Government of
Northwest Territories

Northwest Territories

Home and Community Care Standards, 2026

Department of Health and Social Services

Best health | Best care | Better future

Page intentionally left blank.

Table of Contents

Health and Social Services Delivery in the Northwest Territories 6

Department of Health and Social Services **6**

Mission 6

Health and Social Services Authorities 6

Building a Culturally Respectful Health and Social Services System 6

Home and Community Care in the Northwest Territories **7**

Home and Community Care Standards **7**

Purpose 7

Administration 8

Home and Community Care Core Services 8

How to Use this Document 8

Glossary **10**

1.0 Home and Community Care Services **18**

1.1 Home and Community Care Services 19

1.2 Clinical Assessment 21

1.3 Individual Care Plans 22

1.4 Palliative Approach to Care 23

1.5 Goals of Care Designation 25

1.6 Respite Services 26

1.7 Adult Day Activities 27

1.8 Nursing Services 28

1.9 Activities of Daily Living (ADL) 29

1.10 Instrumental Activities of Daily Living (IADL) 30

1.11 Case Management 32

1.12 Volunteer Services 33

1.13 Food Safety 34

1.14 Transportation Services 35

2.0 Access, Planning, and Discharge **36**

2.1 Eligibility for Home and Community Care 37
2.2 Admission, Discharge and Transfer of a Client 38
2.3 Supplies and Equipment 39
3.0 Quality, Safety, and Risk Management 40
3.1 Accountability and Reporting 41
3.2 Quality Improvement 42
3.3 Human Resources 43
3.4 Medication Administration and Safety 44
3.5 Responsive Behavior 45
3.6 Privacy and Confidentiality of Information 46
3.7 Client Records 47
3.8 Ethics 48
3.9 Clients' Rights and Responsibilities 49
3.10 Infection Prevention and Control 50
3.11 Catastrophic Event Planning 51
3.12 Client Safety 52
3.13 Worker Safety 53
3.14 Concerns Resolution Process 54
3.15 Medical Equipment Maintenance 55
4.0 Administration 56
4.1 Charges to Temporary or Non-Territory Residents 57
References 58
Appendix A: NWT Continuing Care Levels of Services 65
Appendix B: Legislation & Regulations 68

Page intentionally left blank.

Health and Social Services Delivery in the Northwest Territories

Department of Health and Social Services

Mission

Reporting to the Minister of Health and Social Services, the role of the Department of Health and Social Services (Department), is to promote, protect and provide for the health and well-being of the people of the Northwest Territories. The Minister has overall responsibility for the health and social services system.

The Department supports the Minister of Health and Social Services in carrying out this mission by:

a) Setting the strategic direction for the system through the development of legislation, policy and standards.
b) The establishment of approved programs and services.
c) The establishment and monitoring of system budgets and expenditures; and
d) The evaluation and reporting on system outcomes and performance.

Health and Social Services Authorities

The Department provides funding to three regional Health and Social Services Authorities (HSSA):

1. Northwest Territories Health and Social Services Authority
2. Hay River Health and Social Services Authority; and the
3. Tłı̨chǫ Community Services Agency.

The HSSAs are responsible for the front-line operational delivery of programs and services to citizens. Home and Community Care is delivered in a variety of settings including home and community care, long term care facilities, community health centers, primary care clinics, public health units, and hospitals.

Building a Culturally Respectful Health and Social Services System

Throughout the Northwest Territories, the health and social services system work to provide quality services for all NWT clients – care that is respectful, responsive, and accessible. A key part of this is working towards the vision of a culturally safe health and social services system; particularly for Indigenous peoples who experience systemic racism within the NWT health and social services system. This includes respecting Indigenous understandings of health and wellness and finding ways to honor Indigenous knowledge and healing approaches in our system. It is also important to acknowledge that Indigenous people have many strengths such as providing care to individuals within their own homes and communities. Cultural safety is a key part of reconciliation, and the

health and social services system has prioritized a range of actions that advance cultural safety and anti-racism across all areas of the system, including system leadership, policy design, Indigenous healing, and staff training.

Home and Community Care in the Northwest Territories

Home and Community Care Services provide individuals with nursing care and support for personal care and Activities Daily Living (ADL) when they are no longer able to perform these activities on their own. These services help people to stay in their own homes rather than go to a hospital or long term care facility when they need nursing care or help with daily living activities because of age, disability, injury, or illness. Home Care will also provide Instrumental Activities of Daily Living (IADL) supports when tied to a care need (completed by a nursing assessment), when an individual is placed at risk and when there are no other supports available. Home and community care is delivered by regulated health care professionals (e.g., nurses), non-regulated workers (PSWs) and other allied health professionals.

Home and Community Care Standards

Purpose

The NWT Home and Community Care Standards (Standards) mandate the core Home and Community Care services to be delivered by all HSSA staff delivering Home and Community Care programs in the NWT. The Standards meet at minimum:

- Federal and NWT statues and regulations.
- Best practices in Home and Community Care service provision
- Accreditation Standards; and
- Professional Standards of practice.

Presently, a multidisciplinary team delivers these services. Any health professional involved in any capacity, at any time, with the delivery of Home and Community Care services is expected to adhere to the Standards.

These Standards do not apply to private service providers, or contracted service providers unless provided otherwise in the service contract or contribution agreement.

The NWT Home and Community Care Standards

- Describe and define the core (essential) Home and Community Care services that must be delivered as part of Home and Community Care services in NWT Home and Community Care settings.
- Identify (and standardize) the minimum expected outcomes and standards for each core area including indicators for monitoring and evaluation.

- Provide a framework and protocols for Health and Social Services Authorities (HSSA) to implement, monitor and evaluate Home and Community Care programs and services which include policies and procedures.
- Are evidence-based and anchored in best practice.
- Provide a mechanism for auditing programs and services.

The *Standards* are not a substitute for the use of professional and clinical judgment in the provision of quality care.

Administration

All staff involved in the delivery of Home and Community Care (this is inclusive of home and community care staff and health centers staff) will be introduced to the Standards during their orientation by the Home and Community Care Manager responsible for Home and Community Care operations and/or their designate. All Home and Community Care staff share the responsibility for identifying areas of deficit or discrepancy regarding any of the Standards.

To ensure the Standards are kept up to date and remain relevant, this document will be routinely revised. The Standards are formally reviewed and revised every three (3) years or as directed by the Minister. The Standards remain in effect until reviewed and revised or removed.

Home and Community Care Core Services

Home and Community Care services meet the needs of clients and families from admission to discharge and along with the illness/health continuum. Home and Community Care services are subject to ongoing, monitoring, evaluation, and quality improvement. This includes an audit process for quality improvement, safety, and human resources.

How to Use this Document

The Standards establish operational benchmarks for program and service providers. These providers include the HSSA's, Agencies, Non-government organizations (NGO), and publicly funded facilities. They provide the means to evaluate service delivery and organizational systems against best practice and to provide accountability established by the Minister of Health and Social Services. The Standards provide the Department with a system-wide approach for strategic planning, funding, monitoring, evaluating, and reporting on the performance of Home and Community Care programs.

The Standards and the operational policies within the HSSAs that arise from them, are to be adopted and used to develop procedures from which they can be operationalized. Home and Community Care Nurses, Community Health Nurses (CHN's), Nurse Managers and Regional Managers are to use these Standards when planning service delivery in their respective practice areas. Quality services arise from continuous monitoring of operational performance, identification of needs and priorities, and effective management of resources. Compliance with the Standards must be assessed routinely through an inspection process and, in the event that the Standards are not being met, corrective

action must be taken to bring operations into compliance.

The Standards in no way supersede any statutes or regulations. The Standards replace all previous home care or Continuing Care Standards implemented in NWT Home and Community Care programs. It is the expectation that HSSAs will assess their operational plans and will ensure that the Standards are met.

