

# *Northwest Territories Long Term Care Standards*

Department of Health and Social Services 2025



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## 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 residents of the Northwest Territories (NWT). The Minister has overall responsibility for the health and social services system.

The Department supports the Minister of Health and Social Services in setting the strategic direction for the system through the development of legislation, policy and standards; the establishment of approved programs and services; the establishment and monitoring of system budgets and expenditures; and the evaluating and reporting on system outcomes and performance.

### Health and Social Services Authorities

The Department provides funding to three Health and Social Services Authorities: *Northwest Territories Health and Social Services Authority*, *Hay River Health and Social Services Authority* and the *Tẖcẖo Community Services Agency* (referred together as ‘the Authorities’). The Authorities are responsible for the front-line operational delivery of core health and social programs and services to residents of the NWT. 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 Safe Health and Social Services System

Throughout the NWT, the health and social services system works 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, and policy design, Indigenous healing, and staff training.

### Long Term Care in the Northwest Territories

Long Term Care is a home-like facility that provides care and services for people who are no longer able to live independently and who require onsite nursing care, 24-hour supervision, and personal care.

## **NWT Long Term Care Standards**

### **Purpose**

The NWT Long Term Care Standards (Standards) mandate the core services delivered in all publicly funded Long Term Care facilities in the NWT. The Standards meet the minimum:

- Federal and NWT statutes and regulations;
- Best practices in Long Term Care service provision;
- Accreditation standards; and
- Professional standards of practice.

Presently, these services are delivered by a multidisciplinary team. Any health professionals involved in any capacity, at any time, with the delivery of Long Term Care service are expected to adhere to the Standards. Where services are delivered by a non-government organization through a contract, the contractor is required to comply with the Standards. If the Standards are not met, the Department may take action to protect and support the residents' health, safety, security and rights. Such actions may include, but are not limited to:

- Suspension of admissions to the facility/program;
- Suspension/closing of operations;
- Issuance of a Ministerial Directive requiring the Authority to appoint someone to manage the
- Long Term Care Facility;
- Initiating compliance provisions within the contract (s); or
- Other actions as determined by the Minister

### **The NWT Long Term Care Standards**

- Describe and define the core (essential) services delivered in NWT Long Term Care settings;
- Identify (and standardize) the minimum expected outcomes and standards for each core area including indicators for monitoring/evaluation;
- Provide a framework and protocols for publicly funded facilities to implement, monitor and evaluate Long Term Care programs and services including policies or procedures;
- Are evidence-based and anchored in best practice; and
- Provide a mechanism for inspecting 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 Long Term Care will be introduced to the Standards during their orientation by the Manager responsible for Long Term Care operations and/or designate. All Long Term Care staff share the responsibility for identifying areas of deficit or discrepancy with regard to any of the Standards.

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

### **Long Term Care Services**

Long Term Care services meet the needs of residents and families from admission to discharge and along the illness/health continuum. Long Term 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 Authorities (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 performance of Long Term Care programs and facilities.

The Standards are to be adopted by all publicly funded Long Term Care providers and used to develop policies or procedures from which they can be operationalized. Long Term Care Nurses, Nurse Managers and Regional Managers are to use the Standards when planning service delivery in their respective practice area. 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 long term or continuing care Standards implemented in NWT Long Term Care facilities. It is the expectation that HSSAs will assess their operational plans and will ensure that the Standards are met.

## Glossary

<b>Accreditation</b>	A self-assessment and external peer assessment process used by health care organizations to assess their level of performance in relation to established practice standards and to implement ways to achieve continuous improvement.
<b>Activities of Daily Living (ADL)</b>	Activities involving functional mobility such as ambulation, wheelchair mobility, bed mobility, transfers, and personal care such as feeding, hygiene, toileting, bathing, and dressing.
<b>Adult Day Services</b>	<p>Adult Day Services are designed for community dwelling adults over the age of 19 who may have physical and/or cognitive challenges or are living with a chronic illness. Adult Day Services may be provided within Long Term Care facilities or in the community.</p> <p>Adult day activities play a key role in allowing people to remain living as close to home as possible and 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.</p>
<b>Agent</b>	A person designated in a personal directive and authorized to make personal decisions on behalf of the Director ( <i>Personal Directives Act 2005,c.16</i> )
<b>Anti-Racism</b>	Ongoing action to identify, address, and prevent racism in all its forms.
<b>Assessment</b>	An assessment is a process, tool or method by which a health care professional identifies resident needs and determines the most appropriate care, intervention and/or placement options to meet those needs. The resident, family and other service providers may participate.
<b>Canadian Institute of Health Information (CIHI)</b>	Provides comparable and actionable data and information used to improve health care and health system performance across Canada.
<b>CSA</b>	Canadian Standards Association (CSA Group)
<b>Care Plan</b>	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.
<b>Case Management</b>	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.

