service Standards Information Guide (Information Guide) is being provided solely for information in relation to the Continuing Care Health Service Standards (CCHSS). The Information Guide is not a substitute for the CCHSS and should not be solely relied upon when determining how to comply with the CCHSS. The CCHSS must be followed in the event of a conflict or inconsistency between the Information Guide and the CCHSS.

The Information Guide is subject to change and the Government of Alberta reserves the right to periodically update the information in the Information Guide. It is necessary that you ensure that the version of the CCHSS and the Information Guide being consulted are the most current versions available as of that date.

Version 2: July 16, 2018

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About the Continuing Care Health Service Standards (CCHSS) Information Guide

Applicability of the CCHSS

The Ministry of Health is committed to supporting the delivery of quality Health Care to Albertans in the continuing care system through the establishment of the *Continuing Care Health Service Standards* (CCHSS). The CCHSS are a legislated requirement of Operators pursuant to the *Nursing Homes General Regulation* under the *Nursing Homes Act*, the *Co-ordinated Home Care Program Regulation* under the *Public Health Act* and the Continuing Care Health Service Standards Directive under the *Regional Health Authorities Act*. The CCHSS set the minimum requirements that Operators in the continuing care system must comply with in the provision of Health Care.

Purpose of the CCHSS Information Guide

The CCHSS Information Guide has been developed in response to continuing care stakeholder feedback during the 2013 review of the 2008 version of the CCHSS. The need for the CCHSS Information Guide was identified as a necessary mechanism to support a consistent understanding of the CCHSS and their application. Consequently, the CCHSS Information Guide was developed to inform health standards compliance auditors, Operators, Clients and their families or legal representatives and the public on:

- the CCHSS amended July 16, 2018;
- what may be accepted as evidence of compliance with the CCHSS; and
- continuing care resources.

The provision of documented evidence of compliance by the Operator is not the only factor considered by the auditors in making a determination of compliance. The auditors' decision is also based on information acquired through observation and discussions with Staff, Clients and their families.

CCHSS Applicability to Specific Continuing Care Streams

The CCHSS have been developed to be sufficiently broad so that they are applicable to the full scope of publicly funded continuing care. The CCHSS apply to the three streams of continuing care: long-term care, supportive living and home care. The CCHSS apply to all streams unless otherwise specified. Standards that do not apply to specific streams are identified below (please refer to the CCHSS for the actual wording).

Standards which do not apply to Supportive Living or Home Care:

- Standard 1.4
- Standard 1.10
- Standard 3.1

Standards which do not apply to Home Care:

- Standard 14.1
- Standard 15.2
- Standard 18.4(f)

Definitions

Words capitalized in the CCHSS Information Guide are defined within the CCHSS. Please refer to the CCHSS for the definitions of these words.

Accessing the CCHSS Information Guide

The CCHSS Information Guide can be found on the Open Alberta website: https://open.alberta.ca/publications/9781460138649. For general information, call Alberta Health Continuing Care at 780-638-4495 (for toll-free access within Alberta, first dial 310-0000) and your call will be directed to the appropriate personnel.

Questions or Concerns

Any questions or concerns about the CCHSS or the CCHSS Information Guide can be directed to continuingcare@gov.ab.ca.

Updates

The contents of the CCHSS Information Guide are revised and updated as additional information and resources are collected. Updates will be provided on-line and e-mails will be sent to Operators when updates are available.

Record of CCHSS Information Guide Amendments

Amendment No.	Dated (M/D/Y)	Summary of Changes
Version 1	01/19/2016	
Version 2	07/16/2018	Changes to the CCHSS information guide were completed to align with the CCHSS amended in July 16, 2018. Please refer to the CCHSS Updates on page 2 of the standards for the details regarding the changes made to the standards.

Continuing Care Health Service Standards

1.0 Standardized Assessment and Person-Centred Care Planning

Standard 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 services provided in the Co-ordinated Home Care Program, or upon admission to a Publicly Funded Supportive Living Facility or Long-Term Care Facility and:

a) where an InterRAI Instrument is not appropriate, Alberta Health Services (AHS) must designate the Standardized Assessment Tool to be used;
b) the assessment is conducted by a Regulated Health Care Provider trained in the appropriate InterRAI Instrument or Standardized Assessment Tool;
c) Clients receiving services in a Long-Term Care Facility must be reassessed:
    i) quarterly; and
    ii) upon a Significant Change in the Client's Health Status;
d) Clients receiving services in the Co-ordinated Home Care Program or in a Publicly Funded Supportive Living Facility must be reassessed:
    i) annually; and
    ii) upon a Significant Change in the Client's Health Status.

