

## Quality Assurance Review- Assisted Living

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## Quality Assurance Review Introduction

### 1. What is Quality Assurance in Long Term Care and Assisted Living?

Health care quality assurance is defined as “a constellation of activities and programs intended to assure a high quality of care in a defined setting” (Segen, J.C., 2006). The World Health Organization states that quality health services around the world should be effective, safe, people centered, and that quality health care provides services that are timely, equitable, integrated and efficient (Quality of care, 2023).

The Fraser Health Quality Assurance Review (QAR) tool and process intends to provide a common understanding, consistent language, and practical interventions. The goal is to improve and support the quality of life and the care we provide for older adults in long term care (LTC) and assisted living (AL). This framework proposes a broader definition of quality in senior’s care that focuses on the holistic needs of seniors. The tool now incorporates the experience of care, quality of life, and prevention and preparedness. It aligns with the Fraser Health LTC and AL strategic vision (Fraser Health, 2021) and values and the BC Health Quality Matrix (BC Patient Safety & Quality Council, 2020).

Due to the complexity of the subject matter, evolving research, cultural and geographical differences in perception, the tool is intended to evolve and be updated to ensure that we are measuring what is truly meaningful in the lives of those we serve.

### 2. Why are the reviews being completed?

The QAR is a collaborative tool that is intended to encourage open dialogue between the Quality Partners (QP) and the Care Communities that support long-term care and assisted living communities. The Care Communities processes are reviewed as they relate to established standards, policies, and protocols, while highlighting unique practices and processes that enhance resident experience. It will also allow Care Community to identify potential areas for quality improvement.

### 3. What is the QAR process?

#### Phase One

The QAR tool will be distributed to the Care Community leadership prior to the review. The Care Community will have the opportunity to review the tool while examining their own processes.

#### Phase Two

The initial QAR will be used to establish a Care Community’s quality baseline. The QP will schedule mutually agreed upon dates and times with the Care Community leaders to participate in the initial review. On the first day of the QAR, the QP and the Care Community leaders will meet to discuss the process and to learn and understand key information regarding unique aspects of the specific environment. During the review, the QPs will examine relevant policies and procedures, a sample of charts, and may observe and interact with interdisciplinary team members, residents/residents and families. It is acknowledged that each Care Community will have different processes, policies and practices and this is acceptable as long as they meet the general principle and outcome of the particular dimension. The aim is to complete the QAR process in 2 days. In the event that the review requires more time, the QP will communicate with Care Community leadership to schedule further mutually agreed dates. New leadership or a new assigned QP may extend the amount of time that is needed to complete the review.

At the end of the QAR annual process, the QP will send a draft of the full QAR report to the Care Community for review. If the Care Community sees the need for revisions or additions, further discussion will occur and changes may or may not be made.

### Phase Three

The full QAR tool will be reviewed at least annually. A full review can occur more frequently in the event of a quality concern, or at the request of Care Community or FH senior leadership.

At the QAR, the QP will review options regarding how the Care Community will prepare for the next annual review. The Care Community will choose from the following options and inform their QP:

1. The Care Community leaders will collaborate with the QPs to review the individual sections of the QAR in depth and assist the leaders to build a portfolio of evidence in each domain. Over the course of a year, all sections of the QAR will be explored in depth. This will result in the Care Community compiling a body of evidence that that will enable the leaders to demonstrate that the community is meeting the structure, process and outcomes in each domain. The work throughout the year should significantly reduce the preparation time for the Care Community and the duration of the on-campus QP visit.
2. The Care Community may choose to have annual QAR reviews with no additional meetings regarding the QAR as described in Option #1.

Note: Quarterly Connection meetings are separate and would still occur.

3. The Care Community may make an alternative request.
4. QAR Data

How the local Care Community QAR data can be used:

1. To identify strengths within the Care Community.
2. To identify potential gaps in quality.
3. To identify local quality improvement projects.

How aggregate anonymous QAR regional data can be used:

4. Where large % quality gaps are identified from across the region, the LTC AL QAR data quality team (comprised of subject experts, affiliate care leaders and FH QP members) may create proposals advocating to the LTC Network for additional strategic focus, resources and/or projects.
5. The LTC AL QAR quality team may create proposals that encourage and enable the LTC Network to advocate to the MoH for change.
6. Aggregate data will be reviewed by FH LTC AL regional managers, directors and the executive director.