<b>Catastrophic Event</b>	<p>An incident that threatens life, property, operations, or the environment of the Long-Term Care facility.</p> <p>Catastrophic Events can be classified as:</p> <ol style="list-style-type: none"> <li>1) a pandemic, endemic, or communicable disease outbreak;</li> <li>2) internal events including fires within the Long Term Care facility, hazardous spills, power failure, contamination of ventilation air intakes or major failure of heating, cooling sources or power; and</li> <li>3) external events which can include flood, fire, spills/release of contaminants, multi-casualty events, terrorist attacks, civil unrest, unusual weather events (ice, storm, flooding, etc).</li> </ol>
<b>Chemical Restraint</b>	<p>The use of any drug not required for treatment but used to inhibit a behaviour or movement.</p>
<b>Client</b>	<p>While accessing continuing care services outside of Long Term Care the individual is referred to as 'client'.</p>
<b>Coordinated and Integrated Services</b>	<p>The coordination of care involving a range of health and social service professionals (also referred to as <i>allied health professionals</i>). These services are integrated to meet each resident's goals of care, needs, preferences and care plan.</p>
<b>Critical Incident</b>	<p>As per <i>Hospital Insurance and Health and Social Services Administration Act</i> (HIHSSA), an unintended event that occurs when health services or social services provided to a patient or client result in a consequence to him or her that:</p> <ol style="list-style-type: none"> <li>a) is serious or undesired <ul style="list-style-type: none"> <li>o such as: <b>i)</b> death, disability, injury, or harm, <b>ii)</b> an unplanned admission to a health facility or an unusual extension of a stay in a health facility, or <b>iii)</b> a significant risk of substantial or serious harm to the safety, well-being or health of the patient or client, and</li> </ul> </li> <li>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</li> </ol>
<b>Cultural Safety</b>	<p>An outcome where Indigenous peoples feel safe and respected, free of racism and discrimination, when accessing health and social services.</p>
<b>Department</b>	<p>Department of Health and Social Services</p>
<b>Delegation</b>	<p>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.</p>

<b>Director</b>	A person who makes a personal directive (see Agent <i>Personal Directives Act 2005,c.16</i> )
<b>End of Life Care</b>	A range of clinical and support services with the focus of care on relieving suffering, ensuring respect, and maximizing quality of life for the resident who is dying, their family, and loved ones during the last weeks and days of life.
<b>Equity, Diversity and Inclusion</b>	As per the <i>CSA/HSO 21001:2023</i> , 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.
<b>Essential Care Partners</b>	<p>These individuals actively and regularly participate in providing care and may support feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity, and assistance in decision-making.</p> <p>Essential care partners differ from general visitors in that visitors have an important role but do not participate as active partners in care.</p>
<b>Environmental Restraint</b>	Modifications to a resident’s surrounding for the purpose of restricting or controlling movement.
<b>Facility COVID-19 Outbreak</b>	An outbreak of COVID-19 in a hospital, congregate setting or LTC facility is defined by the Office of the Chief Public Health Officer (OCPHO) as two or more confirmed cases (staff and/or clients) where transmission was acquired within the facility by best assessment. As per OCPHO, an outbreak can be declared over 14 days after the last case’s exposure during their communicable period to other residents/staff.
<b>GNWT</b>	Government of the Northwest Territories
<b>Goals of Care Designation (GCD)</b>	A set of short-hand instructions by which health care professionals describe and communicate general care intentions, specific clinically indicated health interventions, transfer decisions, and locations of care for a patient as established after consultation between the most responsible health practitioner and patient or alternate decision-maker.
<b>Guardian</b>	Defined in the <i>Guardianship and Trusteeship Act</i> 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
<b>Guideline</b>	A statement that outlines broad expectations that must be met.
<b>Health Care Professional</b>	An individual who is a member of a regulated health discipline in the NWT.

