

# Long-Term Care

## Resident & Family Handbook



**Information for residents of  
long-term care homes and their families**

*January 2020*



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# 1. WELCOME TO LONG-TERM CARE

This handbook provides general information for people who live in a long-term care home and for their loved ones. We understand that this can be an emotional and difficult time for you and for your family and friends. We hope that the information in this booklet is helpful to you during this transition.

This booklet is the second in a two-part set that covers the process of accessing and living in an Island Health long-term care home. The first booklet, “Long-Term Care Access Guide,” provides information about the steps that you followed before your arrival. If you would like to see the Access Guide, ask for a copy or download it from the Island Health website: [www.islandhealth.ca](http://www.islandhealth.ca) in the *Home Care, Assisted Living and Long-Term Care* section under *Long-Term Care Options*.



Long-term care provides 24-hour care for people who have complex care needs. Our safe environment supports those who can no longer be cared for in their own home or in an assisted living residence.

All long-term care facilities funded by Island Health offer a comparable level of services and care. In British Columbia, all facilities are either licensed under the *Community Care and Assisted Living Act* or governed by the *Hospital Act*.



## Benefits of Long-Term Care

- A private or shared room
- Safe and secure living environment
- Medication supervision and administration
- 24-hour nursing and personal care that follows an individualized care plan
- Help with activities of daily living (bathing, eating, dressing, grooming)
- Clinical support services such as rehabilitation and social work
- Physical, social, and recreational activities
- Nutritious meals, including options for special diets
- Management of residents' petty cash (Comfort Fund)
- Basic laundry services, including personal clothes
- General hygiene supplies such as soap, shampoo, and tissues
- Routine medical supplies and basic incontinence management products
- Basic wheelchair if prescribed



### QUICK LINKS

- ✓ *Looking for information on Island Health Services and your health? Search the Island Health website: [www.islandhealth.ca](http://www.islandhealth.ca)*
- ✓ *Looking for information on our long-term care home locations? Go to [www.islandhealth.ca/our-locations/residential-care-locations](http://www.islandhealth.ca/our-locations/residential-care-locations)*
- ✓ *Looking for Information on such things as eligibility and costs? Go to [www.islandhealth.ca/learn-about-health/assisted-living-residential-care-housing/residential-care-options](http://www.islandhealth.ca/learn-about-health/assisted-living-residential-care-housing/residential-care-options)*



*Dufferin Place, Nanaimo*

## About Island Health

### Our Philosophy of Care

**C•A•R•E•** will guide everything we do:



To do the right thing - to change, innovate and grow.



To the highest degree of quality and safety.



To value each individual and bring trust to every relationship.



To give the kind of care we would want for our loved ones.

### Our Vision

Excellent care for everyone, everywhere, every time.

### Our Purpose

To provide quality, safe long-term care. We achieve this through innovation, teaching, and research – creating healthier, stronger communities and a better quality of life for those we touch.

### Our Commitment to Care

In 2009 the Government of British Columbia passed the Residents' Bill of Rights to promote the rights of all adults who live in long-term care homes. (See the full text in Supplementary Material.)

The Bill of Rights addresses:

- Commitment to care
- Rights to health, safety, and dignity
- Rights to participation and freedom of expression, and
- Rights to transparency and accountability

People living in long-term care homes have many of the same rights they had living in their own homes. The Residents' Bill of Rights serves as the foundation for all aspects of our care and operations. Island Health and each of our staff members are committed to protecting residents' rights. We recognize that every resident is entitled to individualized, quality, resident-centred care.

Rights go hand in hand with responsibilities and so it is the responsibility of residents, families and visitors to conduct themselves in a respectful manner at all times.

## Our Approach to Care

Our person-centred approach to care recognizes the feelings, wishes, life experience and physical abilities of each resident. We strive to create a home-like setting, to preserve dignity and to promote social interaction. The role of our staff is to help each resident experience comfort and contentment in their long-term care home.

We encourage residents and families to be active partners in care alongside staff. Care plans are personalized and we make every effort to meet the wishes and needs of each resident. This includes ensuring that resident and family are kept informed and are included in discussions about care.

## Ensuring Quality Care

All long-term care homes in British Columbia that care for three or more vulnerable persons must be licensed under the *Community Care and Assisted Living Act* or the *Hospital Act* and are routinely inspected.

Homes funded by Island Health must also be accredited through Accreditation Canada. This is an external organization that audits health-care organizations and provides a rating of the organization's compliance with a wide variety of standards. All homes are required to have a process to monitor the quality of their services and care, and to provide opportunities for residents and families to provide feedback and share concerns.



### QUICK LINKS

- ✓ Accreditation Canada:  
[www.accreditation.ca](http://www.accreditation.ca)

## Families Matter

In Island Health we recognize that families are a valuable resource for the health and well-being of people in our care. We also understand that the term *family* can be very broad and includes anyone in a person's circle of care who provides love and support. Family may be biological like a parent or child, or chosen such as a partner, friend or neighbour. We believe that engaging your family (however you define it) in your care is a key strategy for promoting wellness and meeting your needs.

## Consent and Confidentiality of Your Information

We include your family in your care whenever possible. However, you do have the right to give consent and have your confidentiality maintained independent of your family. This means that you decide when and what information you share with your family.

We know it can be hard for families and caregivers to be excluded. We believe that including family in care has many benefits and encourage you to share your concerns, your progress, and plans for the future with your family. Whatever you decide in this regard, we will respect your rights and choices.

## Support for the Caregiver

Caring for a family member who is experiencing emotional, mental, or physical distress can affect all those involved.

Caregivers often describe the experience as a rollercoaster ride: there are times of hopefulness and times of worry and concern. If you are a caregiver, we encourage you to let us know if you would like more information about the services available to support you.



### RESOURCE

- ✓ Looking after a family member or friend? [www.familycaregiversbc.ca](http://www.familycaregiversbc.ca)



## Strength in Diversity

Vancouver Island seniors come from many different backgrounds and life experiences. Person-centred care cannot be realized by treating everyone the same. As we learn more about various cultures and personal identities, we can create a welcoming environment and provide care that makes everyone feel valued, safe and included. This is important to us.

“Cultural safety can be defined as an environment that is spiritually, socially and emotionally safe, as well as physically safe for people. It is about shared respect, shared meaning, shared knowledge and experience of learning together.” ([From Cultural Connections for Learning](#))

### Cultural safety is about...

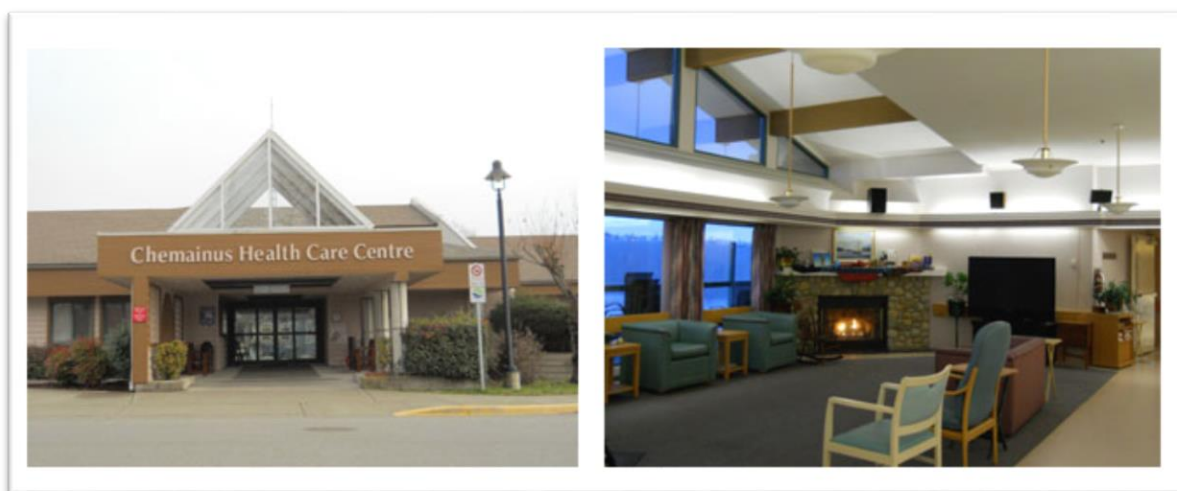
- Feeling respected
- Feeling understood
- Feeling honoured
- Feeling cared for
- Feeling that who you are is important
- Feeling included in your own care
- Feeling safe to share

 **RESOURCE**

✓ Read more about Island Health's Aboriginal Health Plan.



[www.islandhealth.ca/learn-about-health/aboriginal-health](http://www.islandhealth.ca/learn-about-health/aboriginal-health)




*Chemainus Health Care Centre, Chemainus*

## LGBTQ2+

Many of today's LGBTQ2+ seniors have experienced a lifetime of discrimination based on their sexual orientation and/or gender identity and expression. A number of recent reports and articles indicate that many LGBTQ2+ seniors are feeling anxious about the increased vulnerability and loss of independence that can accompany aging. Many fear they will feel the need to hide their sexual orientation or modify their gender expression in some way to receive quality care in health care, home care, and long-term care settings.


We are committed to providing safe and inclusive care for LGBTQ2+ seniors. This means that we actively take steps to educate our staff and make changes to our policies and programming to create a more inclusive environment. As part of our commitment to creating inclusive communities, we ask that all residents and families be respectful and kind to everyone living in or visiting one of our care homes.

Discrimination or disrespect toward others will not be tolerated.



### RESOURCES

- ✓ Who are LGBTQ2+ seniors? Look for this pamphlet on the unit or ask a social worker.
- ✓ [The BC LGBT Seniors Resource Inventory](#)
- ✓ [www.sfu.ca/lgbteol](http://www.sfu.ca/lgbteol)



*The ache for home lives in all of us, the safe place where we can go as we are and not be questioned.*

*~ Maya Angelou*

## 2. MONEY MATTERS

### What Does It Cost to Live in Long-Term Care?

The cost of subsidized long-term care starts at a minimum rate set by the Ministry of Health and increases according to the resident's taxable income, to a maximum amount. The cost is up to 80% of your after tax income based on the income information you have submitted to Revenue Canada. The rate is updated annually and details are available on the BC Ministry of Health website or from the Island Health Long-Term Care Access office.

Your taxes must be completed and submitted annually to Revenue Canada by the deadline. If not done, your rate will default to the maximum amount.

Before you move in to long-term care, your case manager will advise you of the rate. You, or your substitute decision-maker, will have signed an agreement relating to your financial responsibility.

### What if My Income Was Not Properly Assessed or My Circumstances Change?

We make every effort to ensure that your income level is fairly assessed to determine a new rate. If you have questions about your long-term care rate, or concerns about your ability to pay the rate, contact the Island Health Long-Term Care Access office at (250) 519-5388 or [LTCAccess@viha.ca](mailto:LTCAccess@viha.ca) to discuss your options.



#### QUICK TIP

- ✓ Be sure your income tax is done promptly every year so your room rate is adjusted appropriately.



## How Are Payments Made?

Monthly payments can be made in different ways, depending on your care home's policies. You may be able to pay by monthly cheques, or by preauthorized payments through your bank, or by credit card. You will have received information about how to arrange this on admission day.

You, or your substitute decision-maker, will receive an annual statement of all fees you have paid. This statement may be needed to claim income tax credits at tax time.

Any funds remaining when your room is vacated will be returned according to Island Health policy. For more information, ask your social worker or designate.

## What Happens if I'm Away from the Home?

Long-term care charges apply during all absences, including time in hospital. The Ministry of Health limits how long a person can be away from the home and still retain their long-term care home bed. Absences are allowed up to a total of 30 days per year, but time spent in hospital does not count towards this total.



*Yucalta Lodge, Campbell River*



## What Other Expenses Might There Be?

- Moving costs (in and out)
- Personal transportation, including to medical and dental appointments (see the *Transportation Fees Resource link*)
- Ambulance charges
- Personal clothing and labeling
- Dry cleaning costs or laundering of items that need special attention
- Personal preference in care items, such as tissues, shampoo, deodorant, toothbrush, toothpaste, razors, comb/hairbrush, dentures and supplies
- Personal TV and cable charges
- Personal telephone connection and monthly charges
- Eye glasses and examinations
- Hearing aids and batteries, including replacement batteries
- Dentist visits, dental hygienist visits
- Foot care services
- Barber and hairdressing services
- Purchase or rental of specialized equipment
- Repair and maintenance of your special wheelchair and specialized equipment
- Hip protectors
- Cost of bus trips, outing and meals costs when you are away from the home
- Personal newspaper and magazine subscriptions
- You may be charged for both prescription medications and over-the-counter medications, including vitamins, herbal remedies, and some specialized medications
- Funeral and burial arrangements



### RESOURCE



- ✓ For more information, refer to the Transportation Fees page on the island health website:
- ✓ [islandhealth.ca](http://islandhealth.ca)  
Search for Transportation Fees



### QUICK LINK

- ✓ For more information about services and costs associated with long-term care, see the Government of BC's Home & Community Care [policy manual](#) (chapter six).

## 3. MY PERSONAL BELONGINGS AND EQUIPMENT

### Furniture

Note that your room may be a shared room. Rooms are equipped with a bed and mattress, a small bedside stand with drawers, and a cupboard for hanging clothes. There may also be a chair. Each room has a bathroom with a toilet and sink. A nurse call system is available at each bedside and in the bathroom. Most rooms have ceiling lifts to help residents with mobility and transfer needs.

Although space is limited, you may wish to personalize your area with pictures, a washable quilt or blanket, and other things that are important to you. A small radio and TV (with headphones) may also be brought into the room.

Please talk to the Manager of your home about what can be placed in your room. We may ask that some furniture be removed if it could endanger others.



#### QUICK TIP

- ✓ Check with your insurance agent to see if your homeowner's insurance covers losses incurred by a spouse or family member living in long-term care.

### Valuables

All personal items that you bring with you are your or your substitute decision-maker's responsibility. All items should be clearly marked with your name. Staff will make every effort to safeguard your eyeglasses, dentures, and hearing aids, but sometimes things do get misplaced or go missing. For this reason, we recommend that you have insurance for loss of items such as wheelchairs, dentures, eyeglasses and hearing aids.

A record of your personal effects will be made when you are admitted. Let staff know if valuable items are later brought in or removed. Valuables, especially jewellery, identification, and money, should not be kept in the home.

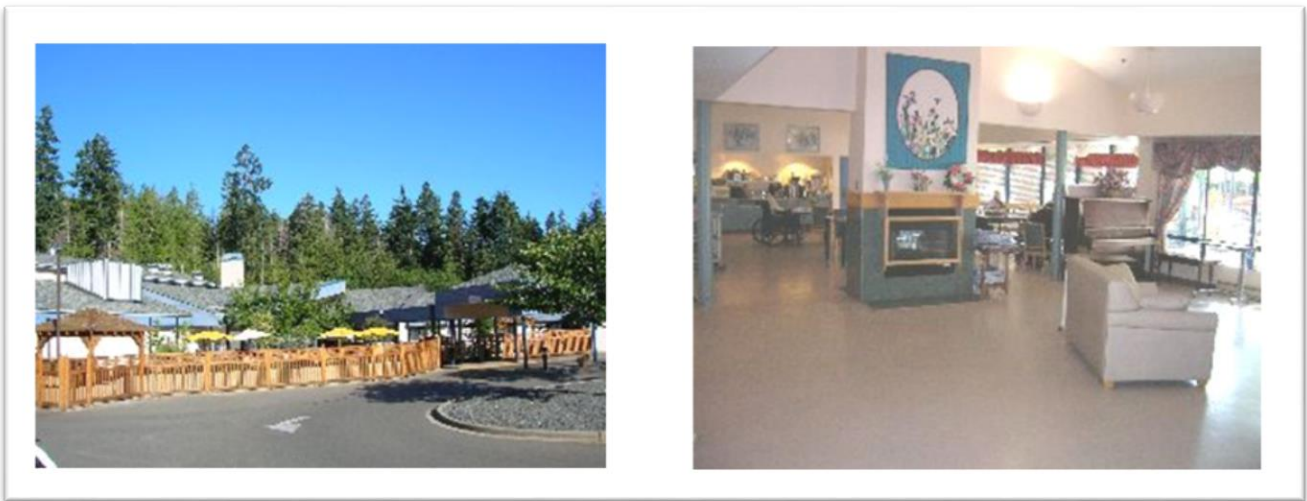
### Clothing

Helping a resident who has mobility or balance problems to get dressed can put both the resident and the staff at risk of injury. We recommend that you do not buy new clothing until we have checked to see if you will need items that are adaptive and open-backed.

Most homes can suggest where to find this type of clothing.

Adaptive clothing is comfortable, stylish, and easy to use. It lets residents maintain their independence as long as possible. Every effort will be made to meet personal preferences.

All personal clothing is washed and dried together in commercial machines. Items that need special care (e.g., hand wash, dry clean only) should not be left to be washed at the care home. Your family member may want to wash them at home. Remember that all clothing must be labeled with your name. Some homes will label clothing and personal items for a small fee while others may do so at no charge. Consider ease of dressing when making clothing choices.



*Eagle Park, Qualicum Beach*

## Suggested Clothing and Personal Items

CONSIDER BRINGING THE FOLLOWING (based on personal preference):	
<p><b>Undergarments</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Undershirts / vests</li> <li><input type="checkbox"/> Underpants or undershorts</li> <li><input type="checkbox"/> Bras</li> <li><input type="checkbox"/> Slips</li> <li><input type="checkbox"/> Stockings or socks</li> </ul>	<p><b>Sleepwear</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pyjamas</li> <li><input type="checkbox"/> Nightgown</li> <li><input type="checkbox"/> Housecoat</li> </ul>
<p><b>Day Wear</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Shirts / blouses</li> <li><input type="checkbox"/> Pants / skirts</li> <li><input type="checkbox"/> Shorts</li> <li><input type="checkbox"/> Dresses</li> <li><input type="checkbox"/> Jogging suits</li> <li><input type="checkbox"/> Sweaters</li> <li><input type="checkbox"/> Coat or jacket (lightweight and heavyweight)</li> </ul>	<p><b>Toiletries and Personal Care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dentures, cleanser, denture tablets, adhesive, container</li> <li><input type="checkbox"/> Toothbrush/toothpaste</li> <li><input type="checkbox"/> Hairbrush/comb</li> <li><input type="checkbox"/> Soap, deodorant (scent-free)</li> <li><input type="checkbox"/> Shampoo</li> <li><input type="checkbox"/> Electric razor</li> <li><input type="checkbox"/> Shaving supplies, aftershave (scent-free)</li> <li><input type="checkbox"/> Tissues</li> <li><input type="checkbox"/> Cosmetics</li> <li><input type="checkbox"/> Body lotion (scent-free)</li> <li><input type="checkbox"/> Specialty incontinence products</li> </ul>
<p><b>Footwear</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Slippers with back and non-slip soles</li> <li><input type="checkbox"/> Shoes with non-slip soles</li> </ul>	<p><b>Personal Items</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Eyeglasses</li> <li><input type="checkbox"/> Hearing aids</li> <li><input type="checkbox"/> Hip protectors</li> </ul>
<p><b>Other Items</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>	

**IMPORTANT SAFETY NOTE:** Please bring only unscented products. Baby powder and talcum powder are not allowed because they can cause respiratory irritation and can create a slipping hazard.

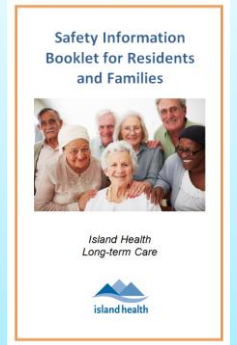
## What Items Are Not Allowed?

- Please do not bring items such as real candles, electric blankets, heating pads, or hot water bottles. Battery-operated candles are OK.
- Sharp items, such as scissors, razor blades, or knives, are not allowed.
- Food preparation appliances (crockpots, kettles, etc.), which are potential fire hazards, are not allowed in residents' rooms.
- For safety reasons, electrical equipment (such as radios and TVs) brought into the home may need to be checked by the maintenance department before they can be used.



### RESOURCE

- ✓ For more information on hazardous items, refer to the Safety Information Booklet for Residents and Families, found in the admission package.



*Saanich Peninsula Hospital, Saanichton*

## What Kind of Specialized Equipment Might I Need?

These items can be provided for you based on need:

- Wheelchair (basic)
- Wheelchair cushion (basic)
- Splints
- Bed or wheelchair alarms
- Adaptive aids  
(long-handled shoehorn, reachers)
- Bolsters
- Adaptive cutlery
- Heel boots
- Specialty mattress  
(need therapist recommendation)

Basic wheelchairs, if medically required and prescribed, will be provided at no cost. A basic wheelchair is a self-propelled, safe, durable wheelchair with a foam seat cushion. Power wheelchairs need to be purchased and maintained by the resident or family.

The home will provide cleaning and maintenance of basic wheelchairs. The cost for deep cleaning or more significant maintenance is the responsibility of the resident.

If you need to have the basic wheelchair modified for your use, you will be responsible for the cost of any modifications. The cost of specialized or customized wheelchairs is the responsibility of the resident.

Walkers, canes, and some specialized equipment, such as special cushions, are not provided. You or your family will need to buy or rent these items.

If medically necessary, your doctor will order oxygen therapy. The Social Worker or Manager can advise you if there are any extra costs for this. However, certain medical conditions might qualify for a subsidy from the Ministry of Health and the Social Worker can help to answer these questions.

## What if I Don't Have the Equipment I Need?

Long-term care homes have a limited supply of equipment that may be loaned for a brief period, according to availability and the priority of need.



## Is There Funding for Specialized Equipment?

Some residents may qualify for funding or assistance through various sources such as the Veteran's Affairs Canada, Aboriginal programs, Ministry of Social Development, or private insurance plans.

## Is Power Mobility Allowed?

Power wheelchairs are assessed on an individual basis. The equipment will be inspected on admission and a resident may be required to pass a power mobility driving test. If they pass, the resident may be required to sign a power mobility contract to ensure safety for everyone. Additional driving tests may be required if a resident's ability changes. Some homes may limit the number of power wheelchairs on the unit at one time. Eligible drivers can be on a wait list.

## Who Will Help Me with the Equipment I Need?

As soon as possible after admission, you will be assessed and recommendations made for any equipment you need.

## What Do I Do with Equipment I No Longer Need?

Many homes welcome the donation of equipment if it meets current standards of safety and function. In some areas, a tax-deductible receipt can be issued. Ask your therapist or the care staff for more information.



*Cairnsmore Place, Duncan*

## 4. MOVING AND SETTLING IN

### Orientation and the Admission Process

When you first move into a long-term care home, you and your family will be provided with an orientation and helped to settle in.

You may have:

- Some admission forms to sign
- A tour of the home
- Information about the services provided
- An introduction to staff and residents

Each home is unique. Staff will discuss any special aspects and provide information once you arrive and settle in.

You and your family are encouraged to participate in the admission process by:

- Talking about what is important to you
- Identifying key concerns
- Answering staff questions
- Making informed decisions related to your care

We encourage you to make notes about things you would like to talk about and questions to ask. Bring this sheet with you to the admission or to any subsequent care conferences.

During admission, care staff will gather information so they can get to know you and develop a personalized care plan. This care plan will guide staff to ensure that you receive the type of care and support you need.



## What Matters to Me

QUESTIONS I HAVE... MY STORY... WHAT'S IMPORTANT TO ME




## Medications

After you arrive, you will be asked to clarify which medications and supplements you're taking. Care staff will discuss your medication needs with your doctor and document them in your chart.

Although most medications are provided at no cost to residents, you may need to pay for some items. Medications must be safely and securely stored at all times. Unless otherwise specified in your care plan, medications will be stored in the medication room and dispensed by the nursing staff.

Please talk to the Clinical Nurse Leader or Pharmacist about the use of herbal medications.

## Comfort Fund or Trust Fund

During admission, you will have had the opportunity to set up a Comfort Fund to hold some "petty cash" so you can make small purchases from the Gift Shop, pay for hair dressing services, a daily newspaper, or a treat on an outing.

## Ways Your Family and Friends Can Help on Moving Day

Moving into a long-term care home is like moving to a new neighbourhood. Each person reacts differently to the move. Although it can be a welcome and positive change for residents and family members, it can also be a very stressful time, particularly for those with dementia.

The first week after a move is often unsettling. Give yourself some time to feel comfortable in your new home and build trusting relationships with other residents and staff. It is not unusual to feel sad, anxious, angry, or confused.

During the first few days you may need extra support. The goal of the care team is to work with you and your family to provide that support. We encourage your family and friends to support you during your transition, if they are able.

On moving day, your family and friends might:

- Help the staff with information for the family and life-history form
- Help personalize your space with special photos and items that are meaningful for you
- Suggest strategies that might ease the change
- Do what they know is best for their family member

## Continuing Support of Family and Friends

Your family and loved ones can continue to take part in your life in your new home in many ways.

### Visiting and Staying in Touch

Family and friends may wish to:

- Visit and share meals when they can. Many homes have no set visiting hours; family and friends may visit anytime. Children are always welcome. Staff understand that you sometimes need privacy and will try to accommodate your needs for intimacy.
- Bring a family pet for a planned visit. Please check first with your care home Manager or designate if you are considering having a pet visit.
- Take you for outings. If possible, provide nursing staff with advance notice for any longer absences you may be planning.
- Join you in some of the activities you enjoy.
- Keep in touch. Many homes now have Internet access available for residents, allowing for communication by e-mail and Skype.

### Taking You for Outings or Short Vacations

If you are planning an outing with your loved ones, make sure the staff know so they can arrange for you to take your medication while you're away from the care home.

You will fill in the 'sign-out sheet' before leaving. It's important to let staff know when you're leaving and when you'll be back. In case of fire or evacuation, staff need to know who is in the building.

It is always a good idea to carry the name, location and phone number of your home when you go out so you have it to refer to if needed.



### QUICK TIPS

Reasons to bring a family member or friend with you to your appointments:

- ✓ Nice to have someone to talk to while you wait
- ✓ Someone is there to reassure you
- ✓ Two people listening will remember instructions from the doctor
- ✓ If you're not feeling well when you come out it's nice to have help to get to the car and drive home
- ✓ A companion is comforting while you are out

## Transportation and Accompaniment for Appointments

For individual appointments and outings in the community, residents may make arrangements with family, handyDART, taxi, or other private transportation services. The Unit Clerk can help you arrange transportation to appointments. You may also need to have someone accompany you. Some families and residents hire a paid companion to provide regular visiting and support beyond the level that staff can provide. If you hire privately, Island Health requires a waiver form to be completed for each person you hire.

Payment for transportation and arranging a companion is your responsibility. Make sure that nursing staff is aware in advance of these appointments and outings.

## Who Would Be Contacted if I Become Sick or Need Something?

During admission you will be encouraged to identify a primary contact person. Your contact person will be listed on your chart and we will call them on your behalf if you need something. Your primary contact will be notified if you are unwell or if the staff need to pass on important information. This contact person will be the one to notify other family members on your behalf.



## 5. DAILY LIFE IN YOUR NEW HOME

### Your Care Team

Under long-term care regulations and policies, all staff and volunteers have the necessary qualifications to provide safe quality care. Staff screening includes a criminal record check, character references, work history, training certificates, and compliance with the province's immunization and TB Control programs.

All long-term care homes are held to the same standards and provide a similar level of service and care, although members of the care team may vary in their roles and responsibilities. This section outlines the different members of the staff team and their roles.

### Staff Identification

Staff in long-term care must wear a name tag. If you do not recognize a staff member, or they are not familiar to you, you can ask to see their identification.

### Roles and Responsibilities

#### Doctor

Residents of a long-term care home must have a doctor. Your family doctor may continue to provide care after you move in, or care may be transferred to one of the doctors who regularly visit the home.

#### Care Home Manager

Each home has a manager who looks after overall operation. The manager is responsible for ensuring quality care and services for the residents and a safe working environment for the staff.

## **Nursing and Care Team**

The nursing team consists of nurses and health care aides who provide nursing care 24 hours a day, administer medications, and provide personal care and assistance with daily activities. The nursing team may include:

- Nurse Practitioners (NP)
- Clinical Nurse Leaders (CNL)
- Registered Nurses (RN)
- Registered Psychiatric Nurses (RPN)
- Licensed Practical Nurses (LPN)
- Health Care Aides (HCA)

These staff members work with your doctor and other health-care professionals to make sure you receive the care you need. They are responsible for coordinating the care provided to residents.

## **Pharmacist**

Pharmacists work with your health-care team to ensure that you receive safe and effective drug therapies. The pharmacist will regularly review your response to medications, drug dosages and timing, and check for potential drug interactions and allergies. For safety, all prescription and non-prescription medications are kept at the nursing station and administered by a nurse. The pharmacist is available to answer questions that you and your family have about medications.

## **Dietitians and Food Service Staff**

Meals and snacks are prepared daily by the staff of the food service department. The dietitian will assess your nutritional needs and identify the most effective diet plan and, if needed, eating assistance and techniques. The diet plan will be tailored to your individual likes, dislikes, allergies, and special dietary and cultural requirements as much as possible. The dietitian visits regularly to make sure that residents are enjoying their meals and maintaining a good nutritional status, and is available to answer questions about food and nutrition.

## Social Workers

Social Workers help ensure that the voices of residents and their loved ones are heard. They work to strengthen communication between residents, family and staff. Social Workers promote autonomy and self determination to maintain the dignity and individual strengths of residents.

Social workers:

- Facilitate your admission process and support you and your caregivers as you adjust to living in a home
- Provide counselling and emotional support during transitions such as illness, disability, and at end of life
- Help you access community services and resources when needed
- Help clarify roles and concerns about financial and health-care decisions
- Act in the role of Designated Responder for concerns of abuse, neglect and self-neglect
- May participate in or facilitate Resident and Family Council meetings
- Play a key role in conflict resolution and crisis response

## Therapy Staff

Many care homes have therapy staff, which may include recreation therapists, occupational therapists, physiotherapists, rehab assistants and activity workers.

Therapy services include exercise programs and assessment and fitting of assistive devices (e.g., wheelchairs, walkers, splints, hip protectors). Therapy staff is also consulted about skin care, swallowing problems, and fall prevention.