Glossary

Accreditation	A self-assessment and external peer assessment process used by health care organizations to accurately assess their level of performance in relation to established practice Standards and to implement ways to achieve continuous improvement.
Activities of Daily Living (ADL)	Activities involving functional mobility such as ambulation, wheelchair mobility, bed mobility, transfers, and personal care such as feeding, hygiene, toileting, bathing, and dressing.
Adult Day Activities	Adult Day Activities are designed for adults over the age of 19 who may have physical and/or cognitive challenges or are living with a chronic illness. Adult Day Activities may be provided within Home and Community Care programs or in the community.
Advance Care Planning (ACP)	Advance care planning (ACP) is the process of thinking about what matters most to you in your life and what that means for your health and personal care. ACP helps you share your wishes and preferences with the people who are important to you so they can help make sure you get the care you want.
Agent	A person designated in a personal directive and authorized to make personal decisions on behalf of the Director (see alternate decision maker) as per the *Personal Directives Act*.
Allied Health	The Northwest Territories HSSAs employs a full range of health and social services professions in regional hospitals, health centers, and home and community care in community settings. Allied Health professionals make important contributions to clients' health, safety, and overall well-being. In fulfilling their roles, Allied Health professionals help individuals recover or preserve strength and movement, overcome sensory problems, improve oral health, develop, or adapt communication abilities and ensure nutritional or social needs are met.
Alternate Decision Maker	An "agent" who is designated in a personal directive and authorized to make personal decisions on behalf of an individual (per the *Personal Directives Act*).
Anti-Racism	Ongoing action to identify, address, and prevent racism in all its forms.

Assessment	An assessment is a process, tool, or method by which a health care professional identifies client needs and determines the most appropriate care, intervention, and placement options to meet those needs. The client, family and other service providers may participate.
Canadian Institute of Health Information (CIHI)	Provides comparable and actionable data and information used to improve health care and health system performance across Canada.
Care Plan	A written working document which includes the assessed and prioritized health needs of the client, goals of care, and target dates for evaluation, as determined by a health care professional, the client and family.
Case Management	Case Management is done by a health care professional, who is responsible for ensuring client goals are met based on assessment and coordination of care services. Case management guides a team process to assist a client in accessing appropriate services across the continuum of care.
Chemical Restraint	The use of any drug not required for treatment but used to inhibit a behaviour or movement.
Client	The individual accessing home and community care services is referred to as the "client."
Coordinated and Integrated Services	The coordination of care involving a range of health and social service professionals (also referred to as allied health professionals). These services are integrated to meet each client's goals of care, needs, preferences and care plan.
Critical Incident	As per *Hospital Insurance and Health and Social Services Administration Act* (HIHSSA), an unintended event that occurs when health services or social services provided to a patient or client results in a consequence to him or her that: a) is serious or undesired i) such as: (1) death, disability, injury, or harm, (2) an unplanned admission to a health facility or an unusual extension of a stay in a health facility, or (3) a significant risk of substantial or serious harm to the safety, well-being or health of the patient or client, and b) does not result from an underlying health condition of a patient or

	client or from a risk inherent in providing the health services or social services to him or her.
Cultural Safety	An outcome where Indigenous peoples feel safe and respected, free of racism and discrimination, when accessing health and social services.
Department	Department of Health and Social Services.
Delegation	The transfer of responsibility for an intervention from a regulated health care professional to a health care professional who would not otherwise have the authority to perform it. Delegation does not involve transferring accountability for the outcome of a function or intervention. Responsibility for delegation is shared amongst the health care professional (delegate), the regulated health care professional (delegator), and the employer.
Director	A person who makes a personal directive (see agent and alternate decision maker) as per the *Personal Directives Act.*
End of Life Care	A range of clinical and support services with the focus of care on relieving suffering, ensuring respect, and maximizing quality of life for the client who is dying, their family, and loved ones during the last weeks and days of life.
Environmental Restraint	Modifications to a client's surrounding for the purpose of restricting or controlling movement.
Equity, Diversity and Inclusion	As per the CSA/HSO 21001:2023, an approach that strives to create an environment where everyone feels included, welcomed, valued, and respected. It aims to create fair access to resources and opportunities; improve communication and participation by diverse communities; and eliminate discrimination.
GNWT	Government of the Northwest Territories.
Goals of Care Designation (GCD)	A set of short-hand instructions by which health care providers describe and communicate general care intentions, specific clinically indicated health interventions, transfer decisions, and locations of care for patient as established after consultation between the most responsible health practitioner and patient or alternate decision-maker.

Guardian	Defined in the Guardianship and Trusteeship Act as a person named as a guardian or alternate guardian in a guardianship order or a person who becomes a guardian or an alternate guardian by the operation of this Act.
Guideline	A statement that outlines broad expectations that must be met.
Health Care Professional	An individual who is a member of a regulated health discipline.
Health Services	As per the Hospital Insurance and Health and Social Services Administration Act (HIHSSA, RSNWT 1988, c.T-3), a health services includes: a) services for the protection, promotion and maintenance of physical and mental health b) services for the prevention, diagnosis and treatment of illness, disease and injury c) palliative services d) rehabilitative care services e) insured services f) services in respect of public health surveillance; and g) health programs and services approved by the Minister as health services.
HIHSSA	*Hospital Insurance and Health and Social Services Administration Act* R.S.N.W.T. 1988, c.T-3
HRHSSA	Hay River Health and Social Services Authority.
Informal Caregiver	An unpaid non-health professional, usually a family or community caregiver who has assumed a primary caregiver role for the client.
interRAI Contact Assessment (interRAI-CA)	A screening tool created to provide information to support the Home Care intake process.
interRAI Home Care Assessment System (interRAI-HC)	Designed to be a user-friendly, reliable, person-centered assessment system to inform and guide comprehensive care and services planning in community-based settings.
interRAI Long Term Care Facilities	An assessment system that enables comprehensive, standardized evaluation of the needs, strengths, and preferences of persons living in chronic care and nursing home institutional settings.

Assessment System (interRAI-LTCF)	
Instrumental Activities of Daily Living (IADL)	Instrumental Activities of Daily Living are complex activities that are cognitive or organizational in nature and support one's ability to interact with their environment. These activities may include preparing meals, shopping, or the use of transportation.
Least Restraint	The practice of using the least restrictive measure, for the shortest duration possible, that allows for the greatest freedom of movement and/or clients' control. Restraints are used as a last resort and as a temporary measure when alternatives are ineffective. Restraints may be chemical, environmental, mechanical, or physical.
Mechanical Restraints	The use of a device or an appliance that restricts or limits freedom of movement including but not limited to vest restraints, bedrails, seat belts, pelvic restraints, mittens, and geriatric chairs with locked trays.
Medical Assistance in Dying (MAID)	Medical Assistance in Dying occurs when an authorized doctor or nurse practitioner provides or administers medication that intentionally brings about a person's death, at that person's request.
Medical Oversight	Medical oversight is continuous and appropriate practitioner supervision of treatment/procedures provided to the client, and accountability for service delivery and care coordination with other health care providers and within the home and community care program and other health and social services.
Most Responsible Practitioner	The health practitioner who is responsible and accountable for the treatment/procedure(s) provided to the client and is authorized to perform their duties to fulfil the delivery of treatment/procedure(s) within the scope of their practice. May include physicians and nurse practitioners.
Minister	Minister of the Department of Health and Social Services, Government of the Northwest Territories (or designate).
NTHSSA	Northwest Territories Health and Social Services Authority.
Nurse	A regulated health professional with the College and Association of Nurses of the Northwest Territories and Nunavut (CANNN). As per

	CANNN, the NWT has four designations: licensed practical nurses, nurse practitioners, registered nurses, and registered psychiatric nurses.
OHS	Occupational Health and Safety.
Palliative Care Approach	An approach that improves the quality of life of individuals and their families who are experiencing life-limiting illness, through the prevention and relief of suffering by means of early identification in the disease process, assessment and treatment of pain and other symptoms, physical, psychosocial, and spiritual care.
Personal Directives	Under the Personal Directives Act, a personal directive is a legal document that lets you give advance written instructions to health care and other service providers in case you cannot make your own personal decisions. It lets you choose another person, an agent, to act on your behalf and make decisions for you when you cannot make them yourself.
Physical Restraint	The direct application of physical holding techniques to a client that involuntarily restricts their movement.
Policy	A governmental or institutional commitment to the public to follow an action or course of action in pursuit of approved objectives.
Preventative Health Services	Preventive healthcare deals with the prevention of illness to decrease the burden of disease and associated risk factors. Preventive measures can be applied at all stages across the lifespan and along a disease spectrum, to prevent further decline over time.
Regulated Health Care Providers	Health care providers who are registered or licensed by a regulatory body and who have a legally defined scope of practice.
Regulations	Regulations are issued by various government departments and agencies to carry out the intent of legislation.
Remediation	The act or process of improving a situation.
Respite Care	Respite care gives caregivers a break from caregiving by having a qualified, responsible person care for your family member or loved one for short periods of time. Respite care can happen in the home, in the community, or in a long term care facility.