<table>
<tr><th colspan="3">Evidence of compliance may include, but is not limited to, the following:</th></tr>
<tr><td colspan="3">An assessment using the appropriate InterRAI Instrument / Standardized Assessment Tool</td></tr>
<tr><td colspan="3">Assessments / reassessments by a Regulated Health Care Provider within the timelines stated in Standard 1.1</td></tr>
<tr><td rowspan="2">Annual competency of Regulated Health Care Providers in the InterRAI Instrument or any other Standardized Assessment Tool in use</td><td rowspan="2">As demonstrated by one or more of:</td><td>InterRAI / Standardized Assessment Tool competency report</td></tr>
<tr><td>Education tracking document</td></tr>
</table>

Standard 1.2

An Operator must ensure that care planning begins upon the Client's commencement of services provided in the Co-ordinated Home Care Program, or upon admission to a Publicly Funded Supportive Living Facility or Long-Term Care Facility 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 Care Provider 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 Plans

Revisions to Care Plans based on any reassessments are completed by a Regulated Health Care Provider

Standard 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.

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

Standard 1.4

An Operator of a Long-Term Care Facility must have documented processes in place that ensure a Physician or 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 Long-Term Care Facilities only Medical Status assessments are described in: • The College of Physicians and Surgeons of Alberta's Standards of Practice – http://www.cpsa.ca/wp-content/uploads/2017/05/Consolidated-Standards-of-Practice.pdf • The College and Association of Registered Nurses' Practice Standards for Regulated Members – http://nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Standards/PracticeStandards_Jan2013.pdf

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

Standard 1.5

An Operator must ensure a Client or 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 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

Standard 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

Standard 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 services provided in the Co-ordinated Home Care Program or upon admission to a Publicly Funded Supportive Living Facility or Long-Term Care Facility; 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.

<table>
<tr><th colspan="3">Evidence of compliance may include, but is not limited to, the following:</th></tr>
<tr><td colspan="3">Documentation of unscheduled Interdisciplinary Team conferences that occur upon a Significant Change in the Client's Health Status</td></tr>
<tr><td rowspan="3">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</td><td rowspan="3">As demonstrated by one or more of:</td><td>Interdisciplinary Team conference form</td></tr>
<tr><td>Updated Care Plan</td></tr>
<tr><td>Review of Client health records / tracking tools during Interdisciplinary Team conference</td></tr>
</table>

Standard 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.

<table>
<tr><th colspan="3">Evidence of compliance may include, but is not limited to, the following:</th></tr>
<tr><td rowspan="3">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.</td><td rowspan="3">As demonstrated by one or more of:</td><td>InterRAI / Standardized Assessment Tool outputs (e.g. clinical assessment protocols and outcome scores)</td></tr>
<tr><td>Progress / case notes</td></tr>
<tr><td>Care Plan</td></tr>
</table>

Standard 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:		
Changes to the Client's Care Plan are communicated to the Client	**As demonstrated by one or more of:**	Progress / case notes
		Forms / letters
		Auditor conversations with Clients
Changes to the Client's Care Plan are documented and communicated to the Interdisciplinary Team and the Client's Health Care Providers	**As demonstrated by one or more of:**	Interdisciplinary Team conference form
		Progress / case notes
		Revised Care Plan
		Task list
		Kardex
		Tracking tool
		Service authorization

Standard 1.10

An Operator of a Long-Term Care Facility 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 Long-Term 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

Standard 2.1

Upon the Client's commencement of services provided in the Co-ordinated Home Care Program or upon admission to a Publicly Funded Supportive Living Facility or Long-Term Care Facility, an Operator must ensure that each Client has an assigned Regulated Health Care Provider, 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

Standard 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
		Auditor conversations with Clients and Health Care Providers

3.0 Access to Physician or Nurse Practitioner Services

Standard 3.1

An Operator of a Long-Term Care Facility must ensure the following is in place:

a) a documented procedure available to all Regulated Health Care Providers on how to access the on-call Physician or Nurse Practitioner outside of regular daytime or evening shifts; and

b) a Physician to act as a medical director and who is responsible for:
   i) overseeing the Quality of Medical Care;
   ii) providing expertise in the provision of Medical Care; and
   iii) advising on medical program policies and medical follow-up processes.