<b>Health Services</b>	As per the <i>Hospital Insurance and Health and Social Services Administration Act</i> (HIHSSA, RSNWT 1988,c.T-3), a health services includes: <ul style="list-style-type: none"> <li>(a) services for the protection, promotion and maintenance of physical and mental health,</li> <li>(b) services for the prevention, diagnosis and treatment of illness, disease and injury,</li> <li>(c) palliative services,</li> <li>(d) rehabilitative care services,</li> <li>(e) insured services,</li> <li>(f) services in respect of public health surveillance, and</li> <li>(g) health programs and services approved by the Minister as health services.</li> </ul>
<b>HIHSSA</b>	<i>Hospital Insurance and Health and Social Services Administration Act</i> R.S.N.W.T. 1988,c.T-3
<b>HRHSSA</b>	Hay River Health and Social Services Authority
<b>HSO</b>	Health Standards Organization
<b>interRAI Long Term Care Facilities Assessment System (interRAI-LTCF)</b>	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.
<b>Least Restraint</b>	The practice of using the least restrictive measure, for the shortest duration possible, that allows for the greatest freedom of movement and/or residents' 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.
<b>Mechanical Restraints</b>	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.
<b>Medical Oversight</b>	Medical Oversight is continuous and appropriate supervision of treatment/procedures provided to the resident with accountability for service delivery and care coordination with other health care professionals and within the Long Term Care home.
<b>Most Responsible Practitioner</b>	The health practitioner who is responsible and accountable for the treatment/procedure(s) provided to the resident and is authorized to perform their duties to fulfil the delivery of the treatment/procedure(s) within the scope of their practice. May include physicians or nurse practitioners.
<b>Minister</b>	Minister of the Department of Health and Social Services, Government of the Northwest Territories (or designate).
<b>NTHSSA</b>	Northwest Territories Health and Social Services Authority

<b>Nurse</b>	A regulated health professional with the <i>College and Association of Nurses of the Northwest Territories and Nunavut (CANNN)</i> . As per CANNN, the NWT has four designations: licensed practical nurses, nurse practitioners, registered nurses, and registered psychiatric nurses.
<b>OHS</b>	Occupational Health and Safety
<b>Palliative Care Approach</b>	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. This includes early identification in the disease process, assessment and treatment of pain and other symptoms, and physical, psychosocial and spiritual care.
<b>Personal Directives</b>	Under the <i>Personal Directives Act</i> , 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.
<b>Physical Restraint</b>	The direct application of physical holding techniques to a resident that involuntarily restricts their movement.
<b>Policy</b>	A governmental or institutional commitment to the public to follow an action or course of action in pursuit of approved objectives.
<b>Regulations</b>	Regulations are issued by various government departments and agencies to carry out the intent of legislation.
<b>Remediation</b>	The act or process of improving a situation.
<b>Resident</b>	Upon admission to a Long Term Care facility, individuals are referred to as 'resident'.
<b>Resident-Centred Care</b>	As per the Health Standards Organization, Long-Term Care Services Standards (2023), <i>An approach based on the philosophy of people-centred care that ensures that the resident is a partner and active participant in their care. The resident's goals, needs, and preferences drive decision-making for care.</i>
<b>Resident-Family Council</b>	A group composed of residents or persons of importance to residents, or both, that is in place in a Long Term Care Facility. The group meets on a regular basis to improve the quality of life of the residents and identify and address concerns.
<b>Rights and Responsibilities</b>	The rights and responsibilities a resident has/agrees to comply with upon admission to a Long Term Care facility to ensure the safety, autonomy and health of all residents and staff. Rights explain what a resident can expect living in a Long Term Care facility. Responsibilities explain what the Long Term Care facility expects from the resident.