	Respite for caregivers helps to provide a short period of rest or relief in order to bring balance to their lives so that they may continue to provide quality care.
Responsive behaviour	Behaviors which are used to communicate a need that the client is unable to express through verbal or other means.
Rights and Responsibilities	The rights and responsibilities a client has/agrees to comply with upon admission/initiation to services to the home and community care program to ensure the safety, autonomy and health of the client and staff. Rights explain what a client can expect from being a part of the home and community care program. Responsibilities explain what the home and community care program expects from the client.
Standard	A statement of expectations which must always be met when designing or delivering a program or service.
Statute	A written law passed by a legislative body.
Territorial Admissions Committee (TAC)	The Territorial Admissions Committee provides a single point of entry process for admission to long term care and supported living in the NWT to ensure fair and equitable access to care for clients across the NWT.
TCSA	Tłı̨chǫ Community Services Agency.
Unregulated Health Care Providers (UHCPs)	Health workers who are not registered or licensed by a regulatory body in the NWT and who do not have a legally defined scope of practice to which some nursing tasks may be delegated.

Page intentionally left blank.

1.0 Home and Community Care Services

1.1 Home and Community Care Services

PURPOSE

Home and Community Care services provide individuals with nursing care and support for personal care and activities of daily living (ADL) when they are no longer able to perform these activities on their own.

STANDARD

1.1.1 Home and Community Care include the following essential services (see Standard 1.8 Nursing Services):

- Nursing Services
  - Clinical assessment
  - Case management
  - Care planning
  - Wound Care
  - Post Hospital, Acute
  - Chronic Disease Management
  - Medication Support and/or administration
  - Palliative/end-of-life care
  - Ostomy Care
  - IV therapy; and
  - Long term care application.

- Support for Activities of Daily Living (see Standard 1.9 Activities of Daily Living)
  - Feeding/nutrition
  - Toileting
  - Mobility/Lifts/Transfers
  - Bathing/Dressing/Grooming/Basic Nail Care
  - Medication reminders/supervision
  - Access to medical supplies or equipment
  - Caregiver respite
  - Family/caregiver support; and
  - Medical transportation (to health center or Home and Community Care office).

- Support for Instrumental Activities of Daily Living (See Standard 1.10 Instrumental Activities of Daily Living) when tied to a care need
  - Assistance with laundry
  - Assistance with light housekeeping (main area where client resides and care is performed)
  - Meal preparation

- Shopping and errand support; and
- Medical transportation (health center or Home and Community Care).

1.1.2 Home and Community Care clients have access to other allied health and specialized nursing and medical services

- Physiotherapy
- Occupational therapy
- Dietitian
- Medical social worker
- Wound, ostomy, and continence; and
- Advanced foot care.

1.1.3 Upon admission into the Home and Community Care program and with any changes to the plan of care; clients and families are informed and engaged in:

- Their rights and responsibilities
- Their care plan
- Changes to programs or service delivery
- Incidents which may impact quality of care
- The concerns resolution process; and
- Costs they are responsible for and payment options.

1.1.4 Home and Community Care programs will acquire and maintain recognized accreditation.

1.2 Clinical Assessment

PURPOSE

Clients accepted into the Home and Community Care program will have a comprehensive clinical assessment completed by a nurse and/or other health care professional that includes the client and caregiver(s).

STANDARD

1.2.1 There are policies or procedures in place for a nurse to complete a clinical assessment upon acceptance into the Home and Community Care program and with a change in the client's health status and at minimum annually.

1.2.2 There are policies or procedures in place to use standardized tools in the clinical assessment of the client which includes but is not limited to:

- Pain management
- Falls risk and mobility
- Wound Prevention and Management e.g. Pressure injury and skin health
- Responsive behaviors/wandering; and
- Caregiver distress screening tool.

1.2.3 There are policies or procedures in place to ensure that changes in a clients' health status are discussed with the client, documented, added to a care plan and communicated with Home and Community Care staff.

1.2.4 There are policies or procedures in place for clients who have an agent that direct Home and Community Care staff to provide updates to the agent with any changes in the client's health status, care plan, incidents and end-of-life care.

1.2.5 There are policies or procedures in place to ensure documentation is completed in the client's chart in a timely manner by all health care providers completing the assessment for Home and Community Care clients.

1.3 Individual Care Plans

PURPOSE

Every Home and Community Care client will have a care plan specific to their assessed care needs that promotes their health, well being, independence and self care.

STANDARD

1.3.1 There are policies or procedures in place for all Home and Community Care clients to have a care plan that is completed and overseen by a nurse which includes but is not limited to the following elements:

- Is based on clinical assessment, and incorporates planning, implementation, and evaluation
- Includes client goals and expected outcomes
- Is initiated at the start of Home and Community Care service provision and be completed within the first 72 hours of initiating services; and
- Is updated at minimum yearly or as indicated by a change in the client's condition.

1.3.2 Each care plan:

- Is developed in partnership with the client and/or guardian or agent and is informed by their needs, choices and preferences
- Is in writing and available to all care providers and, the client and/or guardian or agent
- Specifies goals and timelines of interventions, including frequency and who will conduct the intervention; and
- Informed by the results of the standardized assessment tool(s).

1.3.3 There are policies or procedures in place that direct Home Care staff to provide updates to the client and/or agent:

- Quarterly, and
- With any changes in a client's health status, care plan, incidents and end-of-life care.

1.4 Palliative Approach to Care

PURPOSE

An approach that improves the quality of life of individuals and their families who are experiencing life-limiting illness and will address the holistic needs of clients and families throughout the dying process from diagnosis to death.

STANDARD

1.4.1 Home and Community Care programs have policies or procedures in place that describe:

- How and where clients access palliative care, end-of-life, and Medical Assistance in Dying services
- The scope and limits of palliative care services
- Costs that are the responsibility of clients or families; and
- Evidence based practice in palliative and end-of-life care.

1.4.2 Staff are trained in palliative care with best practice and receive ongoing training to ensure current practice in palliative and end-of-life care.

1.4.3 There are policies or procedures in place for staff to provide clients and families with support for end-of-life care and facilitate access to bereavement and support services.

1.4.4 Staff are following the standard 1.5 Goals of Care Designation.

1.4.5 There are policies or procedures to provide information on advanced care planning.

1.4.6 There are policies or procedures in place as to which standardized tools are used for palliative care that include but are not limited to: symptom management (i.e., pain, nausea, bowel care), care pathways and clinical decision-making support tools.

TOOLS

Canadian Problem Checklist (NTHSSA)

Edmonton Symptom Assessment System (ESAS)

Goals of Care Policy (NTHSSA)

Medical Assistance in Dying: https://www.hss.gov.nt.ca/professionals/en/services/medical-assistance-dying-maid

Palliative Approach to Care – Service Delivery Model for the Northwest Territories:

https://www.hss.gov.nt.ca/sites/hss/files/resources/palliative-approach-care-service-delivery-model-nwt.pdf

Personal Directives: https://www.hss.gov.nt.ca/en/services/personal-directives

Putting Patients First (PPF) form (NTHSSA)

Symptom Management Guidelines (NTHSSA)

Talking About What Matters to You – Putting Patients First (2020)

Victoria Hospice Society. (2021). Palliative Performance scale (PPSv2). Victoria Hospice Society. (version 2). https://victoriahospiece.org/wp-content/uploads/2019/07/ppsv2_english-sample -dec17.pdf

1.5 Goals of Care Designation

PURPOSE

Each Home and Community Care client will be supported to determine their Goals of Care Designation (GCD) and how to develop a personal directive.

STANDARD

1.5.1 There are policies or procedures in place governing the discussion and documentation process of GCD with clients and agents.

1.5.2 There are policies and procedures in place respecting GCD, including but not limited to:

- Goals of care
- Designated time intervals for review of GCD
- Documentation (care plan); and
- Complete and accurate information sharing.

1.6 Respite Services

PURPOSE

Home and Community Care respite services are provided to support the client/caregiver relationship to ensure the client can remain in community as long as possible. Respite services are provided by Home and Community Care services to caregivers of Home and Community Care clients who have an assessed risk for caregiver distress and burnout.

STANDARD

1.6.1. To be eligible for Respite Care in Home and Community Care, the applicant must:

- Have an assessed care/support need(s); and
- Have a valid NWT Health Care Card.

1.6.2. There are policies or procedures in place that describe:

- How and where clients access respite care
- The scope and limits of respite care
- The duration of respite care
- Evidence-based practice in respite care; and
- Client's plan of care.

1.6.3. There are policies or procedures in place to determine the applicant's care needs with the use of a standardized tool.

1.7 Adult Day Activities

PURPOSE

Adult day activities may be provided by Home and Community Care based on the needs of the community for adults over the age of 19 who may have physical and/or cognitive impairments or are living with a chronic illness.

Adult day activities play a key role in allowing people to remain living as close to home as possible, delaying admission to Long Term Care by optimizing their level of physical, spiritual, social, and emotional function and can provide respite and education for caregivers.

STANDARD

1.7.1. Where Adult Day Activities are provided; policies or procedures are in place that describe:

- How and where clients access adult day activities
- Types of activities and programs provided
- The scope and limits of adult day services; and
- The costs that clients are responsible for and payment options as applicable.

1.7.2. Meal services must be provided as per 1.13 Food Safety Services.

1.8 Nursing Services

PURPOSE

Nursing services in Home and Community Care are delivered to meet the clients' identified nursing care needs in a safe and effective manner.

STANDARD

1.8.1 There are policies or procedures in place to guide nurses in the assessment, care planning and in the provision of home care services working within a defined scope of practice.

1.8.2 Nurses are to be registered with the College and Association of Nurses of the Northwest Territories and Nunavut (CANNN).

1.8.3 There are policies and procedures in place governing clinical oversight and transfer of health functions from Nurses to unregulated care providers such as Personal Support Workers (PSW's) and Home Support Workers (HSWs) in alignment with the College and Association of Nurses of the Northwest Territories and Nunavut (CANNN) Standards of practice (2024).

- A nurse must be available during regular hours to provide clinical oversight, support/direction and delegation of activities
- If nursing coverage is not available, then there is an established short term/interim process in place for nursing coverage and reasons documented
- There are policies or procedures in place on how to access the designated nurse when the nurse is not on site; and
- There are policies or procedures in place on the role and scope of the designated nurse when the nurse is not on site.

1.8.4 There are policies or procedures in place governing transfer of functions and types of functions that can be delegated from licensed and regulated health professionals to unregulated health workers in alignment with their Scope of Practice and/or guidelines determined by their employer.

1.9 Activities of Daily Living (ADL)

PURPOSE

Home and Community Care clients are supported to participate in their ADLs to their full potential as per their clinical assessment and care plan.

STANDARD

1.9.1. The following are essential ADL services:

- Feeding/nutrition
- Toileting
- Mobility/Lifts/Transfers
- Bathing/Dressing/Grooming/Basic Nail Care
- Medication reminders/supervision
- Access to medical supplies or equipment
- Caregiver respite; and
- Family/caregiver support.

1.9.2. There are policies or procedures in place that state that a nurse will assess clients' care needs at:

- Intake
- With any change in health status; and
- Yearly.

1.9.3. ADL support is provided as per the assessed need and is documented in the individual client care plan within the scope and competencies of the staff member.

1.9.4. There are policies and procedures in place to guide the safe and appropriate delivery of ADL supports.

TOOLS

A health professional will use standardized tools to assess the client's capacity to perform ADLs.

1.10 Instrumental Activities of Daily Living (IADL)

PURPOSE

Home and Community Care clients are supported to participate in their IADLs to their full potential as per their clinical assessment and care plan.

STANDARD

1.10.1. The following are essential IADL services and are considered in scope of Home and Community Care services when tied to a care need, when there is no other identified family, caregiver or local community support available and when the client is placed at significant risk of no longer being able to safely remain in their home, they include:

- Assistance with laundry
- Assistance with light housekeeping (main area where client resides and care is performed)
- Meal preparation
- Shopping and errand support; and
- Medical transportation (health center or Home and Community Care).

1.10.2. There are policies or procedures in place that state that a nurse will assess clients' care needs at:

- Intake
- With any change in health status; and
- Yearly.

1.10.3. IADL support is provided as per an assessment by a nurse with an assessed care need and is documented in the individual client care plan within the scope and competencies of the staff member.

1.10.4. There are policies or procedures in place to guide the safe and appropriate delivery of IADL supports. The following IADLs are not in scope of Home and Community Care services:

- Heavy housekeeping
- Wood cutting or hauling
- Snow clearing
- Non-medical escort
- Transportation to social events; and
- Home repairs/maintenance.

TOOLS

A health professional (Nurses, Nurse Practitioners, Occupational Therapists and Physiotherapists) will use standardized tools to assess the client's capacity to perform IADLs.

1.11 Case Management

PURPOSE

Home and Community Care services will support clients in accessing coordinated and integrated services through case management to ensure that necessary services are provided to meet their needs.

STANDARD

1.11.1. There are policies or procedures in place to define the scope of health services that are coordinated and integrated for Home and Community Care clients. These include but are not limited to:

- Rehabilitation Services
- Dietitian services
- Social services
- Pharmacy
- Mental health and addictions services
- Nurses specialized in wound, ostomy, and continence
- Nurses specialized in advanced foot care
- Diagnostic and lab services; and
- Medical practitioner and or specialized health services.

1.11.2. There are policies or procedures in place to ensure assessment and interventions for these services are documented in the client's chart, including the care plan and in a timely and complete manner.

1.12 Volunteer Services

PURPOSE

Volunteer services (excluding family and caregiving supports) may be provided to Home and Community Care clients and are delivered in a safe, effective manner and contribute to the client's quality of life.

STANDARD

1.12.1. There are policies or procedures in place to govern the inclusion of volunteers in Home and Community Care including but not limited to:

- Confidentiality agreement
- Conforms to the *NWT Safety Act* and regulations
- Requirements for a criminal record check with vulnerable sector; and
- Screening for suitability.

1.12.2. There are policies or procedures in place for volunteers to receive orientation (including training, education, direction about accepting gifts when applicable) when working with clients and families in the Home and Community Care programs to ensure privacy, confidentiality and safety.

1.13 Food Safety

PURPOSE

Home and Community Care meal programs for Adult Day Activities will abide by the Northwest Territories Food Establishment Safety Regulations under the *Public Health Act*.

STANDARD

1.13.1. There are policies or procedures to ensure best practices for nutrition and food services in Home and Community Care are followed.

1.13.2. Where Home and Community Care staff provides Adult Day Activities, there are policies or procedures in place to ensure routine maintenance and monitoring of fridges and freezers including but not limited to temperature checks.

1.13.3. There are polices and procedures in place to ensure that staff who assist with food and meal preparation:

- Obtain a mandatory food safety certification such as:
  - Level 1: https://www.openschool.bc.ca/foodsafe_level1; and
- Know how and when to collaborate with the community Dietitian for the region.

1.14 Transportation Services

PURPOSE

Home and Community Care clients receive transportation services based on assessed care needs and when no other family/caregiver/community or local agencies can provide.

STANDARD

1.14.1. There are policies or procedures to describe how and when Home and Community Care clients can access transportation services through Home and Community Care.

1.14.2. Transportation services, when provided, must comply with all GNWT Department of Transportation vehicle and traffic safety regulations and policies.

1.14.3. There is a policy or procedure for all Home and Community Care program owned, or operated vehicles ensuring that they are inspected and that deficiencies are addressed.

1.14.4. There are policies or procedures for all Home and Community Care staff to be trained in the safe operation and maintenance of any program vehicle.

1.14.5. Any Home and Community Care staff operating a program vehicle must have a valid driver's licence.

1.14.6. There are polices or procedures in place for the operation of personal vehicles to transport Home and Community Care clients.

2.0 Access, Planning, and Discharge

2.1 Eligibility for Home and Community Care

PURPOSE

Individuals who live in the Northwest Territories (NWT) will have access to Home and Community Care services based on their assessed needs.

STANDARD

2.1.1. There are policies or procedures in place for applying to Home and Community Care; through in-person or telephone to Home and Community Care offices, health centres, primary care, through self, family/friends, or health provider referrals.

2.1.2. To be eligible for Home and Community Care services in the NWT, the applicant must:

- Have a valid NWT Health Care Card or have applied for an NWT Health Care card, and
- Have been assessed and found to have care needs best met by Home and Community Care.

2.1.3. There are policies or procedures in place to determine eligibility using standardized tools which will include a needs assessment.

2.1.4. There are policies or procedures in place to communicate (verbally or in writing) and within 7 business days to the applicant or substitute decision maker if an applicant is eligible or ineligible for Home and Community Care services.

2.1.5. There are policies or procedures in place to monitor all referrals and the number of accepted and non-accepted clients. If a client is ineligible this is documented in writing and communicated clearly to the client. Case management is provided to assist the client with accessing other services outside of home care that are more appropriate to their needs.

2.1.6. There are policies or procedures to determine how out of territory clients and or military personal can access Home and Community Care services, i.e., fee for service per standard 4.1 Charges to Temporary or Non-Territory Residents.

2.2 Admission, Discharge and Transfer of a Client

PURPOSE

Information is communicated effectively and safely transferred during service transition points.

STANDARD

2.2.1. There are policies or procedures in place to guide a standardized admission/initiation to services process for Home and Community Care clients.

2.2.2. There are policies or procedures in place to guide a standardized discharge process for Home and Community Care clients.

2.2.3. There are policies or procedures in place to guide a standardized transfer of care process for Home and Community Care clients during service transition points.

2.2.4. There are policies or procedures in place to guide the exchange of information to ensure client safety at the time of admission/initiation to services, transfer or discharge from Home and Community Care services.

2.3 Supplies and Equipment

PURPOSE

Where applicable and available, Home and Community Care clients will have access to medical supplies and equipment as required.

STANDARD

2.3.1. There are policies or procedures in place to address client's access to medical supplies and equipment during their time as a Home and Community Care client.

2.3.2. There are policies or procedures in place to address temporary access to medical supplies and equipment needs of clients while awaiting other permanent solutions of access.

2.3.3. There are policies and procedures in place to support clients in accessing insurance coverage to cover cost of permanent or temporary medical and equipment supplies.

3.0 Quality, Safety, and Risk Management

3.1 Accountability and Reporting

PURPOSE

The Health and Social Services Authorities (HSSA) are accountable to the Department of Health and Social Services (Department) for the delivery of safe, efficient and effective delivery of all Home and Community Care Services and adherence to these Standards.

STANDARD

3.1.1. There are policies or procedures in place on how data is collected, analyzed and reported to the Department and should include but is not limited to the following:

- Program/service utilization rates (intake, discharge, referrals)
- Providing information required or requested as part of an investigation, inspection/audit, review or evaluation of programs and services
- Critical incident reporting as required under the *Hospital Insurance* and *Health and Social Services Administration Act*
- Performance Monitoring Framework
- Other matters required in the *Hospital Insurance* and *Health and Social Services Administration Act* and its regulations, and any other statute of the Northwest Territories; and
- Other matters identified within the Standards.

3.1.2. There are policies or procedures to ensure that HSSAs adhere to the Performance Monitoring Framework and associated reporting regarding the monitoring of client safety, staff competence, and effectiveness, efficiency, appropriateness, and accessibility of Home and Community Care services.

TOOLS

The Department to provide a standardized tool in the collection and reporting of Performance Monitoring Framework data.

3.2 Quality Improvement

PURPOSE

The purpose of quality improvement is to achieve measurable improvements in efficiency, effectiveness, performance, accountability and outcomes aligned with the Home and Community Care standards. Systematic monitoring, evaluation and improvement initiatives, along with a culture of continuous quality improvement and learning, comprise the foundation of quality improvement.

STANDARD

3.2.1. There are polices, procedures or processes in place to initiate and sustain improvements to the quality of Home and Community Care services using data, stakeholder feedback and evidence-based practice from standard 3.1 Accountability and Reporting.

3.2.2. There are policies or procedures in place to ensure that Home and Community Care services will be delivered in a manner that prioritizes the needs, dignity and preferences of clients, ensuring care planning and service delivery are responsive to individual circumstances.

3.2.3. There are policies or procedures for identifying, documenting, reporting, and resolving client safety incidents.

3.2.4. There are policies or procedures to support ongoing staff development and training to ensure staff have the skills and tools necessary to deliver high quality client-centered care, respond to changes in client needs and to improve quality of Home and Community Care and services.

3.3 Human Resources

PURPOSE

Home and Community Care clients will receive services that are delivered by qualified and skilled staff.

STANDARD

3.3.1. There are policies or procedures in place governing the hiring of qualified staff.

3.3.2. There are policies or procedures in place to ensure there is a comprehensive education and training program which include but is not limited to:

- Program specific training
- Onboarding training
- Equity, diversity and inclusion in the workplace
- Cultural Safety & Anti-Racism training
- Trauma informed care
- Responsive behaviors
- Palliative Care training
- Oath of confidentiality
- Code of conduct
- Renewal of training and certificates; and
- Privacy training.

3.3.3. Each Home and Community Care staff member has a job description that defines:

- Title, role, and responsibilities
- Knowledge, skills, abilities, and scope of practice for regulated and unregulated care providers
- Working conditions
- Qualifications including licensures and certifications; and
- Other requirements determined by policy, legislation and regulations.

3.3.4. There are policies or procedures in place to ensure that unregulated care providers work under the supervision of a regulated care provider.

3.4 Medication Administration and Safety

PURPOSE

All Home and Community Care clients will receive safe and evidence-based medication services.

STANDARD

3.4.1. There are policies or procedures in place which describe safe medication ordering, transcribing, storage, handling, administration, preparation, review, and reconciliation.

3.4.2. Home and Community Care staff will comply with the *Controlled Drugs and Substances Act* and any other relevant legislation.

3.4.3. There are policies or procedures in place for delegation of medication administration and safe handling from regulated workers (RN/LPNs) to unregulated workers (PSW/HSWs).

3.4.4. There are policies or procedures in place for the training/education of any Home and Community Care staff involved in medication storage, handling, and administration.

3.5 Responsive Behavior

PURPOSE

Home and Community Care staff will deliver safe and competent care to clients in situations where the client may be exhibiting responsive behaviours.

STANDARD

3.5.1. There are policies or procedures in place which guide the provision of safe care to clients in situations where the client may be exhibiting responsive behaviours.

3.5.2. There are policies or procedures to guide the ongoing training and education of all Home and Community Care staff in providing safe care to clients exhibiting responsive behavior.

3.5.3. There are policies or procedures in place regarding documentation of responsive behaviour.

3.5.4. There are policies or procedures in place for care plan development and updating when there are changes in client's health including responsive behaviors.

3.5.5. There are policies or procedures in place for Home and Community Care staff to relay information on changing conditions to the rest of the team.

3.6 Privacy and Confidentiality of Information

PURPOSE

Home and Community Care staff will protect the privacy and confidentiality of client information.

STANDARD

3.6.1. There are policies or procedures in place regarding the privacy and confidentiality of client information including but not limited to:

- Maintenance of client information
- Access to client information
- Disclosure of client information
- The client's right to be informed of personal and health information policies and procedures
- Interdisciplinary use of and/or disclosure of resident information on a need-to-know basis; and
- Safeguarding of electronic information and cybersecurity.

3.6.2. Home and Community Care programs and staff adhere to the *Health Information Act*, GNWT Code of Conduct, professional standards of practice and code of ethics.

3.6.3. There are policies or procedures in place regarding the training and education in privacy and confidentiality for all Home and Community Care staff, including volunteers.

3.7 Client Records

PURPOSE

To ensure quality of care, there is a complete and accurate health record for each Home and Community Care client.

STANDARD

3.7.1. There are policies or procedures in place for Home and Community Care staff to maintain a complete, accurate, and up-to-date record for each client including, but not limited to:

- Consent to care
- Care plan
- Assessment
- Guardianship
- Personal Directive
- Goals of Care; and
- Documentation of service.