How organizations may use data:

1. Organizations may request aggregate data for their specific care communities.

How the QAR data will not be used:

1. To publicly compare care communities.
2. To share with organizations other than FH and the Ministry of Health.
3. To rank the performance of care communities against one another.

4. For decision making or interventions other than quality improvement.
5. As a punitive measure.

How the QAR report and executive summaries will be distributed:

The full completed QAR and Executive summary will be sent to the Care Community Executive Director (or equivalent) and the Director of Care. At the request of the Care Community, additional positions can be identified who will also receive the reports. The Care Community is responsible to ensure that the QP has the most current contact information for any additional positions requested.

The executive summary will be sent to the FH LTC or AL Manager and Director, along with the Regional LTC AL Manager for Clinical Practice and Quality. The executive summary for any Care Community may be provided to FH Executive Director upon request.

#### 5. Background

The QAR is designed to support care communities within the LTC and AL portfolio. It is intended to be a collaborative tool for reviewing local Care Community processes as they relate to established standards and policies and protocols. In 2022, the tool was expanded to incorporate the experience of care, quality of life, and prevention and preparedness to align with the FH LTC and AL strategic vision and values (Fraser Health, 2021) and the provincially validated BC Health Quality Matrix (BC Patient Safety & Quality Council, 2020).

The BC Health Quality Matrix defines seven dimensions that span the full continuum of care (BC Patient Safety & Quality Council, 2020):

Respect: Honouring a person's choices, needs and values

Safety: Avoiding harm and fostering security

Accessibility: Ease with which health and wellness services are reached

Appropriateness: Care is specific to a person's or community's context

Effectiveness: Care is known to achieve intended outcomes

Equity: Fair distribution of services and benefits according to population need

Efficiency: Optimal and sustainable use of resources

<https://bcpsqc.ca/what-is-quality/>

The QAR incorporates the internationally recognized Donabedian quality framework (Donabedian, 1966, 1988). This model is used to review and measure quality through the lens of three domains: structures, processes and outcomes. The Donabedian framework emphasises that improvements in the structure of care leads to improvements in the process, which in turn improves individual outcomes.

Figure 1

Structure, Process, Outcome



*Donabedian quality framework*

Note. This is an illustration of the components of the Donabedian model, the structure, processes and outcomes, which moves in a circular pattern and applies to healthcare quality. Image from “*The 2019 Magnet® application manual: Nursing excellence standards evolving with practice*” by Graystone, R. (2017)

Through extensive consultation and partnership, the QAR tool was revised to ensure objectivity by using best practices to build benchmarks. Collaboration and feedback was sought from multiple care providers, clinical and non-clinical experts, managers, directors, and leads. Using standardized approaches, and collaborative strategies, the QAR assures continuous quality across all LTC and AL communities.

<b>Site Information</b>			<a href="#">Back to table of contents</a>	<a href="#">Next Section</a>	
Name:		Address:		Name of Quality Partner: Jennifer Wright	Review Date:
Care Community Leader: (Name & Title)		Care Community Clinical Leader: (Name & Title)		Contracted Clinical Services:	Name of Contracted Service Provider:
Corporate/Regional Leader: (Name & Title)		Care Community Director: (Name & Title)			
No. of total units	No. of funded units	AL Home Seal of Approval designation			
		Choose an item. by:			
		BCSLA designation date	Next survey date: <a href="#">Click or tap to enter a date.</a>		
<p>A scheduled Quality Assurance Review (QAR) was conducted by _____, Quality Partner (QP) Integrated Long Term Care – Assisted Living Services (ILTC-ALS) on 10-Aug-2024</p> <p>The QAR was conducted in collaboration with the Assisted Living leadership team:</p> <p>The purpose of this review is to help identify areas of outstanding practice and opportunities for focused quality improvement through the review and observation of resident and care community records, resident and family interactions, and information provided by care community leadership and staff.</p> <p>The findings were shared with the leadership and other team members throughout the review, with opportunities for discussion, input, and education; preliminary findings were shared at the end of each day.</p> <p>The Integrated Long-term Care - Assisted Living Services wishes to thank the management of _____ for their assistance and collaboration during this review. Should you have any questions, please contact me at _____ or via email at _____</p> <p>Contextual Information:</p>					