Therapy staff may also facilitate such activities as group outings, bus trips, music, creative arts, gardening, baking, games, church services, exercise programs, and much more. The emphasis is on nurturing your interests and social needs.

## Unit Clerk

The Unit Clerk is one of the main points of contact for you and your family after admission. They can direct your questions to the appropriate person, help you to set up appointments, and organize the Comfort Fund process.

## Housekeeping and Laundry Staff

The housekeeping staff clean bedroom floors, high traffic areas, and washrooms daily; your entire room is usually cleaned weekly. We encourage you and your family members to help keep your room tidy and uncluttered.

## Maintenance Staff

Maintenance staff look after repair and maintenance needs of the building. Any maintenance concerns you have can be passed on to the Unit Clerk, who will notify the maintenance department.

## Students

Students may participate as part of the care team during their practicum work. You may encounter a single student or a group of students with their instructor. All students are supervised in their work.

## Volunteers

Volunteers play an important role in long-term care homes. You may see volunteers visiting for pet therapy, playing music, helping with recreation programs, and spending time with residents. All volunteers are screened and supported.

Most homes offer volunteer opportunities and run a "volunteer program". We encourage family and friends to ask about opportunities to volunteer at your home.

## Can I Give Gifts to My Care Team?

Island Health policy on gifts states: "Any employee who is offered a bequest, money, loan or gift from a patient is required to decline it. If a patient or his/her family insists, the gift is given as a goodwill gesture and should be of a nominal nature (e.g., a box of chocolates, flowers, baked goods, etc.), the monetary value should not exceed \$25.00, and acceptance is not in conflict with any applicable Code of Ethics or policy that professionally governs an Employee. It may be accepted with prior permission and approval of the employee's supervisor."



## Care Conferences

A care conference is the time when we meet with you, your health-care representative, and anyone else you would like to invite. We believe that you and your family are important members of the care team.

We hold care conferences for all of our residents. Together you and your support person(s) and your care team will talk about your goals of care and answer any questions you may have. The care plan is a written plan of your needs, goals and wishes and how they are to be met.

Your first care conference will be held within four to six weeks of your admission date, and then on a yearly basis, or if there is a major change in your health. If you would like to schedule a meeting with the care team before this, speak with a staff member.

During the care conference, you will have the opportunity to ask questions such as these:

- What is the current state of my medical conditions?
- How is my health status likely to change in the future?
- What complications might I experience and what are the possible treatments?
- What are the risks and benefits of medical treatments being considered or ongoing?

During the care conference, you will have the opportunity to answer questions like these:

- What brings you joy?
- What is important to you?
- What concerns do you have?
- What are you hopeful for at this time in your life?
- What changes would enhance your quality of life?
- What questions do you have for your care team? How are we doing so far?

## Resident and Family Councils

Resident and Family Council meetings are held at each home. The two meetings may be held together or separately. You and your family members are encouraged to participate. You will see the meeting details posted at the home.

These meetings give residents and their families and friends the opportunity to discuss topics related to the services and care provided by the home.

Functions of the councils include:

- Supporting residents, families, and friends
- Sharing information and news
- Advocating concerns and issues that affect all residents
- Helping the home to maintain and improve the quality of life for all residents



*Cumberland Lodge, Cumberland*

## 6. HOW WE KEEP YOU COMFORTABLE

Long-term care homes aim to be home-like and comfortable. Chairs and couches are arranged in small groups to encourage conversation. Smaller spaces are available for visiting and for hobbies such as TV watching, card and board games, puzzles, and small-scale structured group activities.

We post a weekly and daily menu and a calendar of activities. Staff will routinely remind you about any upcoming activities that may interest you.

### Meals and Snacks

Food is prepared to:

- Ensure proper nutrition
- Observe ethnic preferences and religious practices
- Mark special occasions

Residents dine at small tables with others to encourage conversation and socialization. Your family may bring in your favorite foods. Check with the nurse in charge for information about what foods are appropriate to bring. In most homes, family and friends are welcome to share in meals for a small fee. For more details about meals with residents ask the Unit Clerk.

### Recreation and Leisure Activities Programs

We offer a variety of activities and programs to suit many levels of interests and abilities. Some homes have courtyards that provide access to the outdoors. These courtyards may include areas where residents can enjoy gardening activities. A calendar of activities is posted on each unit showing activities offered.

### Pet Visits

We know the valuable relationship that residents can have with animals and pets. Homes have different ways of including pets in their programming, such as therapy dog visits and allowing a family pet to visit. If you would like to have a family pet visit, check with the manager in your home.

## Health-Care Needs

The 24-hour care provided for you will follow your individual care plan. When you are admitted the care team will work with you and your family to assess your needs, goals and expectations. Your care plan will take into account your physical, social, emotional, and spiritual needs, and your strengths and interests.

Many of your health-care needs can be managed in your home where you have well established relationships with staff and other residents. Sometimes your health condition may require a higher level of care and you could be transferred to a hospital - according to your stated health-care wishes.

If you are ill or injured, nursing staff will call your doctor and your designated contact person. Your contact person will share information or news with other family members and friends.

## Spiritual Care

Spirituality is an important part of a person's overall well-being. People living in a long-term care home are offered spiritual support through various religious and spiritual groups. Spiritual care may be provided through group meetings, one-to-one visits, sermons, music, and song. You are welcome to continue your relationships with your community spiritual groups or practices.

## Purchased Services

Some service providers, such as dental and foot care professionals, may be available in your care home. Ask the Unit Clerk or a care team member which specific services are available in your home. You or your substitute decision-maker will pay for these services.

If you wish to privately hire professionals to come to you in the home, talk to the Manager or Social Worker before you go ahead. The care home will need to approve them.

Some services may only be available in the community, outside your care home. Notify the care team if you have scheduled an outside appointment so they can make sure you are ready to go. We encourage family members to organize and attend any appointments in the community if possible.

## **Hair Care**

Hairdressing services are available in most care homes. You can book appointments with the Unit Clerk and the cost will be deducted from your Comfort Fund.

## **Dental Care**

Dental hygienists, denturists, or dentists may provide services in your home. You may also continue to see your regular dentist in the community.

We encourage you to be screened by a dental health professional yearly as well as when concerns arise.

## **Foot Care and Podiatry**

In addition to the routine foot care you will receive from your care team, you may wish to purchase the services of a private foot care nurse or podiatrist.

## **Eye and Hearing Care**

Optometrists (eye care) and audiologists (hearing care) are typically available in the community.

It is important to have your vision and hearing checked regularly so that any issues can be addressed promptly. Undetected hearing loss may speed up the development of dementia by the isolation and confusion it brings.

## **Mail and Newspapers**

If you would like to have a newspaper delivered, contact the newspaper company to arrange delivery. You will make payments directly to the newspaper company. Please tell the Unit Clerk if you have subscribed to a newspaper. Any mail addressed to you at the home will be brought to you. Staff or volunteers may also help you write letters and send mail if needed.

## Gift Shop

Many homes have a gift shop operated by an Auxiliary or a volunteer group. Profits are used to buy extra equipment for the home, or for services or comforts for residents. The shop sells small personal items, snacks, and gifts. These items may be paid for from your Comfort Fund.

## Companions

You may also wish to have other services, such as a paid companion, if they are available in your community. It is up to you, your family, or your substitute decision-maker to find and pay for these services.

If you plan to have a paid companion come into the home, talk with the Manager or Social Worker before you go ahead.

## Internet Services, Cable and Telephone Services

You may be able to access internet and cable services at your care home, but you may be responsible for the cost. Telephones for making local calls are available in every home, but in some care homes you may be able to have a private phone in your room. If available, you will be responsible for installation and cancellation charges, purchase or rental of a phone, and any monthly service fees. If you change rooms, there may be charges for reconnecting services in your new room. Ask the Unit Clerk about procedures in your care home.



### QUICK TIP

- ✓ Dentures, glasses, and hearing aids should be marked clearly with your name. Check with your dental, optical, and hearing specialists for the best way to label these items.



*Aberdeen Hospital,*

## 7. KEEPING YOU HEALTHY AND SAFE

It is important to recognize that all residents share a common living space and the services and care provided by staff. To ensure everyone's welfare, the rights and safety of all residents, staff, and visitors must be considered at all times.

### Preventing Infections

Infection control is highly important in our care homes. Hand sanitizers are provided throughout the home, and we encourage you to use them. Wash your hands frequently using soap and warm water or hand sanitizer especially before eating, after using the bathroom, and if you cough or sneeze.



### RESOURCE

- ✓ To avoid arriving for a visit and finding an outbreak at the facility, check the Active Outbreak List on the Island Health website:
- ✓ [islandhealth.ca](https://islandhealth.ca) Search for Active Outbreaks

You should feel free to ask your visitors and those caring for you if they have cleaned their hands.

We encourage visitors to sit on the chairs provided and not on beds to avoid spreading possible germs. We ask that visitors remain at home if they are sick so they do not pass their germs to you.

During any outbreaks, we may ask families not to visit, or may ask visitors to wear a mask, gown and gloves. Please ask any staff member if you have questions about hand hygiene or preventing the spread of infections.

Flu season typically runs from the beginning of December to the end of March. Residents, staff, visitors, and volunteers are encouraged to have the influenza vaccine. If vaccination is not possible, they must wear a mask (December 1 to March 31) to prevent the spread of flu to others.

### Air Care

Avoid using or bringing in scented personal care products, room deodorizers, and strongly scented flowers because these can cause allergic reactions in other residents and staff.



## Immunizations

Long-term care homes are required to maintain a record of the immunizations and vaccines that residents receive. The program promotes both the pneumococcal and influenza vaccines. If you have kept a record of your immunizations, bring it in for the nurse to document on your chart.

## Preventing Falls

Long-term care homes have a falls management program in place. Although falls cannot be completely prevented, the risk of injury can be minimized by careful planning. We will assess your risk of falling when you are admitted and anytime your condition changes. Strategies to reduce the risk of falls become part of the care plan.

Family members can participate in falls prevention by helping to obtain recommended personal safety equipment, such as hip protectors and appropriate footwear. Keeping your room tidy and clutter-free also helps minimize tripping hazards that can lead to falls.

## Respectful and Safe Workplace

All homes are required to assess risks and determine the safest way to help a resident who may have aggressive behaviors. We use a purple dot or other way of communicating to staff, families, and visitors to get more information before they help a resident.



## Least Restraints Policy

A restraint is anything that restricts a person's movement to help reduce or prevent harming themselves or others. Island Health promotes a policy of using the least amount of restraint possible in order to balance a person's freedom with reducing their risk of injury. Consideration will always be given to the resident's wishes and their right to choose to live at risk.

There are times when a restraint may be necessary. Except in an emergency, you and/or your substitute decision-maker, as well as a doctor, must agree before a restraint can be used. If you have questions about this policy, speak with the Clinical Nurse Leader.



## No Physical Lifting Policy

The safety of residents and staff is a priority of long-term care homes. To prevent injury, staff do not physically lift residents. After you are admitted, we will assess your needs for help with lifting and positioning.

If you are unable to get up from bed or a chair, or to turn yourself in bed independently, staff will use a mechanical lift to assist you. We encourage family and friends to also follow this practice.



*Photo credit: www.arjo.com*



*Photo credit: www.arjo.com*

## Wandering

Long-term care homes often have a monitored door security system to help ensure residents' safety. Staff will monitor and make a care plan for any residents who are not safe to leave the home on their own.

Resident identifiers, such as the ID bracelet, must be worn by all residents to ensure their safety. If a resident is reported missing, staff will contact local police to start a search and will advise the family contact member.

## Alcohol Consumption

You may be able to have your own wine, beer, or spirits while you are a resident in the home, with a doctor's order. However, you cannot keep alcoholic beverages in your room. Ask your nurse where the staff will store it for you.

## Smoking

Long-term care homes have a 100% smoke-free policy. All homes support a smoking cessation program.

## Use of Marijuana

If you are consuming cannabis (marijuana) for medical or recreational purposes, advise your nurse. We want to make sure it does not interact with any other medications you may be prescribed and that it is consumed and stored safely according to home regulations.

## Fire Alarms and Emergency Procedures

Fire drills are conducted routinely. If you hear the fire alarm, stay where you are until directed by staff. There are fire doors throughout the building that close automatically when the fire bell rings. These doors are controlled by electromagnets and will be reopened as soon as the alarm is cleared and reset.



### QUICK LINK

- ✓ The Alzheimer Society of Canada ([www.alzheimer.ca](http://www.alzheimer.ca)) has partnered with MedicAlert Foundation Canada to provide a [Safely Home Program](#) for people with dementia who become lost. If this is a worry for you read more on this service.



### QUICK LINK

- ✓ Eliminate tobacco from your life! Visit [www2.gov.bc.ca/gov](http://www2.gov.bc.ca/gov) – search 'BC Smoking Cessation Program'

## 8. EXPRESSING YOUR WISHES

### Advance Care Planning

Advance care planning is the process of reflecting on your values and beliefs, talking with your support network about your wishes, and may include writing down your wishes for future health-care treatment in the event you are not able to make decisions for yourself. By planning ahead, you can make sure your wishes and instructions are known. This may ease the burden for your loved ones at a difficult time.

Advance Care Planning tells your family, your substitute decision-maker, and your care team what kinds of treatments you do or do not want to receive if you are not able at the time to make these decisions for yourself.

It is important to talk about your wishes for life support and life-prolonging medical treatments with your family, doctor, and care team. Talking with your doctor can help you better understand your health conditions and possible treatment choices and options for care that are best for you. As a result of these discussions, your doctor will complete the MOST form (see pamphlet in admission package).

Once admitted, you will be asked questions about your end-of-life wishes, including CPR. CPR is an emergency procedure performed when someone's heart stops beating or, in some circumstances, when they stop breathing. In long-term care, a written order must be included in the resident's care plan for CPR to be performed in the event of a heart attack, otherwise CPR will not be performed.



#### QUICK TIP

- ✓ Read: *Substitute Decision Making and Incapacity Planning* at: [www2.gov.bc.ca/gov/content/family-social-supports/seniors/financial-legal-matters](http://www2.gov.bc.ca/gov/content/family-social-supports/seniors/financial-legal-matters)

## Health Care Decisions and Legal Matters

If you did not make the following arrangements before you moved to long-term care, you may wish to revisit this once you are settled:

- Ensure that your will is up to date.
- Consider giving someone you trust Power of Attorney to deal with your financial, property, and legal decisions.
- A Health Care Representation Agreement is important, so that a trusted person is able to act as your temporary substitute decision-maker, if at the time you are not able to speak for yourself. This can be the same person as your legal Power of Attorney.
- Be sure that your family are aware of your wishes about funeral and burial arrangements.
- Have an Advance Care Plan, which is a written summary of a capable adult's wishes or instructions to guide a substitute decision-maker, if that person is asked to make a health care treatment decision on your behalf.
- You may wish to provide an Advance Directive, which provides specific instructions directly to health care providers about what care or treatment you consent to, or refuse. This is more specific than an Advance Care Plan.
- A medical order, called a MOST (Medical Orders for Scope of Treatment), could also be helpful. This is a form completed in discussion with, and signed by, your doctor. It is another way to ensure that, in an urgent situation where you are not able to express your wishes about health care or life-sustaining measures, your health care team will align treatment with your wishes. Your MOST forms a part of your medical record.