Notes
Standard 3.1 applies to Long-Term Care Facilities only

Evidence of compliance may include, but is not limited to, the following:		
Name of medical director		
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
Documentation on the responsibilities of the medical director	**As demonstrated by one or more of:**	Contracts
		Role description
		Letters of agreement
		Medical staff bylaws

4.0 Client Access to Information

Standard 4.1

Upon the Client's commencement of services provided in the Co-ordinated Home Care Program, or upon admission to a Publicly Funded Supportive Living Facility or Long-Term Care Facility, an Operator must ensure that a Client and 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:		
Written information, as listed in Standard 4.1, is provided to the Client and the Client's legal representative	**As demonstrated by one or more of:**	Admission or service agreements
		Client handbook / Information package
		Admission package

Standard 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
		Auditor conversations with Clients or their legal representatives

Standard 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 and 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
		Auditor conversations with Clients or their legal representatives

Standard 4.4

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

a) upon the Client's commencement of services provided in the Co-ordinated Home Care Program, or upon admission to a Publicly Funded Supportive Living Facility or Long-Term Care Facility;
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
		Auditor conversations with Clients or their legal representatives

5.0 Palliative and End-of-Life Care

Standard 5.1

Where an Operator provides Palliative and End-of-Life Care services, an Operator must:

a) establish, implement and maintain documented policies and procedures identifying what specific Palliative and End-of-Life Care services 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 and End-of-Life Care services

Evidence of compliance may include, but is not limited to, the following:		
Policies and procedures outline the Palliative and End-of-Life Care services provided by the Operator		
Staff are made aware of policies and procedures on Palliative and End-of-Life Care services	**As demonstrated by one or more of:**	In-service material and attendance sheets
		Staff access to Palliative and End-of-Life Care resources
Clients and their legal representatives are made aware of policies and procedures on Palliative and 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

Standard 5.2

An Operator must ensure that a Client and the Client's legal representative, if applicable, are provided with information on Palliative and 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 and 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
		Palliative and End-of-Life Care resources
		Client handbook / Information package

Standard 5.3

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

a) the Client's Palliative and End-of-Life Care goals; and
b) any relevant instructions pertaining to Palliative and 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 and 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 and End-of-Life Care goals as per legal documents

Standard 5.4

An Operator must ensure that all Health Care Providers providing Palliative and End-of-Life Care to a Client have access to the Client's necessary Health Information, including the Client's Palliative and 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 and End-of-Life Care goals	**As demonstrated by one or more of:**	Auditor conversations with Health Care Providers
		Progress / case notes
		Care Plans

6.0 Assistive Equipment, Technology and Medical/Surgical Supplies

Standard 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

Standard 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
		Auditor conversations with Health Care Providers regarding the process for reporting

Standard 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
		Auditor conversations with Staff regarding the process for reporting

Standard 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 care givers 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
		Auditor 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
		Auditor conversations with Clients and care givers

Standard 6.5

For the purpose of 6.4, the Client's designated care giver 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

Standard 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

8.0 Health Care Providers

Standard 8.1

An Operator must establish, implement and maintain documented policies and procedures that require a criminal records 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
Auditors will require access to employee and volunteer files to evidence Standard 8.1 Standard 8.1 applies to all employees and volunteers that commence after April 1, 2016.

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

Standard 8.2

An Operator must provide 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

Standard 8.3

An Operator must annually verify and document that all Regulated Health Care Providers it employs are actively registered and in good standing with their professional colleges.

Notes
Auditors will require access to Regulated Health Care Providers' files for evidence of compliance with Standard 8.3 Operators may be able to verify the registration of a Regulated Health Care Provider 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 Providers are actively registered/licensed and are in good standing with their professional colleges

Standard 8.4

An Operator must ensure 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 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
Auditors 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:		
Health Care Aides meet competencies as defined by the Government of Alberta's Health Care Aide Competency Profile	**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

Standard 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

Standard 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
Auditor observation and conversation with Staff

Standard 8.7

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

Notes
Regulated Health Care Providers 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 Care Provider	**As demonstrated by one or more of:**	Job descriptions
		Process for accessing Regulated Health Care Providers (both regular hours of work and on-call processes)
		Staff schedules that indicate who is supervising
		Auditor conversations with Staff

9.0 Staff Training

Standard 9.1

An Operator must ensure that the training materials used to provide training 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

Standard 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 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
Auditors will require access to Staff and volunteer files for evidence of compliance with this Standard. As of April 1, 2016, all current Staff will require training within 6 months. All new Staff hired after April 1, 2016 will be required to meet the timelines noted in the CCHSS.