3.7.2. Client records are maintained in a secure environment.

3.7.3. There are policies or procedures regarding documentation, format, completion, auditing, retention, storage, secure transportation and destruction of client records.

3.8 Ethics

PURPOSE

All Home and Community Care staff will provide care to clients in an ethical manner.

STANDARD

3.8.1. Home and Community Care services are delivered in accordance with the philosophy, principles and values of the NWT Health and Social Services System, including but not limited to:

- Cultural safety and anti-racism
- Professional codes of conduct
- GNWT Code of Conduct
- Conflict resolution policies
- Diversity and inclusion training; and
- *Human Rights Act.*

3.8.2. There are policies or procedures in place to guide ethical decision making.

3.8.3. There is an ethical decision-making framework for staff to follow.

3.9 Clients' Rights and Responsibilities

PURPOSE

The Home and Community Care staff will uphold the provision of the Charter of Rights and Freedoms, *Occupational Health and Safety Act*, *Hospital Insurance and Health & Social Services Act (HIHSSA)* and the *Human Rights Act*.

STANDARD

3.9.1. Home and Community Care programs will have a formalized document that outlines clients' rights and responsibilities, including their inherent rights to safe and compassionate care, dignity, autonomy and active participation in their care, care plan and care decisions.

3.9.2. There are policies or procedures in place for staff training in the protection of clients' rights and responsibilities.

3.9.3. There are policies or procedures in place to address violations against a client's rights, including a review by an independent third party.

3.9.4. Clients will be reminded of their rights and responsibilities upon admission to the Home and Community Care program and yearly at minimum and will be given the document that outlines their rights and responsibilities (as noted in 3.9.1).

3.9.5. There are policies or procedures in place for a managed risk agreement for residents who choose to live at risk.

3.10 Infection Prevention and Control

PURPOSE

Staff in Home and Community Care adhere to infection prevention and control practices and protocols.

STANDARD

3.10.1. Home and Community Care services are compliant with the current NWT Infection Prevention and Control (IPAC) Standards and guidelines.

3.10.2. There are policies or procedures in place for the immunization of clients, volunteers and staff.

3.10.3. There are policies or procedures for Home and Community Care staff to follow public health guidelines, policies and procedures in the prevention and management of an outbreak.

3.10.4. There are policies and procedures for Home and Community Care staff to complete, at minimum yearly, training and education in infection prevention and control practices and outbreak management.

3.10.5. Home and community care programs follow and refer to the *NWT Public Health Act* which includes its regulations, standards, guidelines and the communicable disease manual.

3.10.6. There are policies or procedures in place to ensure that the cleaning of client's personal equipment is in adherence with the Infection Prevention and Control (IPAC) guidelines and manufacturers instructions.

3.10.7. Equipment that is shared amongst multiple users is cleaned as per the NWT IPAC Standards and manufacturer guidelines and includes, but is not limited to, the requirements to clean and disinfect shared items before and after use.

3.11 Catastrophic Event Planning

PURPOSE

To ensure the safety and well-being of clients and staff is maintained during any catastrophic event.

STANDARD

3.11.1. There are policies or procedures in place that describe an emergency plan that sets out planning, prevention/mitigation, communication, response and recovery from a catastrophic event, including:

- Client contact information, mobility aids, medical conditions, and medication lists
- The evacuation of persons receiving care; and
- How persons will continue to be cared for in the event of an emergency.

3.11.2. HSSAs shall have an emergency preparedness plan that is easily accessible for staff and/or displayed in a prominent place in the Home and Community Care office. This plan should include but is not limited to:

- Infection Prevention and Control and Outbreak Management Protocols
- Transportation plans
- Communications strategy
- Staffing and Resources Plans; and
- Post event debrief.

3.12 Client Safety

PURPOSE

Home and Community Care services are provided to clients in a safe environment.

STANDARD

3.12.1. There are policies or procedures in place for the identification, advisement, reduction, mitigation, and management of environmental and personal risks to client safety based on assessment.

3.12.2. There are policies or procedures in place for the education and training of Home and Community Care staff in identifying, reducing, mitigating, resolving and responding to safety issues.

3.12.3. There are policies or procedures in place on how safety issues are reported, documented and responded to in a timely way.

3.12.4. Data on client safety is collected and analyzed for quality improvement.

3.13 Worker Safety

PURPOSE

Home and Community Care staff work in a safe work environment.

STANDARD

3.13.1. There are policies or procedures and standardized resources in place for the identification, reduction, mitigation, and management of environmental and personal risks to Home and Community Care workers and their safety based on assessment while working in the client's temporary or permanent living environment including, but not limited to:

- Home
- Boarding homes
- Hotels; and
- Shelters.

3.13.2. There are policies or procedures in place for the education and training of Home and Community Care staff.

3.13.3. There are policies or procedures in place on how safety issues are reported, documented, and responded to in a timely way.

3.13.4. There are policies or procedures in place to provide Home and Community Care services when a worksite is identified as unsafe.

3.14 Concerns Resolution Process

PURPOSE

Home and Community Care clients have access to a process for expressing concerns about programs and services.

STANDARD

3.14.1. Clients and families are free to voice concerns without fear of retribution.

3.14.2. There are policies or procedures and a communication process in place which guide a concerns resolution process.

3.14.3. There are policies or procedures in place for how data on client/family concerns are collected and analyzed for quality improvement.

3.14.4. There are policies or procedures in place on how to investigate complaints, violations or reportable incidents including, but not limited to:

- Filing
- Documenting
- Reporting; and
- Disclosure.

3.14.5. There are policies or procedures in place for the monitoring and analyzing of complaints and incidents.

3.15 Medical Equipment Maintenance

PURPOSE

Medical equipment provided/loaned to Home and Community Care clients is in safe working condition.

STANDARD

3.15.1. There are policies or procedures in place per standard 2.3 Supplies and Equipment, to ensure clients will have access to medical equipment in safe working order during their time/services as a Home and Community Care client.

3.15.2. There are policies or procedures in place to ensure that medical equipment maintenance includes:

- Adhering to manufacturer's instructions
- An inventory of medical equipment
- Schedules for and records of day-to-day and periodic monitoring and testing
- Servicing and adjustment of equipment as required by the manufacturer by qualified personnel
- Records of repair of equipment
- Cleaning as per the manufacturer's instructions
- Appropriate use as per manufacturer's instructions; and
- Withdrawal of equipment from service (i.e. evergreening, broken, repairs).

3.15.3. There are policies or procedures in place to ensure Home and Community Care staff are trained in the use of medical equipment, what to do when equipment has failed and to whom to report equipment issues.

4.0 Administration

4.1 Charges to Temporary or Non-Territory Residents

PURPOSE

Home and Community Care Services provided by a Health Authority of the Northwest Territories are considered fee for service under specific residential circumstances.

STANDARD

4.1.1. There are policies or procedures in place to address who does not meet admission/initiation to services criteria of eligibility and who is deemed fee for service i.e. – out of territory placement, non-resident clients and other.

4.1.2. There are policies or procedures in place to address fee for service clients such as:

- The amount to charge
- Method of payment; and
- Who is responsible to pay.

References

Accreditation Canada. (2019). *Home and community care services*. Ottawa. ON

Accreditation Canada. (2019). *Home support services.* Ottawa. ON

Accreditation Canada (2011) *How Safe are Canadian Health Organizations? Report on Required Organizational Practices*. Ottawa, ON.

Alberta Government (2013). *Continuing Care Health Service Standards*. Calgary, AB

Alberta Government. Nursing Homes Act, 2010. Retrieved from: https://www.qp.alberta.ca/1266.cfm?page=N07.cfm&leg_type=Acts&isbncln=9780779753765

Alberta Health Services (AHS) Long-Term Care Accommodation Standards and Checklist (2010). Retrieved from: https://open.alberta.ca/dataset/e4fe0e7e-d382-4d9d-878c-8f3b29886712/resource/93a7ba07-f476-4a34-a86e-4bfd73e5d51d/download/4840070-2010-long-term-care-accommodation-Standards-checklist-effective-april-2010.pdf

Alberta Health and Wellness (2007). *Long-Term Care Accommodation Standards*.

Alberta Home and community care Standards jurisdictional review 2019.

Alberta Seniors and Community Supports. (2007). *Supportive living accommodation Standards*. Edmonton, AB

Almost, J. (2021). Regulated nursing in Canada: The landscape in 2021. Canadian Nurses Association. Retrieved from:https://hl-prod-ca-oc-download.s3-ca-central1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c5ebf0a138d5e/UploadedImages/documents/Regulated-Nursing-in-Canada_e_Copy.pdf

British Columbia Ministry of Health and Ministry Responsible for Seniors. (1999). *Model Standards for continuing care and extended care services.* Victoria, BC

Building a Culturally Respectful Health and Social Services System. Retrieved from: https://www.hss.gov.nt.ca/sites/hss/files/resources/building-culturally-respectful-hss-system.pdf

Canadian Healthcare Association. (2009). *Home and community care in Canada: From the Margins to the Mainstream*. Ottawa, ON.

Canadian Home and community care Association. (2013). *Portraits of home and community care: a picture of progress and innovation.* Mississauga, ON

Canadian Hospice and Palliative Care Association. (2013). *A model to guide hospice and palliative care*. Ottawa, ON

Canadian Nurses Association. (2017). Code of Ethics. Retrieved from https://www.cna-aiic.ca/en/~/media/cna/page-content/pdf-en/code-of-ethics-2017-edition-secure-interactive.

Canadian Patient Safety Institute. (2012). *Incident Analysis Collaborating Parties. Canadian Incident Analysis Framework*. Edmonton, AB

Canadian Standards Association (CSA). CSA Z8004. Operation and Infection Prevention and Control of long-term care homes. Public Review Draft. 1st Edition. May 2022.

Carewest (2020). *Carewest – Innovative Health Care.* Retrieved from: http://carewest.ca/ Community Care & Assisted Living Act: Residential Care Regulation. British Columbia Reg 96/2009. Last amended Jan 17, 2022.

Cultural safety action plan. Government of the Northwest Territories, Department of Health and Social Services. (2016b). Building a culturally respectful health and social services system. Retrieved from: http://www.hss.gov.nt.ca/

Dietitian of Canada: Best practice for nutrition, food services and dining on the Home and Community care homes. Retrieved from: https://www.dietitians.ca/DietitiansOfCanada/media/Documents/Resources/2019-Best-Practices-for-Nutrition,-Food-Service-and-Dining-in-Long-Term-Care-LTC-Homes.pdf

Food Establishment Safety Regulations. Retrieved from: https://www.justice.gov.nt.ca/en/files/legislation/public-health/public-health.r8.pdf

Gerontological Nursing Standards of Practice and Competencies (2019). Retrieved from:

https://img1.wsimg.com/blobby/go/036d4df6-e252-4a6f-9603-35d9db22fbf0/CGNA_Standards-Competencies_2020.pdf

Government of the Northwest Territories (2008). Code of Conduct. Respecting conflict of interest and oath of office and secrecy. Retrieved from: https://www.fin.gov.nt.ca/sites/fin/files/resources/codeofconduct.pdf

Government of the Northwest Territories (2017). *Continuing Care Services Action Plan 2017/18 2021-22.* Yellowknife, NT.

Government of the Northwest Territories (2015). *Continuing Care Standards.* Yellowknife, NT

Government of the Northwest Territories Department of Health and Social Services. (2014). *Evaluation of NWT Respite Services*. Yellowknife, NT

Government of the Northwest Territories, Department of Health and Social Services (March 2004). *Integrated Service Delivery Model for the Northwest Territories*

Health and Social Services System. Yellowknife, NT

Government of the Northwest Territories, Human Resources. (2021) Indigenous Cultural Awareness and Sensitivity Training – Living Well Together. Retrieved from: https://my.hr.gov.nt.ca/courses/indigenous-cultural-awareness-and-sensitivity-training-%E2%80%93-living-well-together

Government of the Northwest Territories, Department of Health and Social Services, GNWT. (2016a). Medical assistance in dying interim guidelines for the Northwest Territories. Retrieved from http://www.hss.gov.nt.ca/sites/www.hss.gov.nt.ca/files/interim-guidelines-medical-assistance-dying.pdf

Government of the Northwest Territories, Department of Health and Social Services. (2005). *Service Standards for people in supported living homes*. Yellowknife, NT

Government of the Northwest Territories, Department of Health and Social Services. (2016b). Building a culturally respectful health and social services system. Retrieved from http://www.hss.gov.nt.ca/

Government of the Northwest Territories, Northwest Territories Health and Social Services Authority (2019). Draft Traditional Foods in HSS Facilities Guidelines

Government of the Northwest Territories, Northwest Territories Health and Social Services Authority. (2019). *Goals of Care, 05-07-V1 NTHSSA-Wide Policy.* Yellowknife, NT

Government of the Northwest Territories Infection Prevention and Control Manual (2012): Retrieved from: https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/infection-control-manual.pdf

Government of the Northwest Territories (2021) Infection Prevention and Control for COVID-19: Interim Guidance for Home Care Settings

Government of the Northwest Territories, Office of the Chief Public Health Officer. Coronavirus Disease (COVID-19): Communicable Disease Chapter. April 2022. Coronavirus Disease (COVID- 19) | HSS Professionals (gov.nt.ca)

Government of the Northwest Territories Office of the Chief Public Health Officer (2020) Interim Outbreak Management of Coronavirus Disease (COVID-19) in Home and community care Facilities: Interim Guidance for the Northwest Territories. Retrieved from: https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/interim-outbreak-management-covid-19-long-term-care-facilities.pdf

Government of the Northwest Territories, Human Resources. (2021) Indigenous Cultural Awareness and Sensitivity Training – Living Well Together. Retrieved from: https://www.fin.gov.nt.ca/en/services/diversity-and-inclusion/living-well-together

Government of the Northwest Territories, Northwest Territories Health and Social Services Authority. (2019). *Least Restraint 05-15-V1 Program Standard Operating Procedure.* Yellowknife, NT

Government of The Northwest Territories Northwest Territories Health and Social Services Authority (2020). Retrieved from: https://ournthssa.ca/wp-content/uploads/2020/09/NT-COVID-IPC-Guidance-for-HCC-settings.pdf

Government of Saskatchewan. (2020, October) *Home Care Policy Manual*. Website. Retrieved from: https://www.ehealthsask.ca/services/resources/Resources/Home%20Care%20Policy%20Manual%202020.pdf

Health Emergency and Disaster Risk Management Framework. World Health Organization. 2019. ISBN 978-92-151618-1.

Health and Social Services. Applying for Health Care. Retrieved from: https://www.hss.gov.nt.ca/en/services/applyinghealth-care

Health and Social Services. Continuing care Services. Retrieved from: https://www.hss.gov.nt.ca/en/services/continuing-care-services/long-term-care

Health and Social Services. Personal directives. Retrieved from: https://www.hss.gov.nt.ca/en/services/personal-directives

Hospital Insurance and Health and Social Services Administration Act. Retrieved from: https://www.justice.gov.nt.ca/en/files/legislation/hospital-insurance-and-health-and-socialservices-administration/hospital-insurance-and-health-and-social-services-administration.a.pdf

Infection Prevention and Control Canada (IPAC) Practice Recommendations (2018). Retrieved from https://ipaccanada.org/photos/custom/Members/pdf/18Jan_Cleaning_NonCrit_Equip_Com Practice_Recomm_final.pdf

Manitoba Home and community care Standards jurisdictional review 2019

Medical Assistance in Dying – Interim Guidelines for the Northwest Territories. Retrieved from: https://www.hss.gov.nt.ca/professionals/en/medical-assistance-dying-interim-guidelines-northwest-territories

Medical Assistance in Dying. Retrieved from:

https://www.hss.gov.nt.ca/professionals/en/services/medical

National Council States Board of Nursing (NCSBN). (2016). National guidelines for nursing delegation. Retrieved from: https://www.ncsbn.org/1625.htm

Morris JN et al. (2019) interRAI Home Care (HC) Assessment Form and User's Manual/ Version 9.1.3, Canadian Edition. Washington, DC: interRAI 2019

Northwest Territories Health and Social Services (2019) Living at Risk. Retrieved from: https://ournthssa.ca/wp-content/uploads/2019/07/05-05-V1-Policy-Living-at-Risk.pdf

NWT Coroner's Act. Retrieved from: https://www.justice.gov.nt.ca/en/files/legislation/coroners/coroners.a.pdf

NWT Critical Incident Reporting Guidelines 2020. Retrieved from: https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/2020-critical-incident-guidelines.pdf

NWT Infection Prevention and Control Manual. Retrieved from: https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/infection-control-manual.pdf

NWT Infection Prevention and Control (IPAC) Standard. Retrieved from: https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/nwt-infection-prevention-control-standards.pdf

Occupational Health aAnd Safety Regulations. Retrieved from: https://www.justice.gov.nt.ca/en/files/legislation/safety/safety.r8.pdf

Personal Directives. Retrieved from: http://www.hss.gov.nt.ca/en/services/personal-directives

Personal Directives Act. Retrieved from: https://www.justice.gov.nt.ca/en/files/legislation/personal-directives/personal-directives.a.pdf

Palliative Approach to Care – Service Delivery Model for the Northwest Territories. Retrieved from: https://www.hss.gov.nt.ca/sites/hss/files/resources/palliative-approach-care-service-delivery-model-nwt.pdf

Registered Nurses Association of the Northwest Territories and Nunavut (RNANTNU). (2019). Retrieved from https://rnantnu.ca/wp-content/uploads/2019/10/SCOPE-OF-PRACTICE-2019-NEW.pdf

Registered Nurses Association of the Northwest Territories and Nunavut (RNANTNU). (2019).

Retrieved from https://rnantnu.ca/wp-content/uploads/2019/10/2019-Standards-of-practice.pdf

The Code of Conduct: Respecting Conflict of Interest and Oath of Office and Secrecy for the Employees of the Government of the Northwest Territories. Retrieved from: https://www.fin.gov.nt.ca/sites/fin/files/resources/codeofconduct.pdf

Territorial Ethical Decision Making Framework. Retrieved from: https://www.nthssa.ca/sites/nthssa/files/territorial-ethical-decision-making-framework-nov-2019.pdf

Victoria Hospice, Palliative performance. (2001). Retrieved from: https://victoriahospice.org/wp-content/uploads/2019/07/ppsv2_english_-_sample_-_dec_17.pdf

Workplace Hazardous Material Information System. Retrieved from: https://www.canada.ca/en/health-canada/services/environmental-workplace-health/occupational-health-safety/workplace-hazardous-materials-information-system.html

Appendix A:
NWT Continuing Care Levels of Services

NWT Continuing Care Levels of Services

The NWT Levels of Care (LOC) were revised and approved for implementation in November 2025. Once an assessment is completed, an individual's care needs are categorized according to LOC. A detailed perspective of the LOC is found below. The LOC describes functional characteristics categorizing individuals into care levels to support decision-making about appropriate support services and care across the continuum.

Approved November 2025

Levels of Service	Description
LEVEL 1 **HOME CARE/ Other Community Supports**	• A person who is independently mobile, with or without mechanical aids, requires minimal assistance with ADL / IADL. • A person who can remain in a home/community setting with minimal supports and is considered to be at a level of risk that can reasonably be considered acceptable.
LEVEL 2 **HOME CARE/ Other Community Supports**	• A person who is independently mobile, with or without mechanical aids and requires assistance with ADL / IADL. • A person requiring Home Care, Nursing, or other professional supports, interventions, and/or supervision. • The person can be independent with supports or live in a group living setting.
LEVEL 3 **HOME CARE/ *LTC**	• A person who may or may not be independently mobile, with or without mechanical aids, and requires assistance with ADL/IADL. • A person requiring Home Care, Nursing, or other professional supports, interventions, and/or supervision. • The person can be independent with supports or live in a group living setting. **Based on assessed need*
LEVEL 4 **LONG TERM CARE/ DEMENTIA CARE/**	• A person who requires 24/7professional nursing and/or other professional support services/monitoring, medical supervision, and requires facility-based residential care/support on a permanent basis. • A person who needs 1 or 2 persons to assist with mobility and ADL/IADL. • A person who is at risk of harm to self/others resulting from complex and multiple medical conditions, and/or cognitive impairment. • A person who may experience sudden, unanticipated changes in condition. **24 hr. On-Site Registered Nursing and after regular hours access to a Registered Nurse*

LEVEL 5 **LONG TERM CARE/ DEMENTIA CARE/ EXTENDED CARE**	• A person who requires 24/7professional nursing and/or other professional support services/monitoring, medical supervision, and requires facility-based residential care/support on a permanent basis. • A person who needs 1 or 2 persons to assist with mobility and ADL/IADL. • A person who is at risk of harm to self/others resulting from complex and multiple medical conditions, physical frailty and/or cognitive impairment. • A person who may experience sudden, unanticipated changes in condition. **24 hr. On-Site Nursing and after regular hours access to a Registered Nurse*
LEVEL 6 **PALLIATIVE CARE**	• A person who is approaching end-of-life and who requires continuous medical support, and formal/informal psychosocial support. • Palliative care is provided in the following locations as appropriate: A. Home Care in person's home B. Long Term Care facility C. Hospital Acute Care D. Hospital Palliative Care **24 hr. On-Site Nursing and after regular hours access to a Registered Nurse (Home Care; access to a Registered Nurse is required)*

Appendix B:
Legislation & Regulations

Access to Information and Protection of Privacy Act. S.N.W.T. 2014, c.2.

- Access to information and protection of privacy regulations. R-096-2016

Canada Health Act. R.S. C 1985, cC.6.

Contributory Negligence Act. R.S.N.W.T. 1988, c.C-18

Controlled Drugs and Substances Act. (S.C. 1996, c. 19)

Coroners Act. S.N.W.T.2019, c.21

Dental Profession Act. S.N.W.T. 2018, c.15

Donation of Food Act. S.N.W.T. 2008, c. 14

Electronic Transactions Act. S.N.W.T. 2014, c.2

Emergency Medical Aid Act. S.N.W.T. 2003, c.15

Financial Administration Act.

- Government Contract Regulations. R-053-2018

Guardianship and Trusteeship Act- S.N.W.T. 2015, c.24

- Guardianship and Trusteeship Forms Regulations. R-047-2017
- Health Care Regulations. R-050-97

Health Care Regulations (Guardianship and Trusteeship Act)

Health Information Act. S.N.W.T. 2015, c.14

Hospital Insurance and Health and Social Services Administration Act. S.N.W.T. 2015, c.14

Human Rights Act. S.N.W.T. 2019, c.9

Interpretation Act. S.N.W.T. 2018, c.18

Medical Care Act. S.N.W.T. 2015, c.14

- Medical Care Regulations. R-038-2006.

Medical Profession Act. S.N.W.T. 2010, c.19

- Medical Profession Regulations. R-076-2018

Mental Health Act. S.N.W.T. 2018, c.18

- Mental Health General Regulations. R-050-2018

Motor Vehicles Act

Nursing Profession Act. S.N.W.T. 2006, c.24

- Nursing Profession Regulations. R-004-96

Official Languages Act. S.N.W.T. 2003, c,23

- Government Institution Regulations. R-045-2019

Personal Directives Act. S.N.W.T. 2014, c.30

Pharmacy Act. S.N.W.T. 2014, c.32

- Adoption of Formulary for the Substitution of Pharmaceutically Equivalent Drugs Order. R-028-2007
- Continued Care Prescriptions Regulations R-077-2008
- Pharmacy Regulations. R-080-2018

Powers of Attorney Act. S.N.W.T. 2001, c.15

- Powers of Attorney Regulations. R-027-2002

Protection Against Family Violence Act. S.N.W.T. 2013, c.25

- Protection Against Family Violence Regulations. R-074-2016

Psychologists Act. S.N.W.T. 1998, c.32

Public Health Act. S.N.W.T. 2018, c.15

- Disease Surveillance Regulations. R-075-2016
- Food Establishment Safety Regulations. R-063-2019
- General Sanitation Regulations. R-130-2016
- Personal Service Establishment Regulations. R-083-2018
- Reportable Disease Control Regulations. R-077-2016

Public Trustee Act. S.N.W.T. 2019, c.21

- Public Trustee Regulations. R-078-2019

Safety Act. S.N.W.T. 2015, c.30

- Occupational Health and Safety Regulations. R-124-2018

Societies Act.