



Residential Care

Winter 2009 Edition

In this issue

Message from Regional
Manager

Tobacco Program
Information

Residential Nutrition
Update

Frequently Asked
Questions

Bill of Rights

This Month's Websites

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Fort St. John: 263-6000
Dawson Creek: 719-6500

Northern Interior:
Prince George: 565-2150

Northwest:
Terrace: 638-2507
Smithers: 847-6400

[Message from the Regional Manager for Community Care Licensing](#)

Happy New Year

I am pleased to provide you with our first residential care newsletter. There have been many issues, events and circumstances in this past fall and into the new year that impact residential care providers. We are working to develop a variety of means with which to communicate new information to our licensees and their staff. The need for efficient means of communication became evident as the second wave of H1N1 illness spread throughout Northern Health. This newsletter is one way to share information. We are also working to improve our website and to use e-mail to provide information to our licensees.

Now that the Residential Care Regulation is in force, we find that there are lots of good questions and requests for clarity regarding the amended requirements. Additionally, this month, the Community Care and Assisted Living Act was amended on the recommendation of the Ombudsman to include a Residents' Bill of Rights. You may have received a letter advising you of the changes along with Bill of Rights posters from the Director of Licensing, Sue Bedford. I have enclosed the amendments for your information in this newsletter.

If you have ideas for articles that we should include in future newsletters, please contact your licensing officer. I wish you all the best in the New Year.

Sharlene Lively

Tobacco Program Information

October 2009 changes to the Residential Care Regulations came into force. Change can be challenging and for some Section 23 'Smoking' can be one such challenge. Take some assurance that others have been here before you and remedies have been found.

As a Tobacco Enforcement Officer employed by Northern Health I've been privileged to be part of the social change that has occurred in this Province respecting tobacco use. Beginning in September 2007 School campuses both publicly funded and private schools were legislated tobacco free. January 2008 the Northern Health's Northeast became the first health area



in the province to go tobacco smoke-free on its health campuses. March brought the Tobacco Control Act (TCA) and its changes to retail tobacco sales, smoking in enclosed public spaces and workplaces. January 2009 saw changes to Worksafe BC's Occupation Health and Safety Regulations bring them inline with the TCA. This brings us back to the October 2009 Residential Care Regulation changes found in section 23 '*a) no one other than a person in care smokes while on the premises of a community care*' facility. These changes concerning smoking are part of the ongoing process of change in how our society is viewing tobacco use.

Northern Health's Tobacco Program can provide assistance for Licensees who need to adapt to the new regulations. Tobacco Enforcement Officers can help to explain and put into context the legislation that address tobacco use in BC. Tobacco Reduction Coordinators can assist Licensees in policy development and staff education on tobacco and tobacco use issues. Counselors from the Nicotine Intervention Counseling Centre (NICC) can help those staff and clients who want to stop smoking tobacco.

One final thought change is a process it is not an event and given creativity, a little patience change happens.

George Wiens
Northern Health
Tobacco Enforcement Officer

Tobacco Enforcement Officers;

George Wiens Dawson Creek 250-719-6500
Dale Girling Prince George 250-565-2150

Dionne Sanderson Fort St John 250-263-6000
Colin Merz Terrace 250-631-4226

Nicotine Intervention Counseling Centre
Northwest 250-622-6371
Northern Interior 250-565-2150
Northeast 1-800-663-7867 transfer to 649-7138

Residential Care Nutrition Update

In the summer of 2009 Community Care Facilities Licensing/Public Health Protection hosted a series of nutrition workshops that took place throughout the region. The workshops were facilitated by the Special Projects Licensing Nutritionist and were offered in each of the three HSDA's of Northern Health.

The workshop for smaller residential community care facilities (less than 25 beds) was attended by 58 caregivers and staff who became familiar with the "Meals and More" manual. The "Audits and More" manual was introduced to interdisciplinary teams working in residential community care facilities having 25 or more persons in care.

In addition, changes in the new Residential Care Regulations specific to food and nutrition were reviewed. Participants received information and resources to assist in the planning and provision of quality food and nutrition care and covered a range of topics including: nutrition care planning, healthy eating, planning menus, preparing and serving quality foods, supportive dining and emergency planning. The workshop also included content related to emergency and sustainability planning.

The evaluations collected from workshop attendees were overwhelmingly positive and the majority commented that the workshops offered met and often exceeded their expectations in both content and delivery. When asked in the evaluation about gaps and follow up many responded with requests for "more training in this area".

We would like to provide additional training and would like to hear from you; what area of food provision continues to be challenging. In what areas of dietary services would staff benefit from additional training? Please contact your licensing officers with your ideas.

Submitted By: Sherry K. Ogasawara RD
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FAQ's

Smoking

Does the smoking regulation allow for on premise smoking for the person in care? If the facility has a designated smoking area only persons in care may smoke there.

Can family members smoke on the premises? No

How is a premises defined in terms of smoking? - does this include outdoor areas? Premises is defined in the Community Care and Assisted Living Act. However, each facility's premises will be a little different- it may include surrounding property and unlicensed facilities if the facility is part of a "campus of care" model; or, just the footprint of the building. The exact premises would have been determined at licensing based on the facility layout and plans submitted by the Licensee.

Can employees smoke on the premises if they are the only one on shift, like during an overnight shift? No, employees may not smoke on the facility premises at any time.

If a person in care smokes can an employee smoke with them? No.

How does one determine what adequate supervision of a person in care is, but also protect employees from the effects of second hand smoke? Each situation of ensuring safety of a person in care will be different depending on the needs and abilities of the person in care. Supervision may be from far enough away to avoid exposure to second hand smoke; such as, through a window; through electronic means; or, by having family members accompany the person in care.