<b>Respite Care</b>	<p>Individuals admitted for short term placement in designated Long Term Care facilities' short stay/respice beds, for a couple of days to weeks, to provide respice for caregivers.</p> <p>Respice for caregivers helps to provide a short period of rest or relief to bring balance to their lives so that they may continue to provide quality care.</p>
<b>Responsive Behaviour</b>	<p>Behaviors which are used to communicate a need that the resident is unable to express through verbal or other means.</p>
<b>Standard</b>	<p>A statement of expectations which must always be met when designing or delivering a program or service.</p>
<b>Statute</b>	<p>A written law passed by a legislative body.</p>
<b>Territorial Admissions Committee (TAC)</b>	<p>The TAC 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 residents across the NWT.</p>
<b>Trauma-informed care</b>	<p>As per the <i>CSA/HSO 21001:2023</i>, an approach to care that recognizes that many people have experienced psychological or emotional trauma, the lasting effects of which may influence their physical and mental health behaviour, and engagement with health service providers and services.</p>
<b>Unregulated Health Care Professional (UHCPs)</b>	<p>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.</p>
<b>Visitors</b>	<p>People what are not essential care partners but who serve an important social role for residents without engaging as active partners in a resident's care.</p>

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# 1.0 Long Term Care Services

## 1.1 Long Term Care Services

### PURPOSE

Long Term Care is a home-like facility that provides care and services for people who are no longer able to live independently and who require onsite nursing care, 24-hour supervision, and personal care.

### STANDARD

1.1.1 Long Term Care includes the following essential services:

- Accommodation
- Clinical assessment
- Dietary services
- Resident assessment
- Case management
- Nursing services
- 24-hour support for Activities of Daily Living (ADL)
- Respite care
- Medication administration
- Preventive health services
- Palliative/end-of-life care
- Family/caregiver support
- Access to medical supplies and equipment loan
- Social, cultural and recreation services
- Housekeeping services
- Laundry/linen services

1.1.2 Long Term Care residents have access to coordinated and integrated services as per 1.9 Coordinated and Integrated Services.

1.1.3 Upon admission and with any changes to the plan of care; residents and families are informed and engaged in:

- Their rights and responsibilities
- Their care plan
- Their opportunity to participate in a resident council
- Changes to programs or service delivery
- Incidents which may impact quality of care
- The concerns resolution process
- Costs they are responsible for and payment options

1.1.4 Long Term Care follows a Resident-Centred Model of Care.

1.1.5 Long Term Care will acquire and maintain recognized accreditation.

## 1.2 Clinical Assessment

### **PURPOSE**

Residents in Long Term Care will have comprehensive clinical assessments completed by a nurse and/or other health care professional that includes the resident and caregiver(s).

### **STANDARD**

1.2.1 There are policies or procedures in place for a nurse to complete a clinical assessment upon admission, quarterly and with changes in a resident's health status.

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

- Pain management
- Fall risk
- Wound prevention and management e.g. pressure injury and skin health
- Responsive behaviors/wandering

1.2.3 There are policies or procedures in place to ensure that changes to residents' health status are discussed with the resident, documented, added to a care plan and communicated with Long Term Care staff.

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

1.2.4 There are policies or procedures in place to ensure documentation is completed in the resident's chart in a timely manner by all health care professionals providing care to Long Term Care residents.

1.2.5 An updated TAC application will be completed if the care needs of the resident exceed the services provided by the Long Term Care facility and a transfer is being requested to a facility that can support the care needs.

## 1.3 Individual Care Plans

### **PURPOSE**

Every Long Term Care resident will have a care plan specific to their assessed care needs that promotes the health, wellbeing, independence and self-care.

### **STANDARD**

1.3.1 There are policies or procedures in place for all Long Term Care residents 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 resident goals and expected outcomes
- Is initiated at the start of Long Term Care service provision and within the first 72 hours of admission and completed by day 21 of admission.
- Is updated quarterly or as indicated by a change in the resident's condition

1.3.2 Each care plan:

- Is developed in partnership with the resident and family and is informed by their needs, choices, and preferences
- Is in writing and available to health care professionals, the resident 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 Long Term Care facilities to provide updates to the resident and/or guardian/ agent:

- Quarterly, and
- With any changes in a resident'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 residents and families throughout the dying process from diagnosis to death.

### STANDARD

1.4.1 Long Term Care facilities have policies or procedures in place for palliative care services for long term care residents that describe:

- How and where residents access palliative care services
- The scope and limits of palliative care services
- The roles of staff who deliver palliative care services
- Evidence based practice in palliative and end-of-life care

1.4.2 Staff are trained in palliative care aligned 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 residents and families with support for end of life care and facilitate access to bereavement and support services.