Evidence of compliance may include, but is not limited to, the following:		
Policies and procedures related to training, as listed in Standard 9.2		
Auditor conversations with Staff 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

Standard 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 19.2, 19.3 and 19.4;
b) training for registered nurses, licensed practical nurses and Health Care Aides on Personal Directives, Enduring Power 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
Auditors will require access to Staff files for evidence of compliance with this Standard. As of April 1, 2016, all current Staff will require training within 6 months. All new Staff hired after April 1, 2016 will be required to meet the timelines noted in the Standards.

Evidence of compliance may include, but is not limited to, the following:		
Policies and procedures related to training, as listed in Standard 9.3		
Auditor conversations with Staff		
Documentation demonstrating the required training is provided to applicable Staff • within 6 months of hire; and • within 3 months of any significant update or revisions to the related training materials.	**As demonstrated by one or more of:**	Training calendars and sign in sheets
		Tracking system of Staff
		Training records on Staff files
		Orientation materials and checklists

Standard 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.

Staff Training Requirements, as listed in Standard 9.2 and 9.3		
Training	**Audience**	**Frequency**
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	All Health Care Providers	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 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 assistance	Health Care Aides that provide such 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

Standard 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 and 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:**	Interdisciplinary Team conference form
		Progress / case notes
		Signed managed risk agreement

Standard 10.2

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

Notes
Standard 10.2 provides a definition; no evidence is required

11.0 Infection Prevention and Control (IPC)

Standard 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:
    i) cleaning of the Client care environment;
    ii) cleaning and disinfection of Non-Critical Medical Devices; and
    iii) handling of waste and linen;
i) guidelines for the implementation of additional precautions;
j) outbreak 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: http://www.health.alberta.ca/health-info/prevent-infections.html For additional information on Alberta Health's infection prevention and control standards, please contact: infectionpreventioncontrol@albertahealthservices.ca

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
Auditor 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
Auditor observation of: • Hand hygiene programs o Hand washing station and/or alcohol based hand rub is easily accessible • Sharps programs o 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 Continued on next page

Evidence of compliance may include, but is not limited to, the following:
Auditor observation of: • Cleaning, disinfection and sterilization o 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 o Cleaning and disinfection of non-critical medical devices according to manufacturer's instructions o Clean storage room free of corrugated packing boxes and expired medication and surgical supplies o Facility is clean, including Client's room and high touch surfaces (handrails, counter, door handles) o The Client's personal care items are separated and labelled, when kept in shared rooms/bathrooms

Standard 11.2

An Operator shall ensure information on IPC policies and procedures is made available to Staff, including contracted staff, Clients, the Clients' legal representative, 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:**	Auditor 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

Standard 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: o biohazard bins, where appropriate; o isolation carts, where appropriate; o personal protective equipment at point of care; and o disinfectant wipes for shared equipment. • Signage o outbreak/isolation signage, where appropriate; and o donning and doffing of personal protective equipment.
Auditor conversations with Staff

Standard 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

Standard 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 services provided in the Co-ordinated Home Care Program, or upon admission to a Publicly Funded Supportive Living Facility or Long-Term Care Facility;
    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 Care Providers; 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 (http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Standards/DecisionsHealthCareAides_Jun2010.pdf); • Assignment of Client Care Guidelines for Registered Nurses (http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Guidelines/RN_AssignClientCare_May2014.pdf); • Medication Guidelines (http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Guidelines/MedicationGuidelines_Mar2015.pdf)

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 of 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 Care Providers outlining their roles and responsibilities		
Auditor 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.		

Standard 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 medications

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

Standard 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

Standard 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 Nutrition and Hydration Management

Standard 13.1

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 Care Provider to determine if there is a need for nutrition and hydration intervention.

Notes
Standard 13.1 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

Standard 13.2

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 13.2 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 Team	**As demonstrated by one or more of:**	Interdisciplinary Team conference form
		Recommendations
		Meeting minutes
		Consult document
		Care Plan
		Progress / case notes

Standard 13.3

An Operator must ensure that the directions for nutrition and hydration interventions for a Client are reviewed by a Regulated Health Care Provider 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 Regulation Health Care Provider; • are documented in the Care Plan; and • identify the Interdisciplinary Team member responsible for implementing the interventions.

14.0 Oral Care Assistance and Bathing Frequency in Publicly Funded Supportive Living and Long-Term Care Facilities

Standard 14.1

An Operator of a Publicly Funded Supportive Living Facility or a Long-Term Care Facility must establish, implement and maintain documented policies and procedures regarding:

a) the provision of oral care assistance to a Client; and
b) bathing frequency.

Notes
Standard 14.1 is only applicable to Publicly Funded Supportive Living Facilities and Long-Term Care Facilities

Evidence of compliance may include, but is not limited to, the following:
Policies and procedures related to oral care assistance, as listed in Standard 14.2
Policies and procedures related to bathing frequency, as listed in Standard 14.3

Standard 14.2

The policies and procedures in 14.1 (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.

Notes
Standard 14.2 is only applicable to Publicly Funded Supportive Living Facilities and Long-Term Care Facilities

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

Standard 14.3

The policies and procedures in 14.1 (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.

Notes
Standard 14.3 is only applicable to Publicly Funded Supportive Living Facilities and Long-Term Care Facilities

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

Standard 14.4

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

Notes
Standard 14.4 is only applicable to Publicly Funded Supportive Living Facilities and Long-Term Care Facilities

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
Auditor conversations with Clients regarding their bathing preferences

Standard 14.5

For the purposes of 14, "bathing" means showers, tub baths, full body sponge baths and bed baths.

Notes
Standard 14.5 provides a definition; no evidence is required

15.0 Safe Bath and Shower Water Temperature

Standard 15.1

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 and 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
Auditors will require access to Health Care Provider files for evidence of compliance with Standard 15.1. 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 15.1		
Temperature logs for every assisted tub bath and shower		
Auditor 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

Standard 15.2

An Operator of a Publicly Funded Supportive Living Facility or Long-Term Care Facility 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.

Notes
Standard 15.2 is only applicable to Publicly Funded Supportive Living Facilities and Long-Term Care Facilities

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

Standard 15.3

For the purposes of 15.2, a "therapeutic tub" is a tub into which a Client is lifted or is fully accessible, for example by a side door.

Notes
Standard 15.3 provides a definition; no evidence is required

16.0 Restraint Management and Secure Spaces

Standard 16.1

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 Care Provider 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 and 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 16.1		
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

Evidence of compliance may include, but is not limited to, the following: (continued)		
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, Nurse Practitioner or pharmacist orders
		Medication administration records
		Progress / case notes

Standard 16.2

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

Standard 16.3

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 Chart where applicable	**As demonstrated by one or more of:**	Care Plan
		Restraint assessment
		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		
16.3 (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

Standard 16.4

An Operator must establish, implement and maintain documented policies and procedures regarding Secure Space 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:**	Progress / Case notes
		Interdisciplinary Team conference form
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

Standard 16.5

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

Standard 16.6

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:**	Care Plan
		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 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

Standard 16.7

For the purposes of 16.1 and 16.3, "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 interaction; or
f) environmental interventions.

Notes
Standard 16.7 provides a definition; no evidence is required

Standard 16.8

For the purpose of 16.1 (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 16.8 provides a definition; no evidence is required

Standard 16.9

For the purposes of 16.2 and 16.5 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 Care Provider.

Notes
Standard 16.9 provides a definition; no evidence is required

17.0 Continuity of Health Care

Standard 17.1

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 the services.

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

Standard 17.2

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) are communicated and made available to the Client or the Client's legal representative, if applicable:
    i) upon the Client's commencement of services provided in the Co-ordinated Home Care Program, or upon admission to a Publicly Funded Supportive Living Facility or Long-Term Care Facility; and
    ii) after any update.

<table>
<tr><th colspan="3">Evidence of compliance may include, but is not limited to, the following:</th></tr>
<tr><td colspan="3">Plans mitigate the risk and impact of disruption in a Client's care</td></tr>
<tr><td colspan="3">Plans are reviewed and updated annually and after each implementation</td></tr>
<tr><td rowspan="5">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</td><td rowspan="5">As demonstrated by one or more of:</td><td>Plans are posted or made available</td></tr>
<tr><td>Client / family Council minutes</td></tr>
<tr><td>Memos</td></tr>
<tr><td>Client handbook / information package</td></tr>
<tr><td>Admission package</td></tr>
</table>

18.0 Concerns Resolution on Health Care

Standard 18.1

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 accessible to the Client, the Client's legal representative, if applicable, and the Client's family:
   i) upon the Client's commencement of services provided in the Co-ordinated Home Care Program, or upon admission to a Publicly Funded Supportive Living Facility or Long-Term Care Facility, 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 members 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
   iv) a requirement that this information must be provided to a Client or the Client's legal representative, if applicable, the Client's family and 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

Standard 18.2

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 services provided in the Co-ordinated Home Care Program, or upon admission to a Publicly Funded Supportive Living Facility or Long-Term Care Facility; 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; and • Alberta Health Services' Complaints Resolution Process.