Smoking - are youth under 19 able to smoke on premise in a youth residential facility? Yes, if the facility policy allows it, legislation does not prohibit possession of tobacco products by minors. However, Licensees should examine other tobacco legislation to ensure staff are aware of prohibitions around procuring and supplying tobacco to minors.

Food services and nutrition

Hospice residence clients often have nutritional needs that are extremely varied. Why is Hospice not exempted from the requirements for scheduled meal times? Hospices may apply for an exemption if the meal times in the regulation do not meet needs of the persons in care.

How many hours a week must a dietician be on site? This will vary for different types of facilities and populations. If a person in care, in a facility with less than 25 residents, is at nutrition risk that person must have nutritionist involved in their nutrition planning, as must anyone in a facility with over 24 persons in care. In addition, larger facilities (50+ persons in care) must have a food services manager who may be a dietician.

Why can't there be more flexibility for seniors in LTC facilities regarding meal times, some folks like to have brunch on the weekends or relaxed breakfasts etc.? If a facility would like to accommodate a different meal schedule they may request an exemption from the Medical Health Officer.

The Licensee must keep a record of the results of monitoring of food services and nutrition care- what does this mean? Many examples of ways to track and monitor different elements of nutrition and food services can be found in both nutrition manuals- "Audits and More" and "Meals and More".

Where is the Nutrition Risk Screening Tool? In the new “Meals & More” manual.

The Regulations speak to menus being guided by the Canada Food Guide (CFG). However, the CFG may not be suitable for frail seniors as it only specifies “nutritional needs after age 50”.

The regulations require a Licensee to meet the nutritional needs of a person in care and also that the facility menus are guided by the CFG. The intention of the regulations is to build in flexibility in this area - if rigid adherence to the CFG does not meet the needs of a person in care then flexibility will be needed to meet their nutritional needs.

Complaints

How are concerns about facilities handled? If you have a concern about the Licensee or operations you should approach your Licensing Officer. The Licensing Officer is the delegate of the Medical Health Officer (MHO) in your health region.

If a complaint goes to the Patient Care Quality Review Office (PCQRO) - is it referred back to the MHO/Licensing? In order to prevent duplication, complaints that are received by the PCQRO that fall under the mandate of the MHO are referred to Licensing for investigation and follow-up. The PCQRO would be notified of the completion of the investigation

Bill of Rights

Section 7 of the Community Care and Assisted Living Act was amended to include the following requirements with respect to the Residents’ Bill of Rights.

A licensee must do all of the following operate the community care facility in a manner that will promote in the case of adult persons in care, the rights of those persons in care;

The licensee must also

- display the rights of adult persons in care in a prominent place in the community care facility, and in a form and in the manner acceptable to the minister;
- make the rights of adult persons in care known, orally and in writing, to persons in care and their families and representatives;

Rights of adult persons in care

The rights of an adult person in care are as set out in clauses 1 to 5 of this section.

Commitment to care

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

Rights to health, safety and dignity

2. An adult person in care has the right to the protection and promotion of his or her health, safety and dignity, including a right to all of the following:
 - (a) to be treated in a manner, and to live in an environment, that promotes his or her health, safety and dignity;
 - (b) to be protected from abuse and neglect;

- (c) to have his or her lifestyle and choices respected and supported, and to pursue social, cultural, religious, spiritual and other interests;
- (d) to have his or her personal privacy respected, including in relation to his or her records, bedroom, belongings and storage spaces;
- (e) to receive visitors and to communicate with visitors in private;
- (f) to keep and display personal possessions, pictures and furnishings in his or her bedroom.

Rights to participation and freedom of expression

3. An adult person in care has the right to participate in his or her own care and to freely express his or her views, including a right to all of the following:

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

Rights to transparency and accountability

4. An adult person in care has the right to transparency and accountability, including a right to all of the following:

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

Scope of rights

5. The rights set out in clauses 2, 3 and 4 are subject to

- (a) what is reasonably practical given the physical, mental and emotional circumstances of the person in care,
- (b) the need to protect and promote the health or safety of the person in care or another person in care, and
- (c) the rights of other persons in care.

Complaints that rights have been violated

2 (1) In addition to any complaint that may be made under this Act, if a person in care believes that his or her rights have been violated, the person in care or a person acting on his or her behalf may submit a complaint under the Patient Care Quality Review Board Act.

(2) A complaint submitted under subsection (1) is a care quality complaint for the purposes of the *Patient Care Quality Review Board Act*.

Protection for persons in care

3 A licensee must not evict, discharge, intimidate, coerce, impose any pecuniary or other penalty on, suspend

a service to, deny a right or benefit to or otherwise discriminate against a person in care because of a complaint made in relation to the person in care under this Act or the *Patient Care Quality Review Board Act*.

No right to sue

4 No right of action lies, and no right of compensation exists, by reason only of a violation of a right set out in this Schedule.



Resources and related links:

General:

Northern Health: www.northernhealth.ca

Community Care Licensing, Northern Health: http://www.northernhealth.ca/Your_Health/Programs/Public_Health_Protection/CommunityCareLicensing.asp

Ministry of Health Services, Assisted Living: <http://www.health.gov.bc.ca/assisted/>

Tobacco:

www.bclung.ca

www.cancer.ca

www.cleanaircoalitionbc.com

Nutrition:

<http://www.dialadietitian.org/>

http://www.health.gov.bc.ca/library/publications/year/2001/nutrition_audit.pdf

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

Training based:

UBC Interprofessional Continuing Education: www.interprofessional.ubc.ca

IMAGINE Grant Information - HEAL and Injury Prevention programs:

<http://iportal.northernhealth.ca/News/Pages/IMAGINEgrantsnowavailableforcommunitygroups.aspx>



northern health

the northern way of caring