1.4.4 Staff are following standard 1.5 Goals of Care Designation.

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

1.4.5 There are policies or procedures in place to provide any resident seeking information and/or requesting Medical Assistance in Dying (MAID) services.

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)

NWT 811 Helpline: <https://www.hss.gov.nt.ca/en/services/811>

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://victoriahospice.org/wp-content/uploads/2019/07/ppsv2\\_english - sample - dec 17.pdf](https://victoriahospice.org/wp-content/uploads/2019/07/ppsv2_english_sample_dec17.pdf)

## 1.5 Goals of Care Designation

### **PURPOSE**

Each Long Term Care resident 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 residents and guardians or agents.

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

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

## 1.6 Respite Services

### PURPOSE

Respite services are available in designated Long Term Care facilities for short term placement to support caregivers who have an assessed risk for caregiver distress and burnout.

### STANDARD

1.6.1 To be eligible for Respite Care in Long Term Care, the applicant must

- Have an assessed care/support need(s)
- Have a valid NWT Health Care Card
- Be 19 years of age or older

1.6.2 There are policies or procedures in place that describe:

- How and where residents access respite care
- The scope and limits of respite care
- The process to request respite care
- The length of time per respite stay
- Costs that are the responsibility of residents or families

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



## 1.7 Adult Day Activities

### PURPOSE

Adult day activities may be provided within designated Long Term Care facilities to Long Term Care residents and community dwelling adults over the age of 19 who may have physical and/or cognitive impairments or are living with a chronic illness.

### 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
- The scope and limits of adult day activities
- The roles of staff who deliver adult day activities
- Any costs individuals are responsible for with payment options

1.7.2 Meal services must be provided for as per 1.14 Dietary Services.

1.7.3 Social and recreational services must be provided as per the 1.13 Spiritual, Cultural, and Recreational Services.

## 1.8 Nursing and Activities of Daily Living Services

### **PURPOSE**

Nursing and activities of daily living services in Long Term Care are delivered to meet the residents identified nursing and personal care needs in a safe and effective manner.

### **STANDARD**

1.8.1 Nursing services must be provided on-site 24 hours a day, 7 days a week (24/7) by nurses who are working within a defined scope of practice and are:

- Registered with the College and Association of Nurses of the Northwest Territories and Nunavut (CANNN)

1.8.2. There are policies or procedures in place to provide 24/7 Nursing clinical oversight to nursing and activities of daily living services:

- A Registered Nurse (RN) from within the staffing model (direct care and other staff) must be available on site during regular hours (within the facility), and provides clinical oversight and delegation of activities
- An RN is available by phone (on call) after regular hours to provide clinical support/direction for urgent and emergent issues.
- If RN coverage is not available, then there is an established short term/interim process in place for RN coverage and reasons documented
- There are policies or procedures in place on how to access the designated on-call RN when the RN is not on site
- There are policies or procedures in place on the role and scope of the designated on- call RN when the RN is not on site

1.8.3 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 Long Term Care Staffing Model

### PURPOSE

The Long Term Care Staffing Model ensures that Long Term Care residents receive care they require under the direction of qualified and skilled staff within the defined scope of practice.

### STANDARD

1.9.1 Long Term Care facilities are required to meet the **minimum** direct care staffing of nurses and personal support workers (PSW), which includes but is not limited to the following:

- A daily direct care staffing ratio of 30% nursing / 70% PSW is maintained
- Direct care hours in Long Term Care facilities will equal or exceed 3.6 hours per resident per day
- A minimum of two direct care staff per shift, with a minimum of 1 nurse per shift as per 1.8 Nursing and Activities of Daily Living Services
- Access to a Registered Nurse 24/7 as per 1.8.2 Nursing and Activities of Daily Living Services

1.9.2 A Territorial dementia facility is required to meet the minimum direct care staffing as per 1.9.1 with the exception:

- Direct care hours (which includes nurses and PSWs) will equal or exceed 3.7 hours per resident per day

1.9.3 Extended Care Units are required to meet the minimum direct care staffing as per 1.9.1 with the exception:

- A daily direct care staffing ratio of 40% nursing care / 60% personal support worker is maintained
- Direct care hours (which includes nursing and Resident Care Aides and PSWs) per resident per day will equal or exceed 4.5 hours

1.9.4 The Long Term Care staffing model includes direct care staff and the additional roles of Manager and Supervisor/Team Lead/Clinical Coordinator.