<b>Overall Site Successes and Challenges</b>	<a href="#">Back to table of contents</a>	<a href="#">Next Section</a>
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**What are your successes?**

- 

**In regards to providing resident quality of life and family support, what are you most proud of?**

- 

**What are your challenges?**

- 

Domains

<p><b>1. RESPECT/APPROPRIATENESS AND EQUITY:</b> Honouring a Persons Choices, Needs and Values/Care is specific to the person and fair distribution of services and benefits according to population needs.</p>		<p><a href="#">Back to table of contents</a></p>	<p><a href="#">Next Section</a></p>
Pillars	Indicators	Comments:	
<p><b>Resident and Family Experience</b></p> <p><b>1a. Resident satisfaction is measured, results are shared, and follow-up is effective</b></p> <p>Benchmarks</p> <ul style="list-style-type: none"> <li>• Assisted Living BC – A Handbook for Operators – March 2022 Pg. 34</li> <li>• Assisted Living Regulations (ALR) Section 5, 43 Concerns and complaints, 31(3b)</li> <li>• ALR - Seniors Health and Safety Standards Sections 1, 2, 3, 4, 5, 6</li> <li>• ALR – Resident Satisfaction #42</li> <li>• FH AL Operators Manual 2021, p.27</li> <li>• FH LTCAL Strategic Plan 2021-2025 Pillar Connected Thriving Communities</li> </ul>	<p><b>Help us understand how family and resident satisfaction is measured and how these results are shared.</b></p> <p><b>Please tell us about how your resident council is conducted.</b></p> <p><b>Please share how your complaints process works.</b></p> <p><b>Structure</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> There is a policy/procedure for resident satisfaction surveys.</li> <li><input type="checkbox"/> There is a policy/procedure for resident council meetings.</li> <li><input type="checkbox"/> There is a policy/procedure for complaints.</li> </ul> <p><b>Process</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The policy/procedure for resident surveys is implemented.</li> <li><input type="checkbox"/> The policy/procedure for resident council meetings is implemented.</li> <li><input type="checkbox"/> The policy/procedure for complaints is implemented.</li> </ul> <p><b>Outcome</b></p>	<ul style="list-style-type: none"> <li>•</li> </ul>	

	<input type="checkbox"/> Evidence shows the policy/procedure for resident satisfaction surveys is followed. <input type="checkbox"/> Evidence shows the policy/procedure for resident council meetings is followed. <input type="checkbox"/> Evidence shows the policy/procedure for complaints is followed.	
<p><b>Resident and Family Experience</b>  <b>Connected Thriving Communities</b></p> <p><b>1b. Person centered care</b>  <b>All residents are treated with respect and dignity.</b></p> <p>Benchmarks</p> <ul style="list-style-type: none"> <li>• RBR – s.1(b);</li> <li>• BCCP QoL p. 6, 8, 12</li> <li>• ALR – Respect for Personal Decisions #38 and Respect fore privacy #39</li> <li>• Alzheimer’s Society – PC PEARLS</li> <li>• FH LTCAL Strategic Plan 2021-2025          Pillar Connected Thriving Communities</li> </ul>	<p><b>Help us understand how you support person-centred care.</b></p> <p><b>Help us understand how service plans are personalized.</b></p> <p><b>Tell us about Palliative Approach to Care (PA2C) within this care community.</b></p> <p><b>Structure</b></p> <input type="checkbox"/> There is a policy/procedure for personalizing service plans and person-centered care. <input type="checkbox"/> The AL care community is aware of the FH PA2C initiative. <p><b>Process</b></p> <input type="checkbox"/> The policy/procedure for personalizing service plans and person-centered care is implemented. <input type="checkbox"/> The AL care community has implemented PA2C or wishes to implement it. <p><b>Outcome</b></p> <input type="checkbox"/> Evidence shows the policy/procedure for personalizing service plans and person-centered care is followed. <input type="checkbox"/> Residents are supported through their continuum of care on site. <p><b><u>*Service Plan file review*</u></b></p>	<ul style="list-style-type: none"> <li>•</li> </ul>



<p><b>Resident and Family Experience</b></p> <p><b>1c. There is a meaningful dining experience</b></p> <p>Benchmarks</p> <ul style="list-style-type: none"> <li>• <i>Best Practices for Nutrition, Food Service, and Dining in Long Term Care p. 38</i></li> <li>• <i>Clinical Nutrition – Assisted-Living Elderly and the Mealtime Experience. Journal of Human Nutrition and Dietetics 2013</i></li> </ul>	<p><b>Please share how a meaningful dining experience is created in the care community.</b></p> <p><b>Structure</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> There is a policy/procedure for meal and menu planning.</li> <li><input type="checkbox"/> There is a policy/procedure for dining experience. (i.e. Food committee)</li> <li><input type="checkbox"/> There is a process for accessing dining space and equipment to support a meaningful dining experience (supportive utensils, etc.)</li> </ul> <p><b>Process</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The policy/procedure for meal and menu planning is implemented.</li> <li><input type="checkbox"/> The policy/procedure for dining experience is implemented.</li> <li><input type="checkbox"/> The AL home provides dining space and equipment to support a meaningful dining experience as per process.</li> </ul> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence shows the policy/procedure for meal and menu planning is followed.</li> <li><input type="checkbox"/> Evidence shows policy/procedure for dining experience is followed.</li> <li><input type="checkbox"/> Evidence shows the dining space and equipment to support a meaningful dining experience is available and utilized.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<p><b>Connected Thriving Communities</b></p> <p><b>1d. Residents are connected with their home and greater community</b></p> <p>Benchmarks</p> <ul style="list-style-type: none"> <li>• British Columbia Therapeutic Recreation Association (BCTRA) <a href="https://bctra.org/what-is-therapeutic-recreation/">https://bctra.org/what-is-therapeutic-recreation/</a></li> <li>• ALR – Social Recreational Opportunities #59 (1), (2), (3)</li> <li>• ALR Seniors Health and Safety Standards 1.1.3, 2.5.1, 2.5.2 Adequate and Appropriate Social and Recreational Space and Opportunities.</li> <li>• FH AL Operations Manual p.10</li> </ul>	<p><b>Share with us how residents are supported to stay connected to the home and greater community.</b></p> <p><b>How does the care community make decisions for which programs or activities to offer?</b></p> <p><b>In which ways are volunteers and people from the community involved in resident life?</b></p> <p><b>Structure</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> There is a policy/procedure for recreational programming.</li> <li><input type="checkbox"/> There is a policy/procedure for a volunteer program.</li> <li><input type="checkbox"/> There is a policy/procedure for inviting community groups into the home.</li> </ul> <p><b>Process</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The policy/procedure for recreational programming is implemented.</li> <li><input type="checkbox"/> The policy/procedure for a volunteer program policy is implemented.</li> <li><input type="checkbox"/> The policy/procedure for inviting community groups into the home is implemented.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

<ul style="list-style-type: none"> <li>Assisted Living in BC – A Handbook for Operators p. 41, 49</li> <li>FH LTCAL Strategic Plan 2021-2025 Pillar Connected Thriving Communities</li> </ul> <p>*KPI for % of clients experiencing social isolation</p>	<p><b>Outcome</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence shows the policy/procedure for recreational programming is followed.</li> <li><input type="checkbox"/> Evidence shows policy/procedure for a volunteer program is followed.</li> <li><input type="checkbox"/> Evidence shows the policy/procedure for inviting community groups into the home is followed.</li> </ul>	
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2. ACCESSIBILITY: Ease with which health and wellness services are reached		<a href="#">Back to table of contents</a>	<a href="#">Next Section</a>
Pillars	Indicators	Comments:	
<p><b>Connected Thriving Communities Resident/Resident and Family Experience</b></p> <p><b>2a. A safe move in process is in place that incorporates a welcoming entry and seamless transition between and within services.</b></p> <p>Benchmarks</p> <ul style="list-style-type: none"> <li>BCCP QoL P.8 &amp; 12</li> <li>ALR – Admission Screening #29 (a), (b), (c), Short-Term Care Plan. #31 #32, Schedule C</li> <li>FH AL Operation Manual p. 16, 22</li> <li>Assisted Living in BC – A Handbook for Operators p. 18, 21</li> <li>FH LTCHAL Strategic Plan 2021-2025 – Pillar Resident and Family Experience</li> </ul> <p>*KPI for Average suite turnaround*</p>	<p><b>Help us understand your pre-occupancy, admission, transfer and discharge process.</b></p> <p><b>Tell us how you support residents to transition into the care community.</b></p> <p><b>Please share a copy of your resident handbook.</b></p> <p><b>Structure</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> There is a policy/procedure for pre-occupancy.</li> <li><input type="checkbox"/> There is a policy/procedure for admissions, transfers and discharges.</li> <li><input type="checkbox"/> There is a resident handbook.</li> <li><input type="checkbox"/> There is a process to share information and prepare for admission.</li> </ul> <p><b>Process</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The policy/procedure for pre-occupancy is implemented.</li> <li><input type="checkbox"/> The policy/procedure for admissions, transfers and discharges is implemented.</li> <li><input type="checkbox"/> The resident handbook is provided to residents.</li> <li><input type="checkbox"/> The process to share information and prepare for admissions is implemented.</li> </ul> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence shows the policy/procedure for pre-occupancy policy is followed.</li> </ul>		

	<input type="checkbox"/> Evidence shows the policy/procedure for admissions, transfers and discharges is followed. <input type="checkbox"/> Evidence shows the resident handbook was provided. <input type="checkbox"/> Evidence shows information was shared to prepare for admission.  *See file review findings *	

Deleted:

<b>3. EFFECTIVENESS/COMMITMENT TO QUALITY IMPROVEMENT: Care is known to achieve intended outcomes</b>		<a href="#">Back to table of contents</a>	<a href="#">Next Section</a>
Pillars	Indicators	Comments	
<p><b>Research and Innovation</b></p> <p><b>3a. The AL home has an embedded culture of continuous quality improvement.</b></p> <p>Benchmarks</p> <ul style="list-style-type: none"> <li>ALR Seniors Health and Safety Standards Policy 4 Management 3.1.1</li> <li>FH AL Operations Manual p. 19</li> <li>Office of the Assisted Living Registrar, Registrant Handbook Policy 4 – 3.1</li> <li>FH LTCHAL Strategic Plan 2021-2025 – Pillar Research and Innovation</li> </ul> <p>*KPI data is utilized for QI?*</p>	<p><b>Please tell us your purpose for auditing.</b></p> <p><b>Help us understand with whom and how you share audits results.</b></p> <p><b>Tell us about how your care community use audit results and KPI data.</b></p> <p><b>Structure</b></p> <input type="checkbox"/> There is a policy/procedure for audits and reviews. <input type="checkbox"/> There is a policy/procedure for an interdisciplinary quality committee. <input type="checkbox"/> There is a standard quality improvement process and framework. <p><b>Process</b></p> <input type="checkbox"/> The policy/procedure for audits and reviews is implemented. <input type="checkbox"/> The policy/procedure for an interdisciplinary quality committee is implemented. <input type="checkbox"/> The standard quality improvement process and framework is implemented. <p><b>Outcome</b></p> <input type="checkbox"/> Evidence shows the policy/procedure for audits and reviews is followed. <input type="checkbox"/> Evidence shows the policy/procedure for an interdisciplinary quality committee is followed.	<ul style="list-style-type: none"> <li></li> </ul>	

	<input type="checkbox"/> Evidence shows the quality improvement process and framework is followed.
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4. SAFETY: Avoiding Harm and Fostering Security		<a href="#">Back to table of contents</a>	<a href="#">Next Section</a>
Standard	Indicators	Comments:	
<p><b>Resident/ Family Experience</b></p> <p><b>4a. Systems are in place for residents to feel safe and secure while their choices are recognized and incorporated into service plans.</b></p> <p>Benchmarks</p> <ul style="list-style-type: none"> <li>• ALR Div. 3, Div. 5 #35 &amp; 38, Div. 9</li> <li>• ALR Seniors Health and Safety Standards 4.3</li> <li>• Assisted Living in BC – A Handbook for Operators p. 29 &amp; 55</li> <li>• FH LTCHAL Strategic Plan 2021-2025 – Pillar Resident and Family Experience</li> </ul>	<p><b>Help us understand how you identify and support high-risk situations.</b></p> <p><b>Tell us the ways in which staff are made aware of these policies and procedures.</b></p> <p><b>Structure</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> There are policies/procedures for high-risk activities.</li> <li><input type="checkbox"/> There is a policy/procedure for escalating high risk safety concerns (including after hours).</li> <li><input type="checkbox"/> There is a policy/procedure for living at risk.</li> <li><input type="checkbox"/> There is a policy/procedure for culturally safe and humility based care.</li> <li><input type="checkbox"/> There is a policy/procedure for adult abuse and neglect.</li> </ul> <p><b>Process</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The policies/procedures for high-risk activities is implemented.</li> <li><input type="checkbox"/> The policy/procedure for escalating high risk safety concerns is implemented.</li> <li><input type="checkbox"/> The policy/procedure for living at risk is implemented.</li> <li><input type="checkbox"/> The policy/procedure for culturally safe and humility based care is implemented.</li> <li><input type="checkbox"/> The policy/procedure for adult abuse and neglect is implemented.</li> </ul> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence shows the policy/procedure for high-risk activities is followed.</li> <li><input type="checkbox"/> Evidence shows the policy/procedure for escalating high-risk safety concerns is followed.</li> <li><input type="checkbox"/> Evidence shows the policy/procedure for living at risk is followed.</li> <li><input type="checkbox"/> Evidence shows the policy/procedure for culturally safe and humility based care is followed.</li> <li><input type="checkbox"/> Evidence shows the policy/procedure for adult abuse and neglect is followed.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	

<p><b>Staff and physician experience</b></p> <p><b>4b. Employees are supported to safely deliver clinical care (medication administration, treatments, catheter care, wound care and assessments appropriate for AL)</b></p> <p>Benchmarks</p> <ul style="list-style-type: none"> <li>• MSCC &amp; ER Org. Func. s.4.6</li> <li>• BCCNM Prof. Stand</li> <li>• BCCNM Assigning vs Delegating HCA Core Competency Profile (2014)</li> <li>• OH&amp;S Legislation in Canada – Three Rights of Workers</li> <li>• ALR Health and Safety Standards 4.3, #3 Staff, 3.3</li> <li>• Personal Assistance Guideline Section II</li> <li>• AL Regulations 24 (3), 43(1), Div. 9 sec 62-67, 71</li> <li>• FH LTCHAL Strategic Plan 2021-2025 – Pillar Staff and Physician Experience</li> </ul>	<p><b>Help us understand how employees are supported to safely deliver care.</b></p> <p><b>Please tell us how you ensure staff qualifications, training and experience are sufficient for care delivery in your community?</b></p> <p><b>What supports are in place if a resident’s care needs are outside the clinical staff skillset, but within their scope of practice (e.g. catheter care, injections, wounds, transfers and lifts, Stay active independent living ( SAIL) , exercises, etc.)?</b></p> <p><b>Structure</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> There is a process for employee orientation that includes the Three Rights of Workers.</li> <li><input type="checkbox"/> There are clinical policies and procedures.</li> <li><input type="checkbox"/> There is a process for peer mentorship that includes utilizing the Fraser Health AL team (AL CHN, Regional AL team (AL CNE, AL SW educator).</li> <li><input type="checkbox"/> Fraser Health clinical resources are available.</li> </ul> <p><b>Process</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The process for employee orientation, that includes the Three Rights of Workers, is implemented.</li> <li><input type="checkbox"/> The clinical policies and procedures are implemented.</li> <li><input type="checkbox"/> The process for peer mentorship is implemented.</li> <li><input type="checkbox"/> Employees have access to Fraser Health clinical resources.</li> </ul> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence shows the process for employee orientation that includes the Three Right of Workers, is followed.</li> <li><input type="checkbox"/> Evidence shows the clinical policies/procedures are followed.</li> <li><input type="checkbox"/> Evidence shows the process for peer mentorship that includes utilizing the Fraser Health AL Team is followed.</li> <li><input type="checkbox"/> Evidence shows that employees have access to Fraser Health clinical resources.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
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<p><b>Staff and physician experience</b>  <b>4c. Employee Psychological and Occupational Health and Safety is a priority</b></p> <p>Benchmarks</p> <ul style="list-style-type: none"> <li>• Staff Stability Through Service (2021)</li> <li>• Improving the Care of Older Adults</li> <li>• National Standard of Canada Psychological Health and Safety in the Workplace A.2,; s.4; p. 21 s. 7</li> <li>• BCCNM Working with Healthcare Assistants Practice Standard 4</li> <li>• BCCNM Scope of Practice Standards LPN</li> <li>• WorkSafeBC Psychological Safety / Mental Health</li> <li>• Occupational Health and Safety Regulations, WorkSafeBC</li> <li>• Workers Compensation Act Div. 5 s.31, Div. 4 s.21(2c)</li> <li>• OH&amp;S Regulation s.3.3, 3.17, 3.19, 3.3, 4.27-4.31</li> <li>• Assisted Living in BC – A Handbook for Operators p. 57</li> <li>• <i>National Standard of Canada - Psychological Health and Safety in the Workplace</i></li> <li>• FH LTCHAL Strategic Plan 2021-2025 – Pillar Staff and Physician Experience</li> <li>• <i>BCCN&amp;M Indigenous Cultural Safety Cultural Humility and Anti-racism Practice Standard 2022</i></li> </ul>	<p><b>Please tell us your organizations understanding of psychological health and safety and how it is promoted in the workplace.</b></p> <p><b>Please tell us about your care community’s leadership development process.</b></p> <p><b>Please tell us about your occupational health and safety program.</b></p> <p><b>Findings:</b>  <b>Structure</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> There is a policy/procedure for employee engagement and satisfaction surveys.</li> <li><input type="checkbox"/> There is a policy/process for employee recognition and appreciation.</li> <li><input type="checkbox"/> There is a policy/procedure for workplace psychological health and safety.</li> <li><input type="checkbox"/> There is an employee assistance program (EAP).</li> <li><input type="checkbox"/> There is a leadership development pathway.</li> <li><input type="checkbox"/> There is a policy/procedure for respectful workplace.</li> <li><input type="checkbox"/> There is a policy/procedure for cultural safety and humility.</li> <li><input type="checkbox"/> There is a policy/procedure for an occupational health and safety program.</li> </ul> <p><b>Process</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The policy/procedure employee engagement and satisfaction surveys is implemented.</li> <li><input type="checkbox"/> The policy/procedure for employee recognition and appreciation is implemented.</li> <li><input type="checkbox"/> The policy/procedure for workplace psychological health and safety is implemented.</li> <li><input type="checkbox"/> The EAP is implemented.</li> <li><input type="checkbox"/> The leadership development pathway is implemented</li> <li><input type="checkbox"/> The policy/procedure for respectful workplace is implemented.</li> <li><input type="checkbox"/> The policy/procedure for cultural safety and humility is implemented.</li> <li><input type="checkbox"/> The policy/procedure for an occupational health and safety program is implemented.</li> </ul> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence shows the policy/procedure for employee engagement and satisfaction surveys is followed.</li> <li><input type="checkbox"/> Evidence shows the policy/procedure for employee recognition and appreciation is followed.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
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Deleted:

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence shows the policy/procedure for psychological health and safety is followed.</li> <li><input type="checkbox"/> Evidence shows the EAP is in place.</li> <li><input type="checkbox"/> Evidence shows the leadership development is in place.</li> <li><input type="checkbox"/> Evidence shows the policy/procedure for respectful workplace is followed.</li> <li><input type="checkbox"/> Evidence shows the policy/procedure for cultural safety and humility is followed.</li> <li><input type="checkbox"/> Evidence shows the policy/procedure for an occupational health and safety program is implemented.</li> </ul>	
<p><b>Research and Innovation</b></p> <p><b>4d. There is a robust prevention and emergency preparedness platform</b></p> <p>Benchmarks</p> <ul style="list-style-type: none"> <li>• PICNET.ca</li> <li>• Licensing Standard Appendix E Heat Preparedness</li> <li>• ALR Division 3, s. 25, 26, &amp; 27</li> <li>• AL FH Infection Control Toolkit</li> <li>• Assisted Living in BC – A Handbook for Operators p. 37, 52</li> <li>• FH LTCHAL Strategic Plan 2021-2025 – Pillar Research and Innovation</li> </ul>	<p><b>Help us understand your emergency management and seasonal readiness planning.</b></p> <p><b>Help us understand your outbreak prevention and management process.</b></p> <p><b>Please share your infection, prevention and control process with us.</b></p> <p><b>Findings:</b></p> <p><b>Structure</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> There is a policy/procedure for Emergency Operations (EO).</li> <li><input type="checkbox"/> There is an identified lead to activate the Emergency Operations Centre (EOC).</li> <li><input type="checkbox"/> There is a seasonal readiness plan.</li> <li><input type="checkbox"/> There is a policy/procedure for outbreak management.</li> <li><input type="checkbox"/> There is a policy/procedure for infection prevention control (IPC).</li> <li><input type="checkbox"/> There is a process for ordering IPC related supplies.</li> </ul> <p><b>Process</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The policy/procedure for EO is implemented.</li> <li><input type="checkbox"/> The lead activates the EOC when required.</li> <li><input type="checkbox"/> The seasonal readiness plans are implemented.</li> <li><input type="checkbox"/> The policy/procedure outbreak management is implemented.</li> <li><input type="checkbox"/> The policy/procedure for IPC is implemented.</li> <li><input type="checkbox"/> The process for ordering IPC supplies is implemented.</li> </ul> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence shows the policy/procedure for EO policy is followed.</li> <li><input type="checkbox"/> Evidence shows the lead activates the EOC when required.</li> <li><input type="checkbox"/> Evidence shows the seasonal readiness plans are followed.</li> <li><input type="checkbox"/> Evidence shows the policy/procedure for outbreak management is followed.</li> </ul>	<ul style="list-style-type: none"> <li>• .</li> </ul>


<input type="checkbox"/> Evidence shows the policy for IPC is followed.	
<input type="checkbox"/> Evidence shows the process for ordering IPC supplies is followed.	

<b>5. EFFICIENCY: Optimal and Sustainable Use of Resources to Yield Maximum Value</b>		<a href="#">Back to table of contents</a>	<a href="#">Next Section</a>
<b>FRASER HEALTH CLINICAL INITIATIVES</b>			
<b>AL Palliative Approach to Care (PA2C)</b> CARES – Social Prescribing Homeless at Risk AL Recreational Therapy Model (Pilot) (on hold) Physician Engagement Model COPD Positive Behaviour Support Falls prevention Strategies  Benchmark <ul style="list-style-type: none"> <li>FH LTCHAL Strategic Plan 2021-2025 – Pillar Research and Innovation</li> </ul>	<p style="color: red;"><b>Are you aware of the FH Clinical Initiatives?</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p style="color: red;"><b>Has your staff completed any initiative education?</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p style="color: red;"><b>Are the FH initiative tools in place?</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p style="color: red;"><b>What do you use in place of the FH initiatives?</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p style="color: red;"><b>What is your understanding of AL PA2C?</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p style="color: red;"><b>Where and who initiates advanced care planning discussions?</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p style="color: red;"><b>Describe how AL PA2C is integrated into your community’s workflow and culture?</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p style="color: red;"><b>We can inform the regional AL CNE if you are interested in any of the initiatives.</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>		

<b>QI Plan Required:</b> Yes	<b>Date QI Plan Due:</b> <a href="#">Click here to enter a date.</a>
<b>QAR received at LTCH by:</b> <i>(Name &amp; Position)</i>	Quality Partner signature:
<b>For Internal Use Only</b>	
<b>Date QI Plan Received:</b>	<a href="#">Click here to enter a date.</a>
<b>Date QI Plan Items Completed:</b>	<a href="#">Click here to enter a date.</a>



### Abbreviations

RBR	Resident Bill of Rights
RCI MoU	Residential Care Initiative - Residential Memorandum of Understanding
BCCP QoL	BC Care Providers – Quality of Life
CIHI	Canadian Institute for Health Information
MSCC & EC - Case Mng	Model Standards for Continuing Care and Extended Care Services – “Case Management “
BCCNM	BC College of Nurses and Midwives Professional Standards and/or Practice Standards
Met	Findings support quality standards are “Met”.
InP	Findings support that need was recognized for improvement and plans are “In Progress”
QIO	Findings support that need not recognized for improvement and is a “Quality Improvement Opportunity”
	Indicates physician input is optimal for these sections.

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