



Residential Care

Winter 2010 Edition

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Message from the Regional Manager for Community Care Licensing

I hope you all enjoyed the exceptional weather this summer and are making the most of the autumn season. In this newsletter, I would like to bring your attention to a new Food Safety course, developed by the Ministry for Healthy Living and Sport.

Most of you have heard about FOODSAFE, some of you may be FOODSAFE certified so that you can safely prepare food for the residents in your care. FOODSAFE level 1, is an eight hour course designed to train food handlers on safe food handling practice to help reduce food borne illness. While this course offers a great deal of information on safe food handling practices and provides valuable food handling skills it isn't mandatory for all people who prepare food for others, including most health care staff in residential care settings.

The Ministry of Healthy Living and Sport is recognizing the importance of providing food safety information to people who prepare and serve food in child care and care home settings. To that end, they have developed a short (1.5 hrs!) course to provide safe food handling instruction to people who prepare and serve food to people outside of their immediate family. Caring About Food Safety is a self guided course that will provide you with tools to assist you in preparing and serving food safely.

I also wanted to acknowledge that October is Community Living Month. Community Living Month recognizes the hard work of individuals, families and community members to create inclusive communities and opportunities for all British Columbians with developmental disabilities. The Community Care Licensing program would like to acknowledge the contributions of people with developmental disabilities and the dedicated group home staff who provide for their care and support in our licensed facilities.

I hope you enjoy this edition of the newsletter,
Sharlene Lively

Bill of Rights

Earlier this year, section 7 of the Community Care and Assisted Living Act was amended to include the rights of the adult person in care. In this section, Licensee's are required to display the rights of persons in care in a prominent place and make these rights know to residents and their families or representatives both orally and in writing.

Please refer to the Schedule in section 7 of the Community Care and Assisted Living Act on the Bill of Rights for more details. If you require additional Bill of Rights posters, please contact Northern Health Document Source Center at: documentsource@northernhealth.ca (Reorder number 10-410-3016) or speak to your Licensing Officer.

Each Licensed Community Care Facility has been mailed out the poster of the Residents' Bill of Rights published by the province of British Columbia. By now, each resource should have this poster mounted in a prominent place within your care facility for residents and families to see. In addition, it is our expectations that each facility has policies and procedures for the communication of these rights to be made known to the residents, their families and representatives both in writing and orally and in a form to which is best understood.

Your Licensing Officer will be working with you to ensure each resource completes the "Resident Bill of Rights" audit form developed by Community Care Licensing Branch. This information is being collected and sent to Branch as an audit to assess legislative compliance within each provincial resource. Your Licensing Officer will review this check list with you and answer any questions you may have. This form has been provided as an insert to this news letter for you to review and begin completing if you have not already done so with your Licensing Officer.

Thank you for your support while we work together towards completing this provincial audit.

The Patient Care Quality Office (PCQO)

Section 2 of the Rights of the adult persons in care states that if a person in care or someone acting on their behalf, feels the resident's rights have been violated, they have the right to make a complaint under the Patient Care Quality Review Act.

In Northern Health, PCQO provides residents with another outlet to better resolve concerns and address any feedback to further improve the quality of our health care system.

As another mechanism towards quality assurance, consider providing the PCQO local and provincial contact numbers to your residents and their families as a part of your family and resident councils and or dispute resolution process. Here is the information you will need:

For Northern Heath Homes and facilities, direct contact can be made at:

Patient Care Quality Office
Address: 6th floor 299 Victoria Street
Prince George, B.C. V2L 5B8
Toll-free: 1 877 677-7715
Fax: 250 565-2640
Email: patientcarequalityoffice@northernhealth.ca



The Patient Care Quality Office is open Monday to Friday (except statutory holidays) from 8:30 a.m. - 4:30 p.m. For more information, please visit our Northern Health Website:
<http://www.northernhealth.ca/YourHealth/HomeandCommunityCare/ComplimentsandComplaints.aspx>

To learn more about the Patient Care Quality Review Board, visit the website at: www.patientcarequalityreviewboard.ca

Or to request a review of your complaint by a Board, please contact:

Patient Care Quality Review Board

Mail: PO Box 9412

Victoria, B.C.

V8W 9V1

Phone: 1-866-952-2448

Fax: 250-952-2428

E-mail: contact@patientcarequalityreviewboard.ca

Website: www.patientcarequalityreviewboard.ca

Family and Resident Councils

What is a Family and Resident Council?

A Family and Resident Council is a group of persons who either live in a residential care facility or are friends and relatives of care facility residents, and who meet regularly for a common purpose related to the care facility. A resident /family Council is also self-led, self-determining and democratic. Councils exist to engage the resident community in collaborative activities which will advance the quality of life for residents.

A Staff Liaison from the residential care facility may be appointed to support and facilitate the Council.

One of the key roles that a family or resident council can play is to promote improved communication and collaboration between family members and facility staff, and management. This may involve working collaboratively on projects that enrich the lives of persons in care, making recommendations to decision makers, communicating common concerns and ideas for improvements.

What does a Family and Resident Council look like?

Councils will vary in purpose and structure. Because councils are voluntary organizations, each council will be slightly different depending on the interests and needs of their members and the facility residents. Some will be small and informal, and meet occasionally, while others will be larger, more formal, and may meet more often. Some organize special events for residents and may also raise funds to buy something special that will be used by residents that live at the facility.

Despite variations, all councils exist to promote the collective and individual interests of persons in care and their residential community.



Variations in purpose

The goals of a council should be determined by the council and its understanding of the needs of the care facility residents. Within a mandate to promote the interests of residents a Family and Resident Council may focus their activities into many different areas such as:

- Providing information, support and encouragement to family/friend caregivers or residents
- Discussing issues of concern and seeking solutions to problems that arise
- Identifying opportunities to enhance quality of life and working on projects that will be of benefit to residents and caregivers.

Variations in structure

While many persons who live in residential care facilities like to participate in councils, others may not be interested in joining a council or be unable to do so. If persons in care are not able to participate in a council, a family member can attend on their behalf. Some facilities combine the councils to encompass both residents and families while others have both a Resident Council and a Family Council. Groups should organize in a way that best meets their needs.

Starting a Council

Promoting involvement

If there is not an existing council you will need to gauge interest and promote enthusiasm among the residents and/or families at the facility. After you have gathered information about what a council is, its benefits and some preliminary ideas about goals you can connect with interested people in a number of ways.

- Work with facility staff to coordinate the initial meeting.
- Look to other facilities to see if they have councils and what has worked for them.
- Create some printed material that outlines the benefits of a council and a convenient date for an information meet and greet. Use existing newsletters or other existing mechanisms to advertise your initial meeting.
- Become a presence at the facility and get to know residents, their families, friends and their concerns.
- Connect with facility staff, ask for help in getting the message to other families by distributing and posting printed materials, etc.
- Attend social events at the facility and invite people personally to an initial information meeting.
- Ask people about their wish lists for the facility to stimulate conversation about possible council focus and activities.
- Conduct a survey to determine people's concerns and their interest/ability in participating in a council.

Maintaining continuity

Once a council is established it is important to maintain the momentum. Groups need a common purpose, structure, and a way to determine success. People volunteer for activities that are meaningful to them and their community and continue to participate when they feel their efforts have made a difference.

- Agree upon common goals and develop a purpose statement for the group.
- Put a leadership structure in place such as a chair, co-chair or committee.
- Develop simple bylaws and/or terms of reference for the group.
- Establish a way for members to communicate with each other and the group as a whole - a newsletter, phone tree, internet message board, etc.
- Communicate with facility staff and determine who will be the staff liaison and what that involves.
- Ensure there is an agreed upon way to run meetings and an agenda that includes "next steps".
- From your group's common goals, determine action items and assign individuals or task groups to those actions.
- Create time on the agenda for reporting progress on projects/ action items and to report and celebrate successes.

Councils and Regulations

In BC, the Community Care and Assisted Living Act and the Residential Care Regulation provides a standard for the basic level of care that must be provided by operators. The regulation supports Family and Resident Councils by stating that a Licensee must provide an opportunity, at least annually, for persons in care and their parents or representatives, family members and contact persons to:

- establish one or more councils or similar organizations to represent the interests of the persons in care, or their parents or representatives, family members and contact persons, or both, and
- meet with the Licensee, either as a council, or, if no council is established, as a group, for the purpose of
 - o promoting the collective and individual interests of the persons in care, and
 - o involving the persons in care in decision making on matters that affect their day to day living.

This is an important provision as it requires that operators acknowledge, support and communicate with the council for the purposes of enhancing and improving the quality of life of persons in care in the facility.

If you have any questions around the development of the family and resident council as it relates to the *Residential Care Regulations*, please contact your Licensing Officer.

★Section 85(2)(d) of the *Residential Care Regulations* speaks to the Licensees responsibility to ensure that persons in care, their parents or representatives and contact persons are aware of how they may express concerns, make complaints and resolve disputes under section 60.

Here is an example of a policy that meets the intent of this regulation:

If you have a question or concern about a particular residential care facility, please speak with the Manager, Director of Care, or Administrator of the facility. If your question or concern cannot be resolved, please contact your local health authority licensing office (the number can be found in the blue pages of your phone book or add it here). If it is a serious issue regarding the health, safety or well being of a person in care, you should immediately contact your local health authority and ask to speak to a licensing officer at 250-565-2150. If the facility is not required to be licensed under the Community Care and Assisted Living Act, the licensing officer can direct you to the appropriate authority which is responsible for monitoring the facility.



Caring About Food Safety

Most of you have heard about FOODSAFE, some of you may be FOODSAFE certified, some of you as a requirement because you operate/work in a day care that is a permitted food establishment.

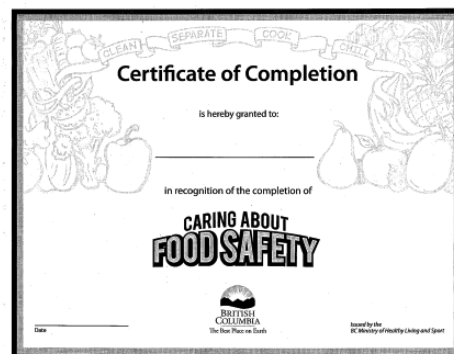
FOODSAFE level 1, is an eight hour course designed to train food handlers on safe food handling practice in order to reduce food borne illness. While this course offers a great deal of information on safe food handling practices and provides valuable food handling skills it isn't mandatory for all people who prepare food for others, including most day care operators.

The Ministry of Healthy Living and Sport in recognizing the importance of providing food safety information to people who prepare and serve food in child care and care home settings has developed a short (1.5 hrs!) course to provide safe food handling instruction to people who prepare and serve food to people outside of their immediate family. Caring About Food Safety is a self guided course that will provide you with tools to assist you in serving food safely to the young children in your day care. The course can be found at the following link: <http://www.hls.gov.bc.ca/protect/food-safety-module/files/home.htm>

Section 44 (1) of the Residential Care Regulations requires the Licensee to ensure employees responsible for preparation and delivery of food :

- (a) Have the experience, competence and training necessary to ensure that food is safely prepared and handled and meets the nutrition needs of the persons in care, and
- (b) Receives ongoing education respecting the preparation and delivery of food, nutrition and, if required, assisted eating techniques.

This course is one way for you to consider meeting the "ongoing education..." requirement for each staff.



Food Safety Tips:

- Wash your hands before preparing food
- When buying food look for cracks, dents or broken packages, make sure frozen foods and perishables are kept cold
- Store frozen food first, cold food second and dry goods last
- Store cleaning products separate from food
- Store raw meat products below ready-to-eat items
- Keep frozen foods at -18°C and cold foods at 4°C
- Keep hot foods above 60°C
- Cool food quickly
- Reheat foods to 74°C
- Use separate cutting boards for raw meats and ready-to-eat foods
- When cleaning: wash, rinse and then sanitize

Incident Reporting in Licensed Residential Care Facilities

Sections 76 and 77 of the Residential Care Regulation requires the Licensee to report all serious incidents to their Licensing Officer. The Licensing Officer investigates reports of serious incidents to assess the factors that led to the unfortunate incident as well as the response on the part of the licensee. The goal of this process is to work with the licensee to determine what went wrong and how a similar occurrence will be prevented in the future.

What is a reportable incident?

A reportable incident is an event where a person in care has been injured or has been seriously or adversely affected, or has gone missing while under the care or supervision of the licensee. The licensee must notify the Medical Health Officer as soon as possible (via phone, email, or fax) and submit a Serious Incident Report (SIR). Serious Incident Forms are available at your local licensing office. To define what a reportable serious is, refer to the back of the Serious Incident Report form or Schedule D of the Residential Licensing Regulations. If still in doubt, contact your local Licensing Officer for further clarification. It is better to report in error than fail to report an incident.

In addition to reportable incidents, facilities should maintain a daily log of **non-reportable incidents**, which includes a description of minor accidents (not requiring medical attention), behavioral observations and other unexpected events that may need to be shared with parents, next of kin or others. These types of occurrences do not need to be reported to the Licensing office. The Licensing officer may ask to review these documents on inspection or as follow up to a reportable incident.

INSTRUCTIONS FOR REPORTING SERIOUS INCIDENTS TO LICENSING:

The *Serious Incident Report* (SIR) form must be completed and faxed or mailed to your local Licensing Officer as soon as possible. Note: if there is not enough space on the Serious Incident Report please attach a supplementary page.

If staff are planning to mail the Serious Incident it is advisable to contact your Licensing Officer by telephone to review the incident. If the Licensing Officer is not readily available and it is urgent, ask the Administrative Support Staff to forward the call to another available Licensing Officer in the region.

Step-by-Step Procedures for completing the Serious Incident Report form:

- **Facility Information:** Complete facility name and phone number.
- **Person(s) involved:** Indicate name of person(s) in care involved in the incident, including their birthdays and gender. Also, indicate names of others, including staff and visitors that may have witnessed or involved with the incident.
- **Type of Incident Reportable to the Medical Health Officer:** Indicate the type of incident being reported. Refer to the back of the Serious Incident Report form or Schedule H of the Regulations for a list of reportable incidents. Reportable communicable diseases are listed in the Communicable Disease Regulation. Contact your Licensing Officer if you have questions.
- **Details of the Incident:** Complete the date, time and location the incident had happened. Details of the incident should include the sequence of events and contributing factors.
- **Facility Follow-up Action:** Indicate corrective action or measures taken by facility staff.
- **Notification:** Indicate yes or no for each of the agencies or persons listed on the form; include date and time notified.
- **Signatures:** The form should be completed by the staff person involved in the incident and signed off by the Manager/Licensee.

Choking in Residential Care

Health care professionals and service providers have a unique and important role in injury prevention. They may provide education to persons in care to promote their personal safety; promote safety in homes or facilities; and ensure residents receive care in a healthy and safe manner.

“Injury is arguably the most under-rated public health problem in Canada, given that so many of these deaths and injuries are predictable and preventable.”

Statement excerpted from: Canadian Collaborative Centres for Injury Prevention and Control (CCCIPC), (2003).

Persons in care, no matter what age, are at risk for the unintentional and potentially preventable injury. With the recent amendments to the Residential Care Regulation, choking was added to the list of reportable incidents. Choking is defined as the inability to breathe as a result of an internal obstruction in the airway. There are many ways a person in care may “choke”:

- **Suffocation** caused by the throat being constricted thereby restricting breathing, a lack of oxygen and a surplus of carbon dioxide in the body tissues (asphyxia), and being in a place or position resulting in a decreased capacity for breathing (entrapment). Mechanical suffocation includes numerous causes of mechanical airway obstruction such as suffocation that occurs in a bed or cradle, due to plastic bags, or related to accidental hanging.
- **Dysphagia** is a swallowing disorder that can be caused by many different factors: lesions or abnormal narrowing of the upper digestive tract, obstruction of the upper digestive tract by tumours or foreign bodies, or disturbances in the nervous or muscular control of swallowing; medical conditions such as: stroke, traumatic brain injury, Multiple Sclerosis (MS), Parkinson’s Disease, Cerebral Palsy, etc.; various medications may trigger dysphagia; and/or some psychological factors can also cause Dysphagia (e.g., anxiety disorders).
- **Silent Aspiration** is a condition that can occur when there is no outward sign of aspiration (*the taking of foreign matter into the lungs with the respiratory current*) such as choking or coughing.

Although, it is more typical that the higher risk populations for choking are very young children and the elderly, it is important for all residential care operators to have preventative policies and procedures in place. These policies and procedures would include: staff training (what risk factors to look for, knowledge of individual needs, medical/behavioural concerns of persons in care, first aid, etc); health and safety checks of all equipment and furnishings; ensuring equipment is suitable for specific persons in care (i.e.: sleeping arrangements & equipment, size and type of toys available for children; eating aids, etc.); appropriate professional assessments; comprehensive care planning; supervision practices; etc.

More comprehensive information may be found at:

<http://www.healthlinkbc.ca/>

http://www.health.gov.bc.ca/library/publications/year/2008/Meals_and_More_Manual.pdf

Additional Resources and Links section:

Injury Prevention: <http://www.hls.gov.bc.ca/prevention/injuryfacts.html>

Managing Allergies in Adult Care Resources: <http://www.healthlinkbc.ca/healthfiles/pdf/hfile100b.pdf>

Link to the Community Care Licensing Branch Web Site: <http://www.hls.gov.bc.ca/ccf/index.html>

Link to Northern Health Licensing Web Site: <http://www.northernhealth.ca/YourHealth/CommunityCareLicensing.aspx>

