

Long-term Care



Resident & Family Handbook

Information for people who are moving into
Long-term Care and their loved ones

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Welcome To Long-term Care

This handbook provides general information to people waiting to get into Long-term Care and their loved ones.

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

The benefits of Long-term Care include:

- A private or shared room;
- Safe and secure living environment;
- Medication supervision and administration;
- 24-hour nursing and personal care following care plans;
- Clinical support services such as rehabilitation and social work services;
- Planned physical, social and recreational activities;
- Nutritious meals, including options for therapeutic meals and meal replacements;
- Basic laundry services, including personal clothes;
- General hygiene supplies such as soap, shampoo, and tissues;
- Routine medical supplies and standard incontinence management products;
- A basic wheelchair for personal use.



About Interior Health

Vision

To set new standards of excellence in the delivery of health services in the Province of British Columbia.

Mission

To promote healthy lifestyles and provide needed health services in a timely, caring, and efficient manner, to the highest professional and quality standards.

Values

Quality: We are committed to safety and best practice.

Integrity: We are authentic, and accountable for our actions and words.

Respect: We are courteous, and treat each other as valued clients and colleagues.

Trust: We are free to express ideas.

Goals

1. Improve Health and Wellness
2. Deliver High Quality Care
3. Ensure Sustainable Health Care by Improving Innovation, Productivity, and Efficiency
4. Cultivate an Engaged Workforce and a Healthy Workplace

Our Commitment

In 2009 the Government of British Columbia passed the Persons' Bill of Rights to promote the rights of all adults who live in Long-term Care facilities. 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 care homes have many of the same rights they had living in their own home. The Residents' Bill of Rights serves as the foundation for all aspects of our care and operations. Interior Health and each of our staff members is committed to protecting Persons' rights. As a team, we recognize that every Person is entitled to individualized, quality Person-centered care.

Our Approach To Care

A Person-centered approach to care recognizes Persons' emotions, wishes, and life experiences, as well as their physical being. Our approach aims to preserve dignity, and respects and promotes social experiences. The Long-term Care homes strive to provide a home-like setting. The role of the staff is to help each Person to feel comfortable and content.



Deciding To Move To Long-term Care

General Information

Selecting a care home:

Applications for Long-term Care services are handled through the Home Health office in your community. Once your eligibility has been determined, access to a Long-term Care home considers your needs, existing supports, and the urgency of your situation.

You will be asked to identify your preferred Long-term Care home(s) and an interim care home if required. Your care manager is a great resource, and will explain to you and your loved ones the wait list process, as well as, the choices you have about your care.

HELP IN SELECTING A LONG-TERM CARE FACILITY



A Ministry of Health resource designed to assist individuals and their families to select a Long-term Care home can be found at:

<http://www.health.gov.bc.ca/library/publications/year/2013/planning-for-your-care-needs.pdf>

Cost of Living in Long-term Care

The Long-term Care rates start at a minimum rate set by the Ministry of Health. The rates increase according to a person's income, to a maximum amount. These rates are generally 80% of a person's after tax income. The rates are updated annually based on your annual tax return. Before moving in, your Care Manager will advise you of the rate and any other associated charges or fees. You or your substitute decision maker will be asked to sign an admission agreement relating to your financial responsibility.

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.

What if my income has not been properly assessed or circumstances change?

Every effort will be made to ensure a person's income level is fairly assessed. If there are any questions about your rate, contact the Access Coordinator or the Long-term Care Coordinator in the home.



TIP: Be sure your income tax is done promptly every year so that your rate is adjusted appropriately.

How are rent payments made?

Rent is payable in different ways depending on the care home. Many privately owned homes need pre-authorized or post-dated payments at the start of every month. Interior Health policy asks that pre-authorized payments are set up upon admission. Pre-authorized payments ensure that payments are timely and straightforward. You or your substitute decision maker will get statements detailing the rent and any other fees you have paid.

Reimbursement of any funds remaining when the room is vacated is done according to Interior Health Policy. For more information, please contact the Manager of the home.

Room charges during absences:

The Ministry of Health limits how long a person can be away from a Long-term Care home. Leaves are limited to 30 days added up over a year. Absences due to hospitalizations are not included. Room charges do apply during absences, including hospitalizations. On occasion, a person may need to be transferred to a specialized care facility. If this absence is greater than 30 days, the person's room may be given to another individual and the person may be offered a different room when they return.

Typical extra living costs in Long-term Care:

- Any expenses for moving in or out of the Long-term Care home;
- Personal transportation, including to and from medical and dental appointments;
- Ambulance charges;
- Personal clothing;
- Labeling of clothing and other personal items (if not done by family);
- Personal care items, such as: Kleenex, shampoo, deodorant, soap, toothbrush, toothpaste, razors, Polident, Poligrip, hairbrush, etc.

- Personal cable connection and monthly charges. Cable may be provided at a reduced rate in some Long-term Care homes;
- Personal telephone connection and monthly charges;
- Eye glasses / examinations;
- Dentist, dental hygienist visits and dentures;
- Foot care;
- Hearing aids and batteries, including replacement batteries;
- Bus trips and/or costs for outings and meals when the individual is away from the home;
- Oxygen and oxygen supplies (some exceptions may occur);
- Purchase or rental of equipment exclusive to the person, such as: walkers, crutches and specialized wheelchairs;
- Hip protectors and nonslip socks;
- Specialized mattresses and cushions;
- Repairs and maintenance of any personal and specialized equipment for exclusive use by the Person;
- Personal newspaper and magazine subscription fees;
- Dry cleaning costs or laundering of items requiring special attention;
- Barber and hair-dressing fees;
- Medications that are not covered by Pharmacare, such as: non-prescription drugs, vitamins, herbal remedies and some specialized medications;
- Nutrition supplements requested by the Person not typically provided by the home;
- Funeral and burial arrangements;
- And other private services (e.g. paid companions or massage therapists).