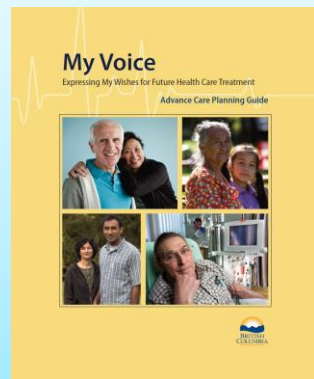
You can find more information on the Island Health public website about advance care planning and the MOST. Please note that employees of long-term care homes are not allowed to witness personal documents such as wills.

The Social Worker can help you find answers to any questions you have.



## RESOURCE

- ✓ A Ministry of Health guide to help families and their loved ones understand this topic:  
[\*My Voice: Expressing My Wishes for Future Health Care Treatment\*](#)



## Palliative Approach to Care

A palliative approach becomes part of usual care for residents living with progressive life-limiting conditions. The focus shifts from prolonging life to maintaining quality of life. A palliative approach includes treatment of curable conditions, pain and symptom management, and social and spiritual support for the resident and family.

## End-of-Life Care

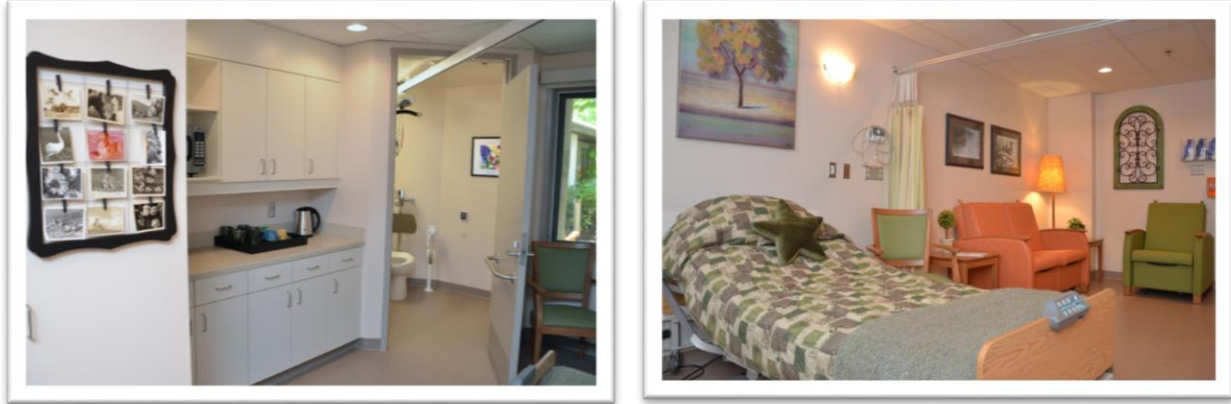
End-of-life care focuses on making a person comfortable during the final days and weeks of life. Comfort for some residents may include medicine and treatment to control pain and other symptoms. For others, it may mean having loved ones with them or listening to music. Our focus is on ensuring comfort and creating a peaceful and kind environment.





## Comfort Care Rooms

Many homes have a comfort care room where families can spend time together during the last days of life. These rooms allow for privacy and comfort and help staff to provide the best possible quality care. We do our best to make this room available when you need it.



*Glengarry Hospital, Chandler Unit, Comfort Care Room*

## Funeral Arrangements

Making funeral arrangements is a sensitive subject for many families and residents. We encourage residents and their families to choose a funeral home. This will reduce stress at a difficult time. If you have any questions about funeral planning talk with your Social Worker. We understand that the time following a death is difficult. We can help with packing personal belongings if the family is not able to complete this task within 24 hours.



## 9. TRANSFERS AND MOVING TO A DIFFERENT HOME

### What if This is Not My Preferred Care Home?

If you were not able to move into one of your preferred care homes, you may have accepted a place in an interim care home. In that case, you are automatically kept on the waiting list for your preferred care home and with the same priority level you had when waiting in the community. How long you stay in your interim care home depends on the waiting time for your preferred care home(s). We may contact you or your decision-maker from time to time to see if you still want to move. We also want to be sure that if your care needs have changed, your preferred care home(s) can still accommodate you.

### Remaining in an Interim Care Home

Some residents find that after settling in to their interim care home and getting to know the staff, they don't want to move again. If you would like to stay in this home, contact the Access office directly. You can then be taken off the waiting list for transfer to another care home.

### Changing Your Preferences

If you are in an interim care home and you change your mind about the care homes you want to transfer to, contact the Access office to tell them about your new selections. An Access staff member will go over your options with you, confirm that your new preferences can meet your care needs, and place you on the correct waiting lists. As before, while you are in an interim care home, you will keep your original waiting list date for the added or changed preferences.

If you are already living in your preferred care home but would like to move to a different care home, you can do so. In this case you will be given a new waiting list date, effective the day you make your request. Contact the Access office to ask for a transfer. An Access staff member will review your options with you, and advise which care homes can meet your needs.



#### RESOURCE

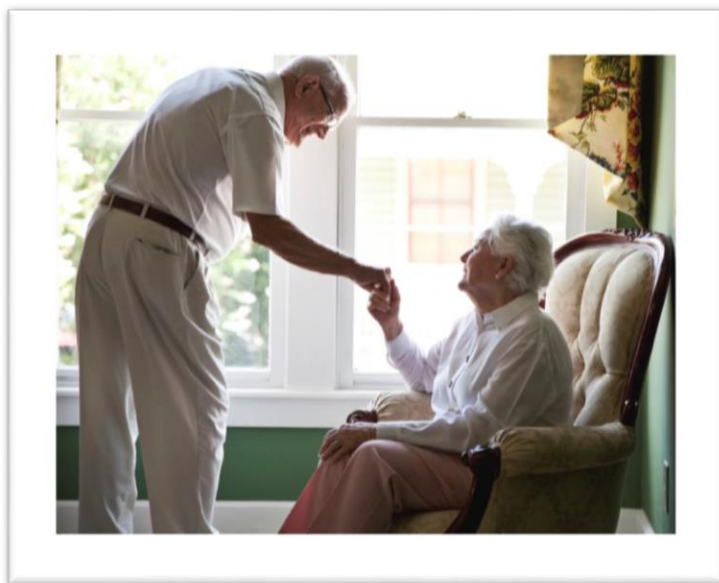
- ✓ Long-Term Care Access Office
- ✓ Telephone: 250-519-5388
- ✓ [LTCAccess@VIHA.ca](mailto:LTCAccess@VIHA.ca)

You can find information to help you choose a new care home in the *Our Locations* section of the Island Health website, at [www.islandhealth.ca](http://www.islandhealth.ca). Once you confirm your new choice or choices with the Access office, they will place you on the waiting list with your new waiting list date.

When a bed becomes available for you in your new preferred care home, you will be contacted directly by the care home staff with the offer of care and accommodation. You will have 48 hours to accept the offer and to move into the care home. Any costs associated with this move are your responsibility.

### **Keeping Spouses and Partners Together**

If you and your spouse or partner both need admission to long-term care, we will make every effort to place you together as soon as possible. We also make it a priority to reunite spouses or partners when one is already living in long-term care and the other becomes eligible for admission. Your or your spouse or partner's Case Manager will let you know which care homes can meet both your needs, and will guide you through the process. Sometimes, one spouse or partner may need to move again so that a couple can be together in a care home that can accommodate both of their needs. Because care home beds are limited, it's not always possible to offer care to both spouses or partners at the same time, but your Case Manager will recommend ways to lessen the time before you can be together in a care home.





## 10. ADDRESSING CONCERNS AND COMPLAINTS

When you are admitted, you and your family will receive information about who is responsible for coordinating services and resident care in your home, and who you should speak to if you have questions or concerns. (See the *Concerned About Quality of Care* booklet below.)

We welcome feedback about your experiences with Island Health. If you have a compliment or a complaint about the service provided, we encourage you to speak with the person who provided the service or that person's manager. It is best to talk about your concerns when they happen.

If you are uncomfortable talking to the manager or your concern remains unresolved, we recommend that you speak to the Patient Care Quality Office (PCQO).

The PCQO will listen to you and formally register your concern, work with you to resolve it, and respond within 40 business days to explain their actions and decisions. Your feedback can help to improve the quality of service provided.



### RESOURCE

Concerned about quality of care? Contact Island Health's Patient Care Quality Office:

- ✓ Call: 1-877-977-5797
- ✓ Email: [patientcarequalityoffice@viha.ca](mailto:patientcarequalityoffice@viha.ca)
- ✓ [islandhealth.ca](http://islandhealth.ca) Search for Patient Care Quality



## 11. SUPPLEMENTARY MATERIAL

### Important Contact Numbers

Island Health has a central office to help residents of long-term care homes with all questions related to waiting lists, transfers, and calculation of the monthly charge based on income.

Your contacts for the LTC Access Office are:

- **Transfers and Waitlists** – 250-519-5388 or [LTCAccess@viha.ca](mailto:LTCAccess@viha.ca)
- **Rate Calculations** – 250-519-5388 or [ResCareRates@viha.ca](mailto:ResCareRates@viha.ca)

If you have a concern about health and safety or quality and care related to a long-term care home that you have not been able to resolve with care home staff, the following departments and agencies are available to you:

- **Patient Care Quality Office** – 1-877-977-5797 or 250-370-8323
- **Facilities Licensing** – Enquiry BC can help you in contacting a Licensing Officer. Call 1-800-663-7867 and ask to be connected to the office nearest you.



Important things to remember....





# RESIDENTS' BILL OF RIGHTS

## 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.

These rights are posted pursuant to section 7 (1)(c.1)(ii) of the *Community Care and Assisted Living Act*

## DEFINITIONS

Many of the following definitions are from:

[www.health.gov.bc.ca/library/publications/year/2013/MyVoice-AdvanceCarePlanningGuide.pdf](http://www.health.gov.bc.ca/library/publications/year/2013/MyVoice-AdvanceCarePlanningGuide.pdf)

**Advance Care Plan** is a written summary of a capable adult's wishes or instructions to guide a substitute decision-maker if that person is asked by a doctor or other health-care provider to make a health-care decision on behalf of the adult.

**Advance Care Planning** is a process by which a capable adult talks about their beliefs, values and wishes for health-care with close family or friend(s) and a health-care provider before a time when they may not be able to decide for themselves.

**Advance Directive** is a capable adult's written instructions that informs the health-care provider about the treatments the adult consents to or refuses. It is effective when the capable adult becomes incapable and only applies to the health-care conditions and treatments noted in the advance directive.

**Case Manager** provides support and coordination to people and their families when they are applying for placement into long-term care. The Case Manager ensures a smooth transfer to programs and/or long-term care services. They also coordinate transfers to other homes.

**CPR** stands for cardiopulmonary resuscitation. It is performed during a cardiac arrest and involves manually compressing the chest with artificial ventilation to preserve breathing function and blood circulation until other measures are taken.

**Dementia** is a gradual and progressive decline in mental processing ability that affects short-term memory, communication, language, judgement, reasoning, and abstract thinking.

**End-of-life care** is the term used to describe the care provided during the final hours or days of a person's life. **Palliative approach to care** is about providing comfort and quality care for residents living with progressive life-limiting illness and their families. It is not limited to last days. It addresses physical, psychological, and spiritual concerns and focuses on comfort, respect for decisions, and support for the family. It is provided by the interdisciplinary health-care team and begins with admission.

**Family** is defined by the resident and includes the people the resident wishes to include. The term family can be very broad and can include anyone in a person's circle of care who provides love and support. Family may be biological like a parent or child, or chosen such as a partner, friend or neighbour. We believe that engaging families in care is a key strategy for promoting wellness, and meeting the needs of the people we serve.

**GIS** is the [Federal Guaranteed Income Supplement](#). GIS provides a monthly non-taxable benefit to low-income people receiving Old Age Security (OAS) who are living in Canada.

**Incapable (incapability)** is determined by a health-care provider who must base their decision on whether the adult demonstrates that they understand:

1. the information given about their health condition;
2. the nature of the proposed health care, including the risks, benefits and alternatives;  
and
3. that the information applies to their situation.

**LGBTQ2+** stands for people who identify as Lesbian, Gay, Bisexual, Transgender, Queer and Two-Spirited.

**Long-Term Care** is the BC Ministry of Health term for what you may know as residential care, extended care, nursing home care, or geriatric care.

**MOST (Medical Orders for Scope of Treatment)** A MOST is an order that tells physician(s) and other health-care providers what health care to provide in these situations:

- if your heart stops
- if you stop breathing
- if you are in pain or need comfort care
- if you need medical or critical care treatment

**Power of Attorney** is a document that appoints a person, called an attorney, who is authorized by a **capable** adult to make financial, business and/or property decisions on his or her behalf. Attorneys may not make health-care treatment decisions. An **Enduring power of attorney** is a document in which an adult authorizes another person to make the same decisions as a Power of

Attorney, except that the attorney is authorized to act when the adult becomes **incapable**, and to continue to act when the adult remains incapable.

**Representative** is a person, 19 years or older, who is named by a capable adult in a Representation Agreement to make health-care treatment decisions on their behalf when they are incapable of deciding.

**Representation Agreement (RA)** is the document in which a capable adult names the representative to make health-care and other decisions on his or her behalf when incapable.

There are two types:

1. Section 7 RA: An adult may authorize a representative to make decisions about the routine management of financial affairs, personal-care, and some health-care decisions on behalf of the adult, excluding decisions about the refusal of life support and life-prolonging medical interventions.
2. Section 9 RA: An adult may authorize a representative to make personal-care and health-care decisions on behalf of the adult, **including** decisions about the acceptance or refusal of life support and life-prolonging medical interventions.

**Resident** is an individual living in a long-term care home.

**Substitute Decision-Maker** is a capable person with the authority to make health-care treatment decisions on behalf of an incapable adult.

**Temporary Substitute Decision-Maker (TSDM)** is a capable adult chosen by a health-care provider to make decisions about health-care treatment on behalf of an incapable adult when care is needed. A TSDM is not chosen if the adult has an advance directive that addresses the care needed at the time, or if the adult has an available personal guardian or representative.

## Acknowledgements

It is our hope that this handbook will serve its purpose well in guiding and smoothing the process for families as they make the transition to long-term care. We would like to take this opportunity to acknowledge some of the key contributors to the development of these handbooks.

We thank the families who contributed their ideas on what would be helpful to know before, during and after the transition to long-term care. It is their ideas that helped personalize this handbook and ensure inclusion of answers to questions we often receive.

Thank you to all the organizations who gave us suggestions and laid the groundwork for our handbooks. These include *Interior Health Resident and Family Handbook*, *Saanich Peninsula Resident Handbook*, *Residential Services South Island Resident and Family Handbook*, and long-term care staff. Most importantly we would like to acknowledge the work of Fran Aitkens, our Patient Voices Network partner, who undertook the amalgamation of all our resources and

editing. Her professional experience was invaluable but it was her personal experience with home life in the role of a caregiver that brought a human touch and sensible approach to these handbooks.



Our thanks also go out to our Foundation partners for their continued support with donations to our homes that enrich the lives of residents. The work they do is present in many forms on all of our units and our appreciation is abundant.



Important things to remember....



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*Long-Term Care*

*Revised January 2020*