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

19.0 Quality Improvement Reporting

Standard 19.1

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		
Auditor 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

Standard 19.2

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 19.2 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 19.2		
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

Standard 19.3

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

Notes
Standard 19.3 refers to reportable incidents as defined in Standard 19.5 that are reported to Alberta Health

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

Standard 19.4

Reportable incidents must be reported in accordance with the process and guidelines set out by the Ministry of Health.

Notes
Standard 19.4 refers to reportable incidents as defined in Standard 19.5 that are reported to Alberta Health. The reportable incident form and criteria can be found on-line at: http://www.health.alberta.ca/services/continuing-care-forms.html There is also a requirement to report incidents under the Accommodation Standards. The reportable 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
Auditor conversations with Staff regarding reportable incidents

Standard 19.5

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 19.5 provides a definition; no evidence is required

Standard 19.6

An Operator must ensure that InterRAI assessment data is collected and submitted in accordance with the process and guidelines set out by the Ministry of 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)

Continuing Care Resources

In this section, resources are provided to assist Operators in finding relevant information pertaining to the CCHSS. The resources provided are links to websites that Operators may find useful. Utilizing the resources provided is not a requirement for compliance.

Relevant Legislation

Copies of legislation can be found on the Queen's Printer website, http://www.qp.alberta.ca. Examples of legislation that may be useful to Operators are:

- *Adult Guardianship and Trusteeship Act*
- *Freedom of Information and Privacy Act*
- *Personal Information Protection and Electronic Documents Act*
- *Health Information Act*
- *Health Professions Act*
- *Hospitals Act*
- *Nursing Homes Act*
- *Nursing Homes General Regulation*
- *Nursing Homes Operation Regulation*
- *Powers of Attorney Act*
- *Public Health Act*
- *Regional Health Authorities Act*

Advocacy Resources

- Alberta Health Advocates: www.albertahealthadvocates.ca
- Office of the Public Guardian: http://humanservices.alberta.ca/guardianship-trusteeship
- Alberta Ombudsman: https://www.ombudsman.ab.ca/complaints/before-filing-a-complaint/
- Alberta Health Services (AHS) Patient Relations Department: http://www.albertahealthservices.ca/services.asp?pid=service&rid=1033502
- AHS Patient First Strategy: https://www.albertahealthservices.ca/info/Page11981.aspx
- AHS Continuing Care Quality Management Framework: http://www.albertahealthservices.ca/assets/info/seniors/if-sen-ccqmf-framework.pdf

Abuse Prevention and Reporting

- Protection for Persons in Care: www.health.alberta.ca/services/protection-persons-care.html
- Protection for Persons in Care Reporting Line: 1-888-357-9339
- Financial Abuse of Seniors: https://open.alberta.ca/publications/9781460108475
- Elder Abuse Prevention Resources: https://open.alberta.ca/dataset?q=elder+abuse

- Royal Canadian Mounted Police: www.rcmp-grc.gc.ca/

Infection Prevention and Control

- Alberta Infection Prevention and Control Strategy: https://open.alberta.ca/publications/9781460125687
    - Alberta Health's Standards for Single-Use Medical Devices: https://open.alberta.ca/publications/9780778582663
    - Alberta Health's Standards for Cleaning, Disinfection and Sterilization of Reusable Medical Devices for Health Care Facilities and Settings: https://open.alberta.ca/publications/9780778582649
- Infection Prevention and Control Canada: http://www.ipac-canada.org/

Accommodation Standards

- Long-term Care Accommodation Standards: https://open.alberta.ca/publications/4840070
- Supportive Living Accommodation Standards: https://open.alberta.ca/publications/4840067

Additional Resources

- Continuing Care Desktop: www.ccdweb.ca – The Continuing Care Desktop is a web-based application that contains various types of resources for continuing care health care providers who have received a valid user name and password.
- The Health Quality Council of Alberta: www.hqca.ca/
- Alberta Health Services: https://www.albertahealthservices.ca
- Alberta Health: www.health.alberta.ca/
- Safer HealthCare Now: http://www.patientsafetyinstitute.ca/en/toolsResources/pages/interventions-default.aspx
- Institute for Safe Medication Practices Canada: https://www.ismp-canada.org/