RESOURCE:



Further information about the services and costs associated with Long-term Care, can be found in the Government of British Columbia, Home and Community Care Policy Manual.

<https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/accountability/hcc-policy-manual/hcc-policy-manual-chapter-7.pdf>

Preparing To Move

The time between being notified of a vacancy and accepting a bed in a Long-term Care home may be very short. We recommend that you prepare beforehand.



Important Steps to Take Prior to the Move:

- Tour the care home after receiving your acceptance letter;
- Confirm that your family doctor will continue to provide care after the move; if not, then you will need to find a new doctor;
- Talk about future wishes for health care and for end-of-life with your family and doctor;
- Make a list of people to tell about the change of address;
- Ensure your personal items are labeled;
- Organize legal documents and insurance. Check to see if you qualify for financial benefits (e.g. Guaranteed Income Supplement).

Once the Bed is ready:

- Find out the best time to arrive and ask about the personal items you will need to bring;
- Organize transportation and any help you will need to move in.

Furniture

Rooms are equipped with a bed/mattress, night table, and wardrobe/dresser. There may also be a chair in the room. A nurse call system is available next to each bed and in the bathroom. Most rooms have a ceiling lifts to assist Persons with mobility and transfer needs.

You are encouraged to personalize your room by decorating it with pictures and things that are important to you. A small radio and TV may also be brought into the room. Please talk to the Manager or Long-term Care Coordinator as to what can be placed in your room. There is limited closet and shelf space in the room. Families may be asked to remove furniture if it presents a risk to others.

Valuables

All personal items brought into a care home are the sole responsibility of the Person and/or the Person's substitute decision makers. All items should be clearly marked with your name. Staff will make every effort to safeguard your eyeglasses, teeth, and hearing aids; however, these items do go missing from time to time. As an example, a Person with dementia may wander away with another person's eyeglasses and put them somewhere unusual. The cost of replacement rests with the Person or their family. Insurance for loss of items such as wheelchairs, dentures, and hearing aids is recommended.



TIP: In many cases, homeowner insurance will cover losses incurred by a spouse living in Long-term Care. Check with your insurance agent to see if your home owner's insurance will cover belongings in Long-term Care.

Persons are encouraged to set up a comfort fund for small purchases such as ice cream on an outing. Please check with the Manager or Long-term Care Coordinator about how this can be done.

Clothing

Helping a Person who has stiff and painful joints or difficulty with their balance to get dressed can place both the Person and the staff at risk of injury. We recommend that you do not purchase clothing until staff has done an assessment to find out if adaptive, open-backed clothing is appropriate. Most care homes can help you get this type of clothing.

Adaptive clothing is comfortable, stylish, and easy to use. It lets Persons maintain their independence as long as possible. Adaptive clothing makes dressing and transferring easier for both the Person and the staff member who is assisting them. Every effort will be made to meet personal preferences.

All personal clothing is washed together in the home. Things that need special care (i.e. hand washing, dry clean only) should not be left to be washed at the home. Remember that all clothing must be labeled with your name. For a small fee some homes will label clothing and personal items.

See the table below for a list of suggested clothing and personal items. Basic incontinence supplies are provided by the home.

Suggested list of clothing and personal items (consider ease of dressing):

- Housecoat
 - Bra and/or undershirts
 - Underpants
 - Slips if applicable
 - Outfits/ dresses
 - Jogging suits
 - Stockings or socks
 - Slippers, non-slip (recommended)
 - Non-slip shoes
 - Coat or jacket (lightweight & heavyweight)
 - Cosmetics, body lotion
 - Eyeglasses
 - Hearing aids
- Pajamas
 - Undershorts
 - Shirts
 - Shorts and pants
 - Undershirts/ vests
 - Sweaters
 - Electric Razor
 - Shaving supplies, aftershave
 - Toothbrush/ toothpaste/ denture tablets
 - Hairbrush/ combs
 - Soap, Deodorant, Kleenex
 - Body lotions, shaving supplies
 - Dentures and denture brush

Walkers, Canes, and Wheelchairs

Who is responsible for providing equipment?

Basic wheelchairs which are medically required and prescribed will be provided to persons at no cost. Persons who require a modified basic wheelchair will be responsible for the cost of any modifications. Persons will also be responsible for the full cost of specialized or customized wheelchairs. The home will provide basic cleaning and maintenance of wheelchairs. The cost for deep cleaning or more significant maintenance will be charged to the Person. Walkers, canes, and some specialized equipment are not provided by Long-term Care homes. You or your family are responsible for purchasing or renting specialized equipment such as special cushions.

What is a basic wheelchair?

Definition of basic wheelchair: A manual, self-propelled, safe and durable wheelchair with a basic contoured seat cushion, which is reasonable to obtain and maintain.



What if I do not have the equipment I need?

Care homes have a limited supply of equipment which may be loaned for a period of 3 to 6 weeks. Such equipment will be loaned according to availability and priority of need. There may be a small fee associated with this service.

Is there funding for equipment?

Some Persons may qualify for funding or assistance through various sources such as the Veteran's Affairs Canada (VAC), Aboriginal programs, the Ministry of Social Development, or private insurance such as Blue Cross.

Is power mobility allowed?

All power mobility equipment, including scooters and power wheelchairs, is assessed on an individual basis. The equipment is inspected on admission and a Person may be required to pass a power mobility driving test. If they pass, the Person must sign a power mobility agreement to ensure safety for everyone. Additional driving tests may be required when a Person's ability changes.

Who assists with equipment needs?

An Occupational Therapist or Physical Therapist completes assessments and recommends the most suitable equipment.

What do I do with equipment I no longer need?

Many Long-term Care 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 care home staff for more information.

What kind of equipment may be needed?

- Wheelchairs
- Wheelchair Cushions
- Walkers
- Splints
- Heel boots
- Mattress Overlays
- Specialty Mattresses
- Adaptive aids (long handled shoehorn, reachers)
- Adaptive Clothing (to accommodate safe lifts)
- Wheelchair alarms
- Bolsters
- Hip Protectors, etc.

What To Expect When You Arrive

Admission

When you first move into a Long-term Care home, you and your family will be provided with an orientation, including:

- A tour of the site and your room;
- Information about the services provided; and
- An introduction to staff and Persons.

Each Long-term Care home is unique. Staff will discuss the special aspects of the home once you arrive.

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; and
- Making informed decisions related to care.

Care staff will gather information during the admission process so they can get to know you and develop a personalized care plan. This care plan is a guideline of the type of care and support you require.

Adjusting to a Move

Moving into a Long-term Care home is like moving to a new neighborhood. Each person reacts differently to a move. While it can be a welcome and positive change for

Persons and their loved ones, it can also be a very stressful time; particularly for those with dementia.

The first four hours of the admission process is a critical time when new Persons will need extra support. The goal of the care team is to work with you, as the Person, and your family to provide that support. If able, family and friends are encouraged to ease the transition. Some suggestions for family and loved ones include:

- Select the best time for admission for both you and the care home;
- Support you to attend a meal or an activity at the Long-term Care home before the admission occurs;
- Ensure a family/personal history is completed. (often called Family Admission Questionnaire);
- Visit you and plan to stay for most of the day, if needed;
- Bring in a favorite meal or treat for the day;
- Choose a familiar, enjoyable activity that the family can do together; and/or
- Help you get ready for bed.

The first week after a move is often unsettling for everyone. It will take time to feel comfortable in your new home and to build trusting relationships with other Persons and staff. It is not unusual to feel sad, anxious, angry, or confused.

Families may notice a change in your behavior as you adjust to the new setting. A new Person may stop doing something they were able to do for themselves before, or they may start doing something they haven't before. Families are asked to speak with staff to share what they are seeing.

Settling Into A New Home

Long-term Care homes aim to be home-like and comfortable. Chairs and couches are arranged in small groups to encourage conversations. Smaller spaces are available for visiting and for hobbies, including: TV watching, card and/or board games, puzzles, and small scale structured group activities. A weekly and daily menu as well as a calendar of recreational activities are posted. Staff routinely remind Persons about any upcoming activities that may interest them.

The Ongoing Role of Family and Loved Ones

Families and loved ones are partners in care. We encourage them to review the care plan with nursing staff and participate in Person care conferences (team meetings where care plans are reviewed). These are excellent ways for the care team and the family to be on the 'same page' and to promote good communication. Family and friends are encouraged to visit and participate in many of the day-to-day activities.

Family and loved ones can continue to participate in your life at your new home by:

- Introducing themselves to staff;
- Taking you for 'rides' or walks;
- Reviewing the activities calendar for activities they can join; and
- Visiting you and sharing in meals.
- Family members also need time to adjust to this major change. We encourage loved ones to:
 - Balance taking care of themselves with the care and support they provide to their family member;
 - Speak with other family members and loved ones about how to work as a 'team' to help maintain a strong connection to the Person; and
 - Check out bulletin boards and/or attend Family Council meetings to get information and support.



Resident and Family Council

Person and Family council meetings are held at each Long-term Care home on a regular basis. These meetings provide the opportunity for Persons, families, and friends to discuss topics related to the services and care provided by the care home. The meetings help the care home maintain and improve the quality of life for the Persons. Functions of the councils include:

- Supporting Persons, families, and friends;
- Sharing information; and
- Advocating when concerns and issues affect the Persons.

All Persons and family members are encouraged to participate.

Visiting and Staying in Touch

There are no set visiting hours. We ask loved ones to talk to the staff to find out about any special events and how to make the most of your visit. Let nursing staff know, in advance if possible, about any upcoming longer term absences.

Families and loved ones are also encouraged to keep in touch by phone or Internet. Many Long-term Care homes now have internet computer access available for Persons, allowing for communication by e-mail and Skype.



Leaves and Vacations

All Persons need to notify staff and sign the “sign out sheet” prior to leaving the home and to sign back in upon their return. It is important to let the staff know when you are leaving in case there is a fire or evacuation. Staff will need to know who is still in the building. This also ensures arrangements can be made for medication while you are away.

Ongoing Care

Recreation and Activity Programs

Each day, a variety of activities and programs are offered to suit many levels of interests and abilities. Some facilities have courtyards that provide access to outdoor areas. They feature activity areas with planters that let Persons get their hands dirty again, and take part in and enjoy gardening activities.

Long-term Care homes are aware of the valuable relationship that animals / pets can have with Persons and their loved ones. Care homes have different ways of including pets as part of their programming or socialization (e.g. therapy dog visits, visiting pets, etc.). If you wish to have a pet visit please check with the Long-term Care Coordinator in your home for details on the pet policy. Generally pets are required to have a vet check and be on a leash.

Meals and Snacks

Food is prepared to: a) ensure proper nutrition, b) observe ethnic and religious practices, and c) mark special occasions. Persons dine at small tables with others to encourage conversation and socialization.

Families are also encouraged to bring in favorite foods for their loved one. Please check with the Long-term Care Coordinator, for information about what foods are appropriate to bring into the home. In most Long-term Care homes, family and friends are welcome to share in meals for a small fee. For more details about dining with Persons, please speak with the care staff.

Chewing and Swallowing Care

Some people have trouble swallowing when eating solid food and / or drinking liquids. Trouble swallowing is called dysphagia. Signs of dysphagia include coughing, choking, a gurgly voice, or the feeling of food being stuck in the throat when eating.

Persons with dysphagia may require a change to what they eat to make their swallowing easier and safer. Diet textures may need to be modified to make food safer and more appropriate to support a Person's health care needs. Other solutions may include mouth care, positioning or medication changes.

A Registered Dietitian or Occupational Therapist will work with the person and assist the care team to find the best options.

Spiritual Care

Persons 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, ceremony, sermons, music and song.

Health Care Needs

Twenty-four hour care is provided according to the Persons' care plans. The care team will work with you and your family to complete an assessment of your needs and expectations. A care plan takes into account the physical, social, emotional, and spiritual needs and interests of each Person.

Most health care needs can be managed in the care home; however, on occasion, the level of care required may exceed what the care home can provide. In the case of a medical emergency or a situation that cannot be managed in the care home, you will be transferred to the hospital and returned to the home once stable.

When a Person is transferred to hospital or between care settings or programs, a copy of the Medical Orders for Scope of Treatment (MOST), Cardio Pulmonary Resuscitation (CPR) order, and any other health care directives will be transferred with the person.

In the event of illness or injury, the nursing staff will contact your doctor and family or substitute decision maker. The substitute decision maker is responsible for sharing information or news with other family members or loved ones.

Dementia Care

The term dementia describes many conditions that can lead to a gradual and progressive decline in thinking and functional ability. Dementia can affect short-term memory, communication, language, judgment, reasoning, and abstract thinking. Eventually the person might not be able to dress themselves and may even lose interest in eating and drinking. The brain stops giving their body the messages it needs to survive. In time, even the digestive system stops working and cannot absorb food even if the person continues to eat. Dementia is a progressive, terminal illness.

Preserving the person's quality of life, especially as it pertains to who they were before they had dementia, requires a specialized approach to care. Interior Health has invested many resources to provide this specialized approach to care. Many staff have taken some form of dementia care training providing them with skills in caring for an individual with dementia. The overall goal of care is to reduce a person's feeling of isolation, boredom, and powerlessness that can come from the disease.

All programs and activities that Persons with dementia participate in (recreation, eating, bathing, and dressing) provide opportunities that can enhance their quality of life. These programs initiate thought processes, increase functioning ability, increase self-esteem, and help reduce the frequency or intensity of complex behaviors.

Special Care Unit

Some Long-term Care homes have Special Care Units. A Special Care Unit provides additional care supports for Persons with Dementia who's safety would be at risk if they left the care home without a support person; or for person who require additional supports for managing behaviors which pose a risk to themselves or others. Once these additional supports are no longer required by the person, the aim is to move them back into the Long-term Care general home environment.

Palliative and End of Life Care

Palliative Care is an approach that supports the person's wishes and goals. The focus of care is to improve quality of life and to prevent and relieve any symptoms that cause distress. This approach is used from the time a person moves into their new home until the end of life to make sure that they live well every day.

Medical Assistance in Dying (MAiD)

Medical Assistance in Dying is a process in which a doctor or nurse practitioner helps a person who wants to voluntarily and intentionally end their life.

Seeking MAiD is a deeply personal decision. If you are thinking about medical assistance in dying, talk to someone who can help inform you about your potential options: a doctor, nurse practitioner or other health care professional. You may wish to discuss your decision with your family members and loved ones as well as anyone else who can support you.

Eligibility assessments for MAiD are available at all care homes. In a few homes, provision of medically assisted death is not available. Do ask if your care home offers the full MAiD services.

You can learn more information about medical assistance in dying by reading, *MAiD: A Shared Journey*; located on Interior Health's public website: www.interiorhealth.ca/yourcare/maid

The MAiD Coordination centre is available for anyone looking for information and help to facilitate access to medical assistance in dying.

Phone: 250-469-7073 (Kelowna area)

Toll Free: 1-844-469-7073

Fax: 250-469-7066

Email: MAiD@interiorhealth.ca

Hours: Monday-Friday, 8:00 a.m. to 4:00 p.m.

Funeral Arrangements

We recognize that making funeral arrangements is a sensitive subject for many families and Persons. Interior Health encourages Persons and their families to pre-arrange funerals. The family must provide permission to the funeral home prior to the site releasing the body to them. If the family is not available and no pre-arrangements have been made for the person, at the time of passing, the site manager will choose a funeral home.

Expressing Your Wishes

General Information

Advance care planning is the process of thinking about and writing down your wishes for future health care treatment in the event you are unable to make decisions for yourself.

An advance care plan has two main functions:

- It tells your family, your substitute decision-maker, and your doctor what kinds of treatment you do or don't want to receive when you near the end of your life and you can no longer make these decisions for yourself.
- It lets you name a person who can make treatment decisions for you when you cannot make decisions for yourself. This person is called a "substitute decision-maker".

Talking about your wishes for life support and life-prolonging medical treatments with your family, doctor, and care providers is important. Although these can be difficult talks to have with loved ones, it is important to make your wishes known.

Some of the hardest decisions relate to the use of life support and life-prolonging treatments such as ventilation to assist with breathing, kidney dialysis to help kidney function, tube feeding, and CPR. Knowing your wishes may help reduce the uncertainty and anxiety loved ones experience. It may bring them a measure of comfort knowing that they followed your wishes.

Prior to or once admitted to a Long-term Care home, 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 present in a Person's care plan for CPR to be performed in the event of a cardiac arrest.

Your health-care team will discuss your plans and treatment options with you. Talking with them will help you to better understand your health condition, possible treatment choices, and options for care that are best for you. The results of these discussions will be your doctor completing the MOST (Medical Orders for Scope of Treatment) form.

Advance Directives and Substitute Decision Makers

An advance directive is the legal document that will serve as a reference should you be unable to express your wishes.

In BC, there are two types of Representation Agreements or Enduring Power of Attorney documents. These documents allow you to designate who you want to manage your financial, legal, health, medical and/or personal affairs if you become incapable of making these decisions or providing consent.

Persons are encouraged to document advance directives while they are healthy and clear-thinking. A “temporary substitute decision maker” can be appointed if you are not able to give consent and have not legally selected someone to speak to your medical or health issues. If a Person is incapable of authorizing legal documents, the Court may appoint a “Committee” on their behalf.

In situations where the Person's affairs are very simple, a Social Worker may also assist the Person and/or loved ones in becoming a Private Trustee of federal pensions. The Public Guardian and Trustee Office can also provide assistance, but usually as a last resort. Where available, talk with a Social Worker if you would like more information.

Please note that employees of Long-term Care homes are not allowed to witness personal documents such as wills.

RESOURCE:

A Ministry of Health guide to assist families and their loved ones to understand this topic is:



My Voice: Expressing My Wishes for Future Health Care Treatment.

This guide can be found at:

www.health.gov.bc.ca/library/publications/year/2013/MyVoice-AdvanceCarePlanningGuide.pdf

The Care Team

Long-term Care regulations and policies require that all staff and volunteers have the necessary qualification 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.

Long-term Care homes are held to the same standards and provide a similar level of services and care. However, staff that make up the care team may vary from one care home to another.

The following section identifies staff you may meet and describes their roles.



Doctors

All individuals living in a Long-term Care home must have a doctor. A person's family doctor may continue to provide care once a person moves into a Long-term Care home.

Nurse Practitioners

Nurse Practitioners (NPs) are Registered Nurses with advanced knowledge, skills and a Master's degree in Nursing. NPs are educated to provide care for many illnesses and conditions. If your care is beyond the NP's scope of practice, you will be referred to a physician or specialist. NPs and physicians work together as a team to provide you comprehensive care.

Food Services Staff

The Food Service staff is responsible for the safe preparation and delivery of quality, nutritious meals and snacks. They also provide for the Person-specific dietary needs prescribed by the Registered Dietitian, which may include texture modifying foods and/or beverages.

Housekeeping and Laundry Staff

Housekeeping staff clean bedroom floors, high traffic areas and washrooms daily. The Person's entire room is usually cleaned on a weekly basis. Laundry may be done by a variety of staff depending on the care home. Persons and family members are also encouraged to take part in keeping the Person's room tidy.

Long-term Care Manager

Each care home has a Manager who looks after the overall operation of the home. A Manager is responsible for ensuring quality care and services for the Persons living in a Long-term Care home.

Maintenance Staff

Maintenance staff attends to the upkeep and repair needs of the care home. Maintenance concerns can be passed on to the Long-term Care Coordinator or Manager who will notify the Maintenance Department.

Nursing and Care Team

The nursing team provides 24-hour care to Persons. Members of the nursing and care team may include:

- Registered Nurses (RNs);
- Registered Psychiatric Nurses (RPNs);
- Licensed Practical Nurses (LPNs); and
- Care Aides.

Some care homes have a Long-term Care Coordinator or Director of Care who is responsible for coordinating the care provided to Persons. These staff members work with your doctor and other health care professionals to make sure you receive the care you need.

Recreation Staff

Recreation staff may include Recreation Therapists, Recreation Coordinators, and/or Activity Workers. The Recreation team:

- Provide one-to-one time to Persons;
- Facilitate small group games and social time; and
- Organize large group social events celebrating holiday themes.

Activities may include a variety of outings, music, creative arts, gardening, baking, games, church services, exercise programs, pampering time, and much more. The emphasis is on nurturing Persons' interests.

Registered Dietitians

Registered Dietitians develop nutrition care plans for Persons. Some people are at risk of malnutrition due to swallowing problems, disabilities and/or health issues, and have special nutrition needs. A Registered Dietitian will determine the most appropriate diet and texture option for each Person. Registered Dietitians may also conduct swallow assessments on Persons who have difficulty swallowing. Nutrition care plans and swallow assessments are reviewed regularly in response to the changing needs of each Person.

Rehabilitation Staff

Rehabilitation staff includes:

- Occupational Therapists;
- Physiotherapists; and
- Rehabilitation Assistants.

The role of the Rehabilitation team is to assist each Person to maintain their optimal level of safe mobility and activities of daily living. Rehabilitation services include assessment and fitting of assistive devices (wheelchairs, walkers, splints, hip protectors, etc.) and exercise programs. Rehabilitation staff is also consulted regarding skin care, swallowing concerns, and falls.

Social Workers

Social Workers help ensure the voices of Persons and their loved ones are heard, and work to strengthen communication between Persons, loved ones and staff. Social Workers:

- Provide practical and/or emotional support to Persons and their loved ones at times of loss and transition;
- Assist in clarifying concerns related to financial and medical decisions;
- Help Persons access services and resources; and
- Help the Person and family explore expectations about placement.

Social workers play a strong role in promoting choice and respect for differences.

Students

Nursing or Care Aide students may participate as part of the care team. You may encounter an individual student or large groups of students. All students are supervised and accompanied by an instructor when working in the care home.

Volunteers

Most Long-term Care homes offer a variety of volunteer opportunities and run a “volunteer program”. Volunteers play an important role in Long-term Care homes. We encourage family and friends to ask about the volunteer opportunities at your care home.

You may see volunteers visiting with animals, playing music, assisting with recreation programs, and visiting with Persons. All individual volunteers are screened and supervised.

Volunteers may be community members, family members, or friends. You may also see volunteer or service groups at the home, such as music bands, Candy Strippers, hospice volunteers, and school groups.

Purchased Services

A number of services are available on a fee for service basis, for an extra cost. As a Person, it is up to you, your family, or your substitute decision maker to purchase these services.

Many service providers come to care homes to offer their services. You may need to access some services in the community. Family members are encouraged to organize and assist with appointments in the community.

Please see the Long-term Care Coordinator or Manager to find out about the specific services available in the care home.

Hair Care

Hairdressers and barbers are available in most Long-term Care homes, although not all Long-term Care homes have a hairdressing salon.



Dental Care

Dental hygienists, denturists, or dentists may be available to provide services in care homes. Access to specific services will vary and some Persons may need to access this service in the community.

You are encouraged to be screened by a dental health professional yearly and when concerns arise.

Foot Care

Foot Care Nurses provide assessment, treatment, and support to elderly and diabetic Persons. Maintenance visits usually occur every six to eight weeks. Many care homes have foot care nurses who routinely provide services in the home.

Eye and Hearing Care

Optometrists and audiologists (eye care and hearing centers) typically provide their services in the community.

As in the case with dental care, it is important to have your eyes and hearing checked regularly so that any issues can be addressed promptly. Good vision and hearing enhance quality of life.

It is recommended that dentures, glasses, and hearing aids be marked clearly with the Person's name.



TIP: Check with your dental, optical, and hearing specialists for the best way to label these items.

Other Services

In addition to the services identified here, Persons may also purchase other services such as paid companions, massage therapist, etc. The availability of such services varies from community to community. As a Person, it is up to you, your family, or your substitute decision maker to secure and fund these services.

If you plan to have a privately paid service put in place, please speak to the Manager or Long-term Care Coordinator before you proceed. Some homes may have policies in place regarding the purchasing of contracted services.

Long-term Care Home Procedures

Immunization

As required by the Adult Care Regulations, people admitted to a Long-term Care home must comply with the Province's Immunization and Tuberculosis Screening Program. Care homes are required to maintain a record of the immunizations/vaccines that Persons receive. The program promotes both the pneumococcal and influenza vaccines.

Tuberculosis Screening

Prior to being accepted into a Long-term Care home, you must undergo initial screening for tuberculosis. If you show symptoms related to tuberculosis, you must be seen by a doctor to rule out tuberculosis. A person with active tuberculosis cannot be admitted to a care home.

Medications

Once you arrive in the care home, you will be asked to clarify which medications you are taking. The care team will discuss your medication needs with your doctor and document these in your plan of care.

While most medications are free to Persons, payment may be required for some items. Medications must be safely and securely stored at all times. Unless otherwise specified in a Person's care plan, medications are to be stored in the medication room and dispensed by the nursing staff. Please talk to the Long-term Care Coordinator or Manager regarding the use of any herbal medication.

Oxygen

Oxygen is available for use only as ordered by a doctor. An individual may be required to assume the cost of oxygen and supplies; however, a medical condition might qualify an individual for a subsidy by the Ministry of Health.

Health And Safety Of Persons

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

Visiting When Sick

If a family member of a loved one is sick with flu like symptoms, has a fever or a cough, or vomiting and diarrhea, we ask that they do not visit the care home. While this may be difficult, we must protect ALL of our Persons against infections including influenza. Instead, we encourage loved ones to maintain contact with you through other means: send a card, phone, or consider sending an e-mail if the home has a general email address. This will allow you to keep in touch.

Hand Washing

All visitors to a care home should use the hand hygiene station at the entrance to the home. Hand washing and use of hand sanitizers is the most effective way of preventing the spread of infections. Washing hands should be done by everyone after visits to the bathroom and before meals. Visitors can assist Persons with hand washing.

Respiratory Etiquette

If you are able, cough and sneeze into your sleeve rather than your hand. This stops the spread of germs from hands to doorknobs, telephones, and anything else you touch. If you used your hands or tissues to cover your cough or sneeze, be sure to clean your hands afterwards by using the hand sanitizer.

During the flu season Persons, staff, visitors and volunteers are encouraged to have the influenza vaccine – if this is not possible, a mask must be worn between December 1 and March 31 to prevent influenza infections in the care home.

Air Care

Please avoid the use of highly scented personal care products and room deodorizers as these can trigger respiratory symptoms in other Persons and staff.



Aggressive Alert

All homes are required to assess risks and share the safest way to help a Person who may have aggressive behaviors. Some homes use a purple dot as a way of alerting staff, families, and visitors to get more information before they help a Person. Other homes use a stop sign. Ask what symbol is used in your care home.

Falls Management

Long-term Care homes have a Falls Management Program in place. While all falls cannot be completely prevented, the risk of injury from a fall can be minimized by careful person-centered care planning. On admission to Long-term Care your risk for having a fall is assessed, and as your condition changes your risk for falls will be reassessed. Strategies to reduce the risk of falls become part of the care plan.

Family members can participate in falls prevention by supporting recommendations for personal safety equipment. Personal safety equipment may include hip protectors, appropriate footwear, walking aides, wheelchairs, and bed or chair alarms. To support a safe environment, careful consideration should be made in selecting and arranging furniture.

Restraints

A restraint is anything that restricts a person's movement in order to reduce harm to themselves or others. Interior Health promotes a least restraint philosophy which supports balancing the freedoms of individuals while reducing the risk of injury. Any discussion about safety where a restraint is considered should also include consideration of the right to live at risk and the Person's independence.

There are times when a restraint may be necessary and appropriate. Except in the case of an emergency, you and/or your substitute decision maker, as well as a doctor, must agree before a restraint is used.

No Lift Policy

Long-term Care homes want to ensure that Persons are cared for safely, while maintaining a healthy work environment for employees. After you are admitted, staff will assess your need to be lifted and positioned with a mechanical lift.

If you are unable to get up from a bed or chair, or unable to turn in bed, the staff will use a mechanical lift. Exceptions to this policy may occur when it is absolutely necessary such as in a medical emergency. We encourage Persons' families and friends to also abide by this policy.

Wandering

Long-term Care homes usually have a monitored door security system in place to ensure Persons' safety. Staff will monitor and develop safety plans with the person and their family for any Person who is unsafe to leave the home on their own.

Person identifiers, such as name bands or ID cards, may be required to be worn by some Persons to ensure their safety. In most cases, staff know immediately when a Person is out of the Long-term Care home and are able to redirect them back into the building. If a Person is reported missing staff will contact local police to assist with a search.

Outings

As a Person, if you leave the care home for an outing, you are required to carry identification indicating your name, location and phone number of your care home. Under the Adult Care Regulations, Persons may only leave the home as indicated in their care plan or another preexisting arrangement.

Where no care plan or arrangement is in place, a Person may leave the home in the care of a legal representative or a person authorized by the representative. If you are planning an outing with your loved ones, please ensure the staff are aware and make arrangements to receive your medication while away from the care home.

Risk Management

At times, Persons may choose to participate in activities that may be considered to put them at risk (for example, smoking). In these circumstances, you or your substitute decision maker will be required to sign a Risk Agreement.

Alcohol Consumption

The consumption of alcohol may be permitted. Each home has a process for ensuring the safety of Persons who choose to drink alcohol. Consent from the doctor may be required.

Use of Cannabis (Marijuana)

Medical Cannabis

Medical cannabis is cannabis which has been ordered by your Doctor using processes established by Health Canada. Individuals must store their product in a locked cupboard and may only store the amount legally allowed for personal possession. If required, your nurse will assist you, with storing or taking your medical cannabis. If you chose to smoke or vape medical cannabis you must do so off of the home's property and your nurses will be unable to assist you. Other forms of medical cannabis may be consumed in the home. Ask your nurse for information on where use is permitted and whether there are other related policies that you should be aware of.

Non-Medicinal or Recreational Cannabis

Non-medicinal cannabis is cannabis which is used without following the Health Canada processes. If you choose to use non-medicinal cannabis, you must store your product in a locked cupboard and may only store the amount legally allowed for personal possession. For safety reasons, individuals may not grow cannabis plants in Interior Health homes. If you chose to smoke or vape recreational cannabis, you must do so off of the home's property. Other forms of non-medicinal cannabis may be consumed in the home. Ask your nurse for information on where use is allowed and whether there are other related policies that you should be aware of.

Smoking

Smoking is not allowed in the majority of homes. IH owned and operated homes have a 100% smoke free policy. Able Persons may go off the property if they wish to smoke. All homes support a smoking cessation program.

Items Not Allowed in Long-term Care Homes

Items such as lit candles, electric blankets, heated bean bags, heating pads, hot water bottles, and food preparation appliances (crock pots, kettles etc.) are not permitted in Persons' rooms. These items are potential fire hazards.

For safety reasons, electrical equipment (e.g. radios, TVs) brought in to the Long-term Care home may need to be checked by the Maintenance Department before it can be used.

Fire Alarms

Fire drills are conducted routinely. Should you hear the fire alarm, please stay in the room until directed to leave by staff. There are fire doors throughout the building which 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.

Ensuring Quality Care

All community care facilities in British Columbia that care for three or more “vulnerable” persons must have a license under the Community Care and Assisted Living Act or the Hospital Act and are routinely inspected.

Long-term Care homes funded by Interior Health are also required to be accredited through Accreditation Canada which audits health care organizations and provides a rating of the organization’s compliance with a wide variety of standards. All care homes are required to have a process to monitor the quality of their services and care, and to provide opportunities for Persons and families to provide feedback and make complaints.

Abuse and Neglect

Interior Health is committed to ensuring that all residents are treated with respect and dignity in a culturally appropriate manner and that the resident’s right to receive considerate, respectful and safe care is maintained and protected at all times.

Resident abuse of any form by staff members, other caregivers, visitors, volunteers, students or other residents will not be tolerated.

Abuse is the deliberate mistreatment of an adult which causes physical, mental, or emotional harm or damage to their property or their assets. There are different types of abuse, and it can happen to anyone, at any age, in any culture, no matter what his or her gender, income, or religion.

Physical abuse is a deliberate act of violence, rough treatment, or use of physical force against an adult.

Someone who is being physically abused may show signs of it, but they may not be noticed by others if the victim is hiding the abuse.

Signs and symptoms of physical abuse:

- Cuts
- Bruises
- Burns
- Grip marks
- Black eyes
- Unusual pattern or location of injury

Signs not so easy to identify:

- Fearfulness
- Depression
- Anxiety
- Withdrawal from regular activities and social contact

Neglect is the failure to provide necessary care, assistance, guidance, or attention causing the person physical, mental, or emotional harm.

Adults are neglected when a caregiver does not provide the essential daily living needs of an adult dependent upon them, for things such as: food, clothing, shelter, bathing, medication, health care, and doctor visits. Self-neglect happens when an adult can no longer take care of their own basic daily living needs.

Signs and symptoms of neglect and self-neglect:

- Malnourishment
- Dehydration
- Confusion
- Inappropriate clothing
- Under-use or over-use of medication
- Skin sores
- Poor hygiene
- Absence of required aids, canes, and walkers

How do I report abuse or neglect?

If you witness abuse or neglect, please speak with the Manager of the care home immediately.

All reports of suspected/alleged abuse will be investigated.

Interior Health is a designated agency and responds to reports of adult abuse and neglect.

Visit the Getting Help page for more information:

<https://www.interiorhealth.ca/YourHealth/AdultSeniorsHealth/AdultAbuseNeglect/Pages/GettingHelp.aspx>

Contact a designated agency responder in your community or call toll free 1-844-870-4754:

<https://www.interiorhealth.ca/YourHealth/AdultSeniorsHealth/AdultAbuseNeglect/Pages/ReportAbuse.aspx>

Addressing Concerns and Complaints

Upon admission, Persons and their families receive information about who is responsible for coordinating the services and care a person receives in the home and who they should speak to if they have questions or concerns.

If you have a compliment or a complaint, we encourage you to speak with the person who provided the service or the Manager of the care home. Most complaints can be handled within the home. If you do not receive a satisfactory response after speaking to the care home Manager, you should contact the Interior Health Patient Care Quality Office (PCQO) or the Community Care Licensing Office (Licensing Direct).

For complaints not addressed by the care home, you may contact the Patient Care Quality Office (PCQO) or have a representative contact the Office on your behalf to register a complaint.

RESOURCE:



To contact the PCQO call: **1-877-IHA-2001 (1-877-442-2001)**

www.interiorhealth.ca/YourCare/PatientCareQualityOffice

If you have a concern that a home is being operated in a manner that does not comply with the requirements as outlined in the Long-term Care Regulations, you can notify Licensing Direct.

RESOURCE:



To contact Licensing Direct call: **1-877-980-5118**

www.interiorhealth.ca/AboutUs/ContactUs/Pages/default.aspx?Department=Licensing%20Direct

Aboriginal Patient Navigator

The role of the Aboriginal Patient Navigator is to support Aboriginal persons and their families to navigate the health care system. Aboriginal Patient Navigators help to address challenges that arise in Long-term Care. Aboriginal Patient Navigators improve access and ensure the Aboriginal person's health care experience is culturally sensitive and inclusive. The goal is to ensure an Aboriginal person and their family understands the health care process and that members of the care team understand their role in providing culturally competent care that meets the needs of Aboriginal persons and creates a culturally safe experience.



The Aboriginal Patient Navigator can also provide linkages to Non Insured Benefits coverage for medical equipment and supplies, prescriptions, vision, and dental care.

RESOURCE:



A link to Interior Health's list of Aboriginal Navigators:

www.interiorhealth.ca/YourHealth/AboriginalHealth/Pages/APN.aspx

It Is A Partnership

Living in a Long-term Care home involves a partnership between the Person, their family or loved ones, and the Long-term Care home. The home's responsibility is to provide individualized, high quality, and safe Person-centered care. In order to achieve this, we ask that your family and loved ones:

1. Take an interest in the care being provided, including attending care conferences;
2. Visit regularly;
3. Be respectful when speaking with staff, Persons, and visitors;
4. Attend Person/family council meetings on a regular basis;
5. Tell staff of any concerns which require their attention;
6. Be aware of Person safety needs (see 'Speak Up Listen Up' pamphlet on next page);
7. Provide personal items such as clothes, supplies, and equipment;
8. Ensure that rent is paid at or prior to the beginning of every month;
9. Provide transportation to community appointments when able;
10. Pay for items not covered by a Person's health care plan – medications, oxygen, dental visits, eyeglasses, foot care, some specialized equipment and supplies, etc.
11. Be responsible for any valuables brought into the home and left in a Person's room;
12. Have the telephone and cable connected;
13. Tidy the closets and drawers and remove unnecessary clothing;
14. Purchase and repair necessary wheelchairs, walkers, canes, Broda chairs and other personal equipment;
15. Purchase liability and content insurance where appropriate;
16. Remove excess furniture from the room if the safety of the Person and staff are at risk;
17. Participate in mealtimes;
18. Arrange and pay for funeral and burial arrangements; and
19. Remove all personal belongings within 24 hours of the room being vacated.

Definition Of Terms

Many of the following definitions are copied from: www.health.gov.bc.ca/library/publications/year/2013/MyVoice-AdvanceCarePlanningGuide.pdf

Access Coordinator provides support and coordination to individuals and families applying for placement into Long-term services, ensuring a smooth transfer to programs and/or Long-term services.

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 physician or other health care provider to make a health care treatment decision on behalf of the adult.

Advance Care Planning is a process by which a capable adult talks over their beliefs, values and wishes for health care with their close family/friend (s) and a health care provider in advance of a time when they may be incapable of deciding for themselves.

Advance Directive is a capable adult's written instructions that informs the health care provider about the health care treatment 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.

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

End of life care is provided in the final stage of life. Care provided during this time may be called supportive care, palliative care or symptom management. End of life care addresses physical, psychological, and spiritual concerns and focuses on comfort, respect for decisions, and support for the family. It is provided by an interdisciplinary group of health care providers.

Enduring power of attorney is a document in which an adult authorizes another person (called their attorney) to make decisions in relation to the adult's financial affairs, business and property. The person (attorney) is authorized to act when the adult becomes incapable, and to continue to act when the adult remains incapable. Attorneys may not make health care treatment decisions.

GIS is the Guaranteed Income Supplement. GIS provides a monthly non-taxable benefit to low-income Old Age Security (OAS) recipients living in Canada. www.servicecanada.gc.ca/eng/sc/oas/gis/guaranteedincomesupplement.shtml

Incapable (incapability) is determined by a health care provider who must base their decision on whether or not the adult demonstrates that they understand:

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

MOST (Medical Orders for Scope of Treatment) MOST stands for “Medical Orders for Scope of Treatment”. It is an order that tells physician(s) and other health-care providers what health care to provide:

- If your heart stops;
- If you stop breathing;
- If you are in pain or need comfort care; and
- If you need medical or critical care treatment.

Personal guardian (committee of the person) is a person appointed by the court to make health care and personal decisions for the benefit of the adult when they are incapable of deciding on their own.

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/her behalf. Attorneys may not make health care treatment decisions.

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/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/or 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.

Person is an individual living in a Long-term Care home.

Long-term Care is the BC Ministry of Health term for what you may know as Long Term Care, Extended Care, Nursing Home Care or Geriatric Care Facility.

Spouse is a person who:

1. Is married to another person and is not living separate and apart, within the meaning of the Divorce Act (Canada), from the other person; or
2. Is living and cohabiting with another person in a marriage-like relationship, including between persons of the same gender.

Substitute Decision Maker is a capable person with the authority to make health care treatment decisions on behalf of an incapable adult. This includes a personal guardian (committee of the person), representative, and/or temporary substitute decision maker.

Temporary Substitute Decision Maker (TSDM) is a capable adult chosen by a health care provider to make health care treatment decisions 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.