- One or both of these roles must be occupied by a RN
- These additional roles, when occupied by a RN, can provide clinical oversight to nursing and personal care services

## 1.10 Activities of Daily Living (ADL)

### **PURPOSE**

Long Term Care Residents are assisted with ADL and are supported to participate in their ADL to their full potential as per the clinical assessment and care plan.

### **STANDARD**

1.10.1 There are policies or procedures in place that state that a nurse will assess residents' care needs at:

- Admission;
- With any change in health status; and
- Quarterly

1.10.2 ADL support is provided as per the assessed need and as documented in the individual resident's care plan.

1.10.3 There are policies or procedures in place to guide the safe and appropriate delivery of ADL support.

### **TOOLS**

Standardized tools will be used by a health care professional to assess the resident's capacity to perform ADL.

## 1.11 Preventative Health Services

### PURPOSE

Preventative health services are provided to Long Term Care residents, to ensure residents are supported to achieve their best possible health status.

### STANDARD

1.11.1 All residents will have equal access to preventive health services.

1.11.2 Needs are assessed upon:

- Admission;
- With change in health status; and
- Quarterly

1.11.3 There are policies or procedures in place describing preventive health services provided to Long Term Care residents, including but not limited to:

- Immunization
- Infection prevention and control
- Mental health screening
- Disease and risk screening
- Falls prevention
- Oral health
- Point of care testing

1.11.4 There are policies or procedures in place to ensure that preventive health services are reassessed as required by 1.11.1.

1.11.5 There are policies or procedures in place to ensure documentation of preventative health services is completed in the resident's chart, including the care plan and in a timely manner.

## 1.12 Case Management

### PURPOSE

Long Term Care services will support residents in accessing coordinated and integrated services through case management to ensure that necessary services are sought to meet their needs.

### STANDARD

1.12.1 There are policies or procedures in place to define the scope of health services that are coordinated and integrated for long term care residents. These services include but are not limited to:

- Rehabilitation services
- Audiology
- Dietician services
- Social work
- Pharmacy
- Respiratory therapy
- Dentistry
- Ophthalmology or optometry
- Mental health and addictions
- Medical practitioner and/or specialists
- Nurses specialized in wound, ostomy and continence (NSWOC)
- Nurses specialized in advanced foot care

1.12.2 There are policies or procedures in place to ensure assessment and interventions for these services are documented in the resident's chart, including the care plan in accordance with Standard 1.3, and in a timely and complete manner.

## 1.13 Spiritual, Cultural, and Recreational Services

### PURPOSE

Long Term Care Residents and families will have access to spiritual, cultural and recreational services, contributing to resident's quality of life by enabling them to participate in personally meaningful activities.

### STANDARD

1.13.1 There are policies or procedures in place to ensure the social, cultural, and recreational activities offered are designed to meet the needs and preferences of residents.

1.13.2 There are policies or procedures in place for the delivery of recreational services, and professional oversight for service planning and evaluation.

1.13.3 There are policies or procedures in place for the delivery of spiritual and cultural services.

1.13.4 There are policies or procedures in place that outline the role and responsibilities of Recreation Coordinators that include but are not limited to:

- Oversight of Activity Aids
- Program planning
- Resident activity assessments
- Adult Day Activities (see Standard 1.7.4 Adult Day Activities)

## 1.14 Dietary Services

### STANDARD

Long Term Care Residents will have access to foods that are culturally appropriate following the *Operational Guidelines for Serving Traditional Foods in NWT Health and Social Services' Facilities: Operational Policies and Procedures* and meet resident's nutrition needs abiding by the *Northwest Territories Food Establishment Safety Regulations under the Public Health Act*.

### PROCEDURE

1.14.1 There are policies or procedures in place for Long Term Care residents to have access to and assessment from a Dietitian upon admission to any Long Term Care facility, with a change in resident's status, and yearly.

1.14.2 There are policies or procedures in place to ensure best practice for nutrition and food services in Long Term Care homes are followed.

1.14.3 There will be collaboration between the food services staff and a registered Dietitian for meal and menu planning.

1.14.4 Long Term Care residents will have access to a Dietician and/or other health care professional services specific to their needs that includes but is not limited to:

- