


Annual Quality Assurance Review – Long Term Care

Contents

Quality Assurance Review Introduction	2
Care Community Information	6
Overall Care Community Successes and Challenges	7
1. RESPECT – Honouring a Persons Choices, Needs and Values	8
2. ACCESSIBILITY: Ease with which health and wellness services are reached	12
3. EFFECTIVENESS / COMMITMENT TO QUALITY IMPROVEMENT: Care is known to achieve intended outcomes	13
4. SAFETY: Avoiding Harm and Fostering Security	14
5. APPROPRIATENESS AND EQUITY: Care is specific to the person and fair distribution of services and benefits according to population needs...	19
6. EFFICIENCY: Optimal and Sustainable Use of Resources to Yield Maximum Value.....	22
7. Conversation with the Medical Director /Physician(s) 	23
Abbreviations	24
References	24

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 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/tenants 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:

- i. 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.
- ii. The Care Community may choose to have annual QAR reviews with no additional meetings regarding the QAR as described in Option #1.
 - a. Note: Quarterly Connection meetings are separate and would still occur.
- iii. The Care Community may make an alternative request.

4. QAR Data

How the local Care Community QAR data can be used:

- i. To identify strengths within the Care Community.
- ii. To identify potential gaps in quality.
- iii. To identify local quality improvement projects.

How aggregate anonymous QAR regional data can be used:

- i. 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.
- ii. The LTC AL QAR quality team may create proposals that encourage and enable the LTC Network to advocate to the MoH for change.
- iii. Aggregate data will be reviewed by FH LTC AL regional managers, directors and the executive director.

How organizations may use data:

Organizations may request aggregate data for their specific care communities.

How the QAR data will not be used:

- i. To publicly compare care communities.
- ii. To share with organizations other than FH and the Ministry of Health.
- iii. To rank the performance of care communities against one another.
- iv. For decision making or interventions other than quality improvement.
- v. As a punitive measure.

How the QAR report and executive summaries will be distributed:



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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.



Integrated Long -Term Care & Assisted Living Services

Care Community Information			Back to table of contents			Next Section	
Care Community Name:			Care Community Address			Name of Quality Partner Reviewer: Choose an item.	Review Date: Click or tap to enter a date.
Care Community Leader: (Name & Title)			Care Community Clinical Leader: (Name & Title)			Contracted Clinical Services: Yes	Name of Contracted Service Provider:
Corporate/Regional Leader: (Name & Title)			Care Community Director: (Name & Title)				
No. of Beds:	No. of Funded Beds:	No. of Funded Temp Beds	No. of Neighborhoods:	BSTN: Choose an item.	No. of BSTN Beds:	Care Community is Accredited: Yes by: Choose an item.	
						Date Accreditation Received: Click or tap to enter a date.	Next Accreditation Survey Date: Click or tap to enter a date.

Overall Care Community Successes and Challenges

[Back to table of contents](#)

[Next Section](#)

What are you most proud of regarding resident quality of life at your care community?

What are your additional successes or improvements?

What are your challenges?


<p>1. RESPECT – Honouring a Persons Choices, Needs and Values</p>	<p>Back to table of contents</p>	<p>Next Section</p>
<p>Pillars</p>	<p>Indicators</p>	<p>Comments</p>
<p>Resident and Family Experience</p> <p>1a. Family and resident satisfaction is measured and results are shared</p> <p><i>Benchmarks</i></p> <ul style="list-style-type: none"> Improving QOL in LTC (2020) # 6 – standards to support quality of life and monitoring FH Contracts with LTCH to participate in Accreditation process BC Health Quality Matrix Companion Guide pg 7 Home and Community Care Manual Chapter 6, Section H FH LTC and AL Strategic Plan 2021-2025 	<p>Help us understand how you measure family and resident satisfaction, and how do you share those results.</p> <p>Please tell us about your resident and family councils.</p> <p>Please share your complaints process.</p> <p>Findings:</p> <p>Structure</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is a policy/procedure for Resident/Family satisfaction surveys. <input type="checkbox"/> There is a policy/procedure for Resident/Family council. <input type="checkbox"/> There is a policy/procedure for complaints. <p>Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> The policy/procedure for Resident/Family satisfaction surveys is implemented. <input type="checkbox"/> The policy/procedure for Resident/Family Council meetings is implemented. <input type="checkbox"/> The policy/procedure for complaints is implemented. <p>Outcome</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence shows the policy/procedure for Resident/Family satisfaction survey is followed. <input type="checkbox"/> Evidence shows the policy/procedure for Resident/Family councils is followed. <input type="checkbox"/> Evidence shows the policy/procedure for complaints is followed. 	<ul style="list-style-type: none">
<p>Resident and Family Experience</p> <p>Connected Thriving Communities</p> <p>1b. Person centred-care</p>	<p>Help us understand your approach to person-centred care and how you incorporate that into resident care plans.</p>	<ul style="list-style-type: none">

<p>All residents are treated with respect and dignity.</p> <p><i>Benchmarks</i></p> <ul style="list-style-type: none"> • BCCO QOL (2019) p. 8 &12 • Improving QOL in LTC (2020) – definition p. 38-40 • Person-centred Care (2016) • MSCC & ECS :- Guiding Principles p. 7, Residential Services: s. 1, 4, 5.19 • LIRS p.60 • FH MOST and ACP policy • FH CPG Integrating a Palliative Approach to Care in LTC • BC Health Quality Matrix and Companion Guide, pg 7-8 • FH LTC and AL Strategic Plan 2021-2025 <p>KPI</p> <ul style="list-style-type: none"> • % of residents with pain • % of residents who died in long term care facility • % of residents on antipsychotics without a diagnosis of psychosis 	<p>Help us understand how advance care planning is incorporated into resident care.</p> <p>Findings:</p> <p>Structure</p> <ul style="list-style-type: none"> <input type="checkbox"/> There are policies/procedures for person-centered care and personal care plans. <input type="checkbox"/> There is a policy/procedure for advance care planning. <p>Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> The policy/procedure for person-centered care and personal care plans is implemented. <input type="checkbox"/> The policy/procedure for advance care planning is implemented. <p>Outcome</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence shows the policy/procedure for person-centered care and personal care plans is followed. <input type="checkbox"/> Evidence shows the policy/procedure for advance care planning is followed. <p>*Care plan file review*</p>	
<p>Resident and Family Experience</p> <p>1c. There is a meaningful dining experience</p> <p><i>Benchmarks</i></p> <ul style="list-style-type: none"> • MSCC & ECS Residential Services s. 5.10 • Best Practices for Nutrition, Food Service, and Dining in Long Term Care p. 38 • LIRS – Commitment to Care. p. 33 • Audits and More 	<p>Please walk us through your process for meal and menu planning.</p> <p>Tell me how you create a meaningful dining experience for the residents i.e. pleasurable dining.</p> <p>Findings:</p> <p>Structure</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is a policy/procedure for meal and menu planning. <input type="checkbox"/> There is a policy/procedure for dining experience (i.e. food committee, cultural background and personal preferences, etc.). <input type="checkbox"/> There is a process for dietician to assess and order equipment (i.e. supportive utensils, non-slip plates, etc.) to support a meaningful dining experience. 	<ul style="list-style-type: none"> •

	<p>Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> The policy/procedure for meal and menu planning is implemented. <input type="checkbox"/> The policy/procedure for dining experience is implemented. <input type="checkbox"/> The care community provides dining space and equipment to support a meaningful dining experience as per process. <p>Outcome</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence shows the policy/procedure for meal and menu planning is followed. <input type="checkbox"/> Evidence shows the policy/procedure for dining experience is followed. <input type="checkbox"/> Evidence shows dining space and equipment to support a meaningful dining experience is available and utilized. 	
<p>Resident and Family Experience</p> <p>1d. Opportunities are provided for family to be involved in the resident's care.</p> <p><i>Benchmarks</i></p> <ul style="list-style-type: none"> • <i>Improving QOL in LTC (2020) – Family Centered Care, p. 66</i> • <i>MSCC & ECS Residential Services – s. 4</i> • <i>BC Health Quality Matrix and Companion Guide, pg 7-8</i> • <i>FH LTC and AL Strategic Plan 2021-2025</i> 	<p>Help us understand your care conference process.</p> <p>In which ways does your care community include families and loved ones in resident care?</p> <p>Please tell us how care community leadership share their contact information with the resident and families.</p> <p>Findings:</p> <p>Structure</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is a policy/procedure for conducting care conferences. <input type="checkbox"/> There is a policy/procedure for information sharing and change in resident status updates with residents/families. <input type="checkbox"/> There is a written process to advise residents/families of the care community leadership team contact information. <p>Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> The policy/procedure for conducting care conferences is implemented. <input type="checkbox"/> The policy/procedure for information sharing and change in resident status updates with residents and families is implemented. <input type="checkbox"/> The process to advise residents/families of the care community leadership team contact information is implemented. <p>Outcome</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence shows the policy/procedure for conducting care conferences is followed. <input type="checkbox"/> Evidence shows the policy/procedure for regular information sharing and change in resident status updates with residents and families is followed. 	<ul style="list-style-type: none"> •

	<input type="checkbox"/> Evidence shows that residents/families received the care community's leadership team's contact information.	
<p>Connected Thriving Communities</p> <p>1e. Residents are connected with their home and the greater community.</p> <p><i>Benchmarks</i></p> <ul style="list-style-type: none"> • <i>MSCC & ECS Residential Services s. 4</i> • <i>Improving QOL in LTC (2020)</i> • <i>British Columbia Therapeutic Recreation Association (BCTRA)</i> https://bctra.org/what-is-therapeutic-recreation/ • <i>BC Health Quality Matrix and Companion Guide, pg 7-8</i> • <i>FH LTC and AL Strategic Plan 2021-2025</i> 	<p>Help us understand how your care community and recreation program supports resident's connection with the home and the greater community.</p> <p>How does your care community decide on what programs or activities to offer?</p> <p>Help us understand how volunteers and community groups contribute to your care community.</p> <p>Findings</p> <p>Structure</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is a policy/procedure for therapeutic recreation and program planning. <input type="checkbox"/> There is a policy/procedure for volunteer programs. <input type="checkbox"/> There is a policy/procedure for community outings. <input type="checkbox"/> There is a policy/procedure for inviting community groups. <p>Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> The policy/procedure for therapeutic recreation and program planning is implemented. <input type="checkbox"/> The policy/procedure for volunteer programs is implemented. <input type="checkbox"/> The policy/procedure for community outings is implemented. <input type="checkbox"/> The policy/procedure for inviting community groups is implemented. <p>Outcome</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence shows the policy/procedure for therapeutic recreation and program planning is followed. <input type="checkbox"/> Evidence shows the policy/procedure for volunteer programs is followed. 	<ul style="list-style-type: none"> •

	<input type="checkbox"/> Evidence shows the policy/procedure for community outings is followed. <input type="checkbox"/> Evidence shows the policy/procedure for inviting community groups is followed.	
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<p>2. ACCESSIBILITY: Ease with which health and wellness services are reached</p>	Back to table of contents	Next Section
<p>Pillars</p>	<p>Indicators</p>	<p>Comments</p>
<p>Connecting Thriving Communities</p> <p>2a. A safe move in process is in place that incorporates a welcoming entry and a seamless transition between and within services.</p>  <p><i>Benchmarks</i></p> <ul style="list-style-type: none"> • <i>MSCC & ECS Residential Services. s.1-2.0;</i> • <i>BCCP QoL p.8 & 12</i> • <i>LIRS p.40</i> • <i>BC Health Quality Matrix and Companion Guide, pg 7-8</i> • <i>FH LTC and AL Strategic Plan 2021-2025</i> <p>KPI</p> <ul style="list-style-type: none"> • % of unscheduled transfers to ED per 100 residents 	<p>Help us understand your:</p> <ul style="list-style-type: none"> - pre-move in and move in process - transfer process and discharge process <p>In which ways do you do to support seamless transitions for the resident?</p> <p>Please share the care community resident hand book with us.</p> <p>Findings:</p> <p>Structure</p> <ul style="list-style-type: none"> <input type="checkbox"/> There are policies/procedures for pre-move in, move ins, transfers, and discharges. <input type="checkbox"/> There are standard move in assessments and a move in interview <i>(including multidisciplinary).</i> <input type="checkbox"/> There is a policy/procedure for medication reconciliation. <input type="checkbox"/> There is a communication process to prepare for move in. <input type="checkbox"/> There is an up to date resident family handbook. <p>Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> The policies/procedures for pre-move in, move in, transfers, and discharges are implemented. <input type="checkbox"/> The move-in assessments and move-in interview are used. <input type="checkbox"/> The policy/procedure for medication reconciliation is implemented. <input type="checkbox"/> The communication process to prepare for move in is implemented. 	<ul style="list-style-type: none"> •

Deleted:

	<input type="checkbox"/> Residents/families received a copy of the resident handbook. Outcome <input type="checkbox"/> Evidence shows the policies/procedures for pre-move in, move ins, transfers, and discharges are followed. <input type="checkbox"/> Evidence shows the move in assessments and move-in interview are complete. <input type="checkbox"/> Evidence shows the policy/procedure for medication reconciliation is followed. <input type="checkbox"/> Evidence shows the communication process to prepare for move in is followed. <input type="checkbox"/> Evidence shows that residents/families received a copy of the resident handbook. <p style="color: red;">*See Resident file reviews*</p>	
<p>Resident file reviews:</p> <ul style="list-style-type: none"> • 		

<p>3. EFFECTIVENESS / COMMITMENT TO QUALITY IMPROVEMENT: Care is known to achieve intended outcomes</p>	Back to table of contents	Next Section
<p>Pillars</p> <p>Research and Innovation</p> <p>3a. The LTCH has an embedded culture of continuous quality improvement.</p> <p><i>Benchmarks</i></p> <ul style="list-style-type: none"> • <i>MSCC & ECS Residential Services s. 7, s. 1 (organizational functions)</i> 	<p>Indicators</p> <p style="color: red;">What is your auditing process?</p> <p style="color: red;">Help us understand with how and with whom you share audit results.</p> <p style="color: red;">How does your care community initiate quality improvement based on your audit/KPI results?</p>	<p>Comments</p> <ul style="list-style-type: none"> •

<ul style="list-style-type: none"> LTC Benchmarking Resource Guide p.5 BC Health Quality Matrix and Companion Guide, pg 7-8 FH LTC and AL Strategic Plan 2021-2025 	<p>Findings:</p> <p>Structure</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is a policy/procedure for audits and review. <input type="checkbox"/> There is a policy/procedure for an interdisciplinary quality team. <input type="checkbox"/> There is a standard quality improvement process and framework for quality improvement (QI) projects. <p>Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> The policy/procedure for audits and follow up is implemented. <input type="checkbox"/> The policy/procedure for an interdisciplinary quality team is implemented. <input type="checkbox"/> The standard quality improvement process and framework is used for QI projects. <p>Outcome</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence shows the policy/procedure for audits and review is followed. <input type="checkbox"/> Evidence shows the policy/procedure for an interdisciplinary quality team occurs. <input type="checkbox"/> Evidence shows the standard quality improvement process and framework is utilized for QI projects. 	
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<p>4. SAFETY: Avoiding Harm and Fostering Security</p>	<p>Back to table of contents</p>	<p>Next Section</p>
<p>Pillars</p> <p>Research and Innovation</p> <p>4a. Incidents are proactively reviewed by leadership with timely and effective QA/QI follow-up.</p> <p><i>Benchmarks</i></p> <ul style="list-style-type: none"> MSCC & ECS Organizational Functions s3.1-3.6 FH PSLs 	<p>Indicators</p> <p>Please share with us your incident review process.</p> <p>Please share with us your skin and wound Injury reporting process.</p> <p>Findings:</p> <p>Structure</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is a policy/procedure for internal incident reports. <input type="checkbox"/> There is a policy/procedure for reportable incidents (reports for <u>funded residents</u> are sent to Fraser Health Quality Partners). 	<p>Comments</p> <ul style="list-style-type: none">

Commented [SH[1]: Needs to be added

<ul style="list-style-type: none"> BC Health Quality Matrix and Companion Guide, pg 7-8 FH LTC and AL Strategic Plan 2021-2025 <p><u>KPI – all</u></p>	<p><input type="checkbox"/> There is a process to report skin and wound injuries (i.e. the Fraser Health skin and wound injury SBAR or the Fraser Health Patient Safety and Learning System).</p> <p>Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> The policy/procedure for internal incident reports is implemented. <input type="checkbox"/> The policy/procedure for reportable incidents is implemented. <input type="checkbox"/> The process for reporting skin and wound injuries is implemented. <p>Outcome</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence shows the policy/procedure for internal incidents is followed. <input type="checkbox"/> Evidence shows the policy/procedure for reportable incidents is followed. <input type="checkbox"/> Evidence shows the process for reporting skin and wound injuries is followed. 	
<p>Research and Innovation</p> <p>4b. Systems are in place for residents to feel safe and secure while their choices are recognized and incorporated into care plans.</p> <p><i>Benchmarks</i></p> <ul style="list-style-type: none"> MSCC & ECS Residential Services s.4.6, 5.15-5.17 BC Health Quality Matrix and Companion Guide, pg 7-8 FH LTC and AL Strategic Plan 2021-2025 <p><u>KPI</u></p> <ul style="list-style-type: none"> % of residents with physically abusive behavior % of residents with daily physical restraints % of residents who fell in the previous 30 days Number of unscheduled ED transfers per 100 residents 	<p>Help us understand how your organization/care community identifies and addresses high-risk situations.</p> <p>Tell us the ways in which staff are made aware of these policies and procedures.</p> <p>Findings:</p> <p>Structure</p> <ul style="list-style-type: none"> <input type="checkbox"/> There are policies/procedures for high-risk safety assessments. <input type="checkbox"/> There is a policy/procedure to escalate high-risk safety concerns (including after hours). <input type="checkbox"/> There is a policy/procedure for living at risk/negotiated risk. <input type="checkbox"/> There is a policy/procedure for culturally safe and humility based care. <input type="checkbox"/> There is a policy/procedure for adult abuse and neglect. <p>Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> The policies/procedure for high-risk safety assessments are implemented. <input type="checkbox"/> The policy/procedure to escalate high-risk safety concerns is implemented. <input type="checkbox"/> The policy/procedure for living at risk/negotiated risk is implemented. <input type="checkbox"/> The policy/procedure for culturally safe and humility based care is implemented. <input type="checkbox"/> The policy/procedure for adult abuse and neglect is implemented. <p>Outcome</p>	<ul style="list-style-type: none">

	<ul style="list-style-type: none"> <input type="checkbox"/> Evidence shows the policy/procedure for high-risk safety assessments is followed. <input type="checkbox"/> Evidence shows the policy/procedure to escalate high-risk safety concerns is followed. <input type="checkbox"/> Evidence shows the policy/procedure for living at risk/negotiated risk is followed. <input type="checkbox"/> Evidence shows the policy/procedure for culturally safe and humility based care is followed. <input type="checkbox"/> Evidence shows the policy/procedure for adult abuse and neglect is followed. <p>*See Resident file reviews*</p>	
<p>Staff and Physician Experience</p> <p>4c. Staff are supported to safely deliver complex care.</p> <p><i>Benchmarks</i></p> <ul style="list-style-type: none"> • MSCC & ECS Org. Func. S.1.6, 2.6, 2.8, 2.9, 3.3, 3.6, 4.3, 4.4, .4.6, 4.8, 4.11, • BCCNM Prof. Stand • BC Health Quality Matrix and Companion Guide, pg 7-8 • FH LTC and AL Strategic Plan 2021-2025 • Canadian Centre for OH&S 	<p>Please tell me about your orientation process.</p> <p>Please tell me how the clinical staff are supported with ongoing education needs.</p> <p>Help us understand how you ensure staff have the knowledge, skill and competency to delivery complex care.</p> <p>Please share with us what supports are in place for clinical employees if a resident’s care needs are outside their scope of practice.</p> <p>How are physicians and allied health professionals supported to understand the care community policies, protocols and procedures?</p> <p>Findings:</p> <p>Structure</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is an employee orientation process (including the three rights of workers: <i>Right to: know about safety matters; participate in decisions that could affect their safety; refuse work that could affect their safety and that of others</i>) <input type="checkbox"/> Clinical policies/procedures are available. <input type="checkbox"/> Peer mentorship and clinical supervision is available. <input type="checkbox"/> The care community is aware of Fraser Health resources. <p>Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> The employee orientation process that includes the rights of workers is implemented. 	<ul style="list-style-type: none"> •

	<input type="checkbox"/> Clinical policies/procedures are implemented. <input type="checkbox"/> Peer mentorship and clinical supervision is implemented. <input type="checkbox"/> Clinical employees have access to Fraser Health resources. Outcome <input type="checkbox"/> Evidence shows the employee orientation process is followed. <input type="checkbox"/> Evidence shows the policies/procedures are followed. <input type="checkbox"/> Evidence shows peer mentorship and clinical supervision is followed. <input type="checkbox"/> Evidence shows clinical employees use Fraser Health resources.	
<p>Staff and Physician Experience</p> <p>4d. Employee Psychological Health and Safety is a priority</p> <p><i>Benchmarks</i></p> <ul style="list-style-type: none"> • <i>BCNU Collective Agreement Appendix B & D(p.216)</i> • <i>Promising Practices for Supporting Long-Term Care Provider Resilience (2021)</i> • <i>MSCC & ECS Organizational Functions s.4.9-4.10</i> • <i>Psychological H&S: background and context A.2; s.4; p.21 s. 7</i> • <i>BC Health Quality Matrix and Companion Guide, pg 7-8</i> • <i>FH LTC and AL Strategic Plan 2021-2025</i> • <i>BCCN&M Indigenous Cultural Safety Cultural Humility and Anti-racism Practice Standard 2022</i> <p><u>KPI</u></p> <ul style="list-style-type: none"> • % of residents with physically abusive behaviors 	<p>Please share with us your organization’s understanding of psychological health and safety and how it is promoted in the workplace.</p> <p>Please tell us about your organizations leadership development process.</p> <p>Findings:</p> <p>Structure</p> <input type="checkbox"/> There is a policy/procedure for surveying employee engagement/satisfaction. <input type="checkbox"/> There is a policy/procedure for employee recognition and appreciation. <input type="checkbox"/> There is a policy/procedure for workplace psychological health and safety. <input type="checkbox"/> There is a program for employee assistance. <input type="checkbox"/> There is a pathway for leadership development. <input type="checkbox"/> There is a policy/procedure for respectful workplace. <input type="checkbox"/> There is a policy/procedure for cultural safety. <p>Process</p> <input type="checkbox"/> The policy/procedure for surveying employee engagement/satisfaction is implemented. <input type="checkbox"/> The policy/procedure for employee recognition and appreciation is implemented. <input type="checkbox"/> The policy/procedure for workplace psychological health and safety is implemented. <input type="checkbox"/> The program for employee assistance is implemented. <input type="checkbox"/> The pathway for leadership development is implemented. <input type="checkbox"/> The policy/procedure for respectful workplace is implemented. <input type="checkbox"/> The policy/procedure for cultural safety is implemented. <p>Outcome</p> <input type="checkbox"/> Evidence shows the policy/procedure for surveying employee engagement/satisfaction is followed.	<ul style="list-style-type: none"> •

	<ul style="list-style-type: none"> <input type="checkbox"/> Evidence shows the policy/procedure for employee recognition and appreciation is followed. <input type="checkbox"/> Evidence shows the policy/procedure for workplace psychological health and safety is followed. <input type="checkbox"/> Evidence shows the program for employee assistance is followed. <input type="checkbox"/> Evidence shows the pathway for leadership development is followed. <input type="checkbox"/> Evidence shows the policy/procedure for respectful workplace is followed. <input type="checkbox"/> Evidence shows the policy/procedure for cultural safety is followed. 	
<p>Staff and Physician Experience</p> <p>4e. Occupational Health and Safety</p> <p><i>Benchmarks</i></p> <ul style="list-style-type: none"> • <i>MSCC & ECS Organizational Functions s. 3.1, 3.3, 4.9</i> • <i>Workers Compensation Act Div. 5 s.31, div. 4 s.21(2c)</i> • <i>OH&S Regulation s.3.3, 3.17, 3.19, 3.3, 4.27-4.31</i> • <i>Breathe Safer p.89 (WorksafeBC)</i> • <i>BCNU Colelctive Agreement Appendix D</i> • <i>BC Health Quality Matrix and Companion Guide, pg 7-8</i> • <i>FH LTC and AL Strategic Plan 2021-2025</i> 	<p>Please tell us about your occupational health and safety program.</p> <p>Findings:</p> <p>Structure</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is a policy/procedure for an Occupational Health and Safety (OH&S) Committee. <input type="checkbox"/> There is a policy/procedure for workplace incident investigation. <input type="checkbox"/> There is a program for respirator use. <p>Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> The policy/procedure for an OH&S Committee is implemented. <input type="checkbox"/> The policy/procedure for workplace incident investigation is implemented. <input type="checkbox"/> The program for respirator use is implemented. <p>Outcome</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence shows the policy/procedure for an OH&S Committee is followed. <input type="checkbox"/> Evidence shows the policy/procedure for workplace incident investigation is followed. <input type="checkbox"/> Evidence shows the program for respirator use is followed (i.e. current records of fit tested employees). 	<ul style="list-style-type: none"> •
<p>Research and Innovation</p> <p>4f. There is a robust prevention and emergency preparedness platform</p> <p><i>Benchmarks</i></p> <ul style="list-style-type: none"> • <i>MSCC & ECS Organizational Functions s.3.3 3.4</i> 	<p>Please share with us your emergency management and seasonal readiness process.</p> <p>Help us understand how your LTCH prepares for and addresses outbreak prevention and management process.</p> <p>Please share with us your Infection Prevention and Control process.</p> <p>Findings:</p>	<ul style="list-style-type: none"> •


<ul style="list-style-type: none"> • <i>PICNET.ca</i> • <i>Licensing standard Appendix E Heat Preparedness</i> • <i>FH GI, RI, COVID-19 Toolkit</i> • <i>BC Health Quality Matrix and Companion Guide, pg 7-8</i> • <i>FH LTC and AL Strategic Plan 2021-2025</i> 	<p>Structure</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is a policy/procedure for Emergency Operations (EO). <input type="checkbox"/> There is an Emergency Operations Centre (EOC) lead. <input type="checkbox"/> There are seasonal readiness plans. <input type="checkbox"/> There is a policy/procedure for outbreak management. <input type="checkbox"/> There is a policy/procedure for Infection Prevention and Control (IPC). <input type="checkbox"/> There is a process for accessing IPC supplies. <p>Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> The policy/procedure for EO is implemented. <input type="checkbox"/> The EOC lead is implemented. <input type="checkbox"/> The seasonal readiness plans are implemented. <input type="checkbox"/> The policy/procedure for outbreak management is implemented. <input type="checkbox"/> The policy/ procedure for IPC is implemented. <input type="checkbox"/> The process for accessing IPC supplies is implemented. <p>Outcome</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence shows the policy/procedure for EO is followed. <input type="checkbox"/> Evidence shows the EOC lead is followed. <input type="checkbox"/> Evidence shows the seasonal readiness plans are followed. <input type="checkbox"/> Evidence shows the policy/procedure for outbreak management is followed. <input type="checkbox"/> Evidence shows the policy/procedure for IPC is followed. <input type="checkbox"/> Evidence shows the process for accessing IPC supplies is followed. 	
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<p>5. APPROPRIATENESS AND EQUITY: Care is specific to the person and fair distribution of services and benefits according to population needs</p>	Back to table of contents	Next Section
<p>Pillars</p>	<p>Indicators</p>	<p>Comments</p>

<p>Resident family and experience</p> <p>5a. RAI-MDS data is used to guide resident care planning and quality improvement. Key Performance Indicators (KPI) are used to inform decisions and improve clinical performance.</p> <p><i>Benchmarks</i></p> <ul style="list-style-type: none"> • CIHI- Clinical Assessment Protocol and outcome scales for care planning RAI MDS 2.0 for residential care • Long Term Care Benchmarking Resource Guide p.8 para. 1 • FH InterRAI Guide • FH CAPS and Outcome Scale Review Process • BC Health Quality Matrix and Companion Guide, pg 7-8 • FH LTC and AL Strategic Plan 2021-2025 <p><u>KPI - all</u></p>	<p>Please share with us your RAI submission / review process, and how you ensure RAI assessments are coded accurately.</p> <p>Help us understand how your MDS-RAI trained employees stay up to date.</p> <p>Help us understand how RAI Outcome Scores/CAPS, and data are used in resident care planning.</p> <p>Share with us how Key Performance Indicators are used.</p> <p>Findings:</p> <p>Structure</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is a policy/procedure for completing RAI-MDS. <input type="checkbox"/> There is a policy/procedure for using RAI Outcome Scores/Clinical Assessment Protocols (CAPS) to complete care plans. <input type="checkbox"/> There is a process for staff to stay current with RAI-MDS training. <input type="checkbox"/> There is a process to review quarterly Key Performance Indicators (KPI) and data quality reports. <p>Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> The policy/procedure for completing RAI-MDS is implemented. <input type="checkbox"/> The policy/procedure for using RAI Outcome Scores/CAPs to complete care plans is implemented. <input type="checkbox"/> The process for staff to stay current with RAI-MDS training is implemented. <input type="checkbox"/> The process to review quarterly KPIs and data quality reports is implemented. <p>Outcome</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence shows the policy/procedure for completing RAI-MDS is followed. <input type="checkbox"/> Evidence shows the policy/procedure for using RAI Outcome Scores/CAPs to complete care plans is followed. <input type="checkbox"/> Evidence shows the process for staff to stay current with RAI-MDS training is implemented. <input type="checkbox"/> Evidence shows that the process to review quarterly KPIs and data quality reports is followed. <p>*See Resident file reviews*</p>	<ul style="list-style-type: none"> •
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<p>Resident and Family Experience</p> <p>5b. A skin and wound policy/guideline is in place including prevention, identification, assessment & management of wounds and any Wound Care Consultant treatment plans and recommendations.</p> <p><i>Benchmarks</i></p> <ul style="list-style-type: none"> • BC Home and Community Care Policy Manual: Chapter 6, Section F • MSCC & ECS Residential Services s.5.7 • CLWK website • Guideline: Wound Management for Adults & Children, BC Provincial Nursing Skin and Wound Committee • Skin and Wound Service Delivery Guideline, Fraser Health • Wound Management Guidelines • FH Required Wound Care Products • Embracing the Use of Skin Care Champions (2009) • BC Health Quality Matrix and Companion Guide, pg 7-8 • FH LTC and AL Strategic Plan 2021-2025 <p>KPI</p> <ul style="list-style-type: none"> • % of residents with stage 2-4 pressure ulcers • % of residents with urinary tract infections • % of residents with unscheduled ED transfers per 100 residents • % of residents with pain 	<p>Please help us understand how your care community addresses skin related concerns and pressure prevention.</p> <p>Please share with us how you ensure your nurses are up to date with wound care education?</p> <p>Please share with us ways in which you access specialty equipment and wound care products.</p> <p>Help us understand your referral process to a FH Nurse Specializing in Wound, Ostomy and Continence (NSWOC).</p> <p>Please share your continence care, bladder and bowel management program.</p> <p>Findings</p> <p>Structure:</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is a policy/procedure for wound care that includes auditing. <input type="checkbox"/> There is a process to obtain wound care products using column #1 of the Fraser Health required wound care product list.. <input type="checkbox"/> There is a process to determine when to consult the Fraser Health Wound Care Clinician (WCC). <input type="checkbox"/> There is a process for ongoing wound care education. <input type="checkbox"/> There is a process to obtain specialized equipment for offloading pressure related injuries. <input type="checkbox"/> There are policies/procedures for continence care, bladder and bowel management <p>Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> The policy/procedure for wound care that includes auditing is implemented. <input type="checkbox"/> The process to obtain wound care products using column #1 of the Fraser Health required wound care product list is implemented. <input type="checkbox"/> The process to determine when to consult the Fraser Health WCC is implemented. <input type="checkbox"/> The process for ongoing wound care education is implemented. <input type="checkbox"/> The process to obtain specialized equipment for offloading pressure related injuries is implemented. <input type="checkbox"/> The policies/procedures for continence care, bladder and bowel management is implemented. 	<ul style="list-style-type: none"> •
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	<p>Outcome</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence shows the policy for wound care that includes auditing is followed. <input type="checkbox"/> Evidence shows the process to obtain wound care products using column #1 of the Fraser Health required wound care product list is followed. <input type="checkbox"/> Evidence shows the process to determine when to consult the Fraser Health WCC is followed. <input type="checkbox"/> Evidence shows the process for ongoing wound care education is followed. <input type="checkbox"/> Evidence shows the process to obtain specialized equipment for offloading pressure related injuries is followed. <input type="checkbox"/> Evidence shows the policies/procedures for continence care, bladder and bowel management is followed. <p>*See Resident file reviews*</p>	
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<p>6. EFFICIENCY: Optimal and Sustainable Use of Resources to Yield Maximum Value</p>	<p>Back to table of contents</p> <p>FRASER HEALTH CLINICAL INITIATIVES </p>	<p>Next Section</p>
<p>Pillars</p> <p>Staff and Physician Experience</p> <p>Research and Innovation</p> <p>6a.</p> <ul style="list-style-type: none"> Palliative Approach to Care (PA2C) Preview ED Asymptomatic Bacteraemia (UTI) Polypharmacy Risk Reduction /Antipsychotic use (PRR/AP) BSTN Competencies Pain CPG Pneumonia 	<p>Indicators</p> <p>Are you participating/have you participated in any of the Fraser Health Clinical Initiatives and OKRs?</p> <ul style="list-style-type: none"> ACP <input type="checkbox"/> WASA <input type="checkbox"/> SOS <input type="checkbox"/> PA2C <input type="checkbox"/> Planetary Health <input type="checkbox"/> Other(s) <input type="checkbox"/> _____ 	<p>Comments</p> <ul style="list-style-type: none"> • If there is a need for PA2C support, your Quality Partner can connect with the Fraser Health Regional Clinical Nurse Educator or the Fraser Health Clinical Nurse Specialist. •

	<p>Do you have a need at your care community about ACP education?</p> <p>Is there anything your care community identifies as a priority for education or initiatives this upcoming year?</p> <ol style="list-style-type: none"> 1. What is your understanding of PA2C? 2. Describe how PA2C is integrated into your community's workflow and culture? 3. Do you currently have or have you previously completed a QI initiative related to PA2C? 4. We can inform the regional CNE if you are interested in any of the initiatives. 5. Is the Communicare process used for hospital transfers? 	
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7. Conversation with the Medical Director /Physician(s)

[Back to table of contents](#)



What are some key areas that the team is excelling in?

-

Do you have suggestions for quality improvement at the care community?

-

Are you receiving appropriate information in a timely manner to support decision making for resident care needs?

-

How does the clinical team involve you in the move in process, goals of care conversations, unscheduled hospital transfers?

-

How have the physicians and nurses integrated the following initiatives in their clinical practice:

PA2C?

-

Polypharmacy and Antipsychotic Drug Use?

-

UTI?

-

Pneumonia?

-


Preview-ED?

-

Pain?

-

QI Plan Recommended: No	Date QI Plan shared (was due): Click here to enter a date.
QAR received at LTCH by: <i>(Name & Position)</i>	Quality Partner signature: Choose an item.
For Internal Use Only	
Date QI Plan Received:	Click here to enter a date.
Date QI Plan Items Completed:	Click here to enter a date.

Abbreviations	
BCCP QoL	BC Care Providers – Quality of Life
CIHI	Canadian Institute for Health Information
MSCC & ECS	Model Standards for Continuing Care and Extended Care Services – Residential Services and operations
BCCNM	BC College of Nurses and Midwives Professional Standards and/or Practice Standards
LIRS	Legal Issues in Residential Care – an Advocates Manual
	Indicates physician input is optimal for these sections.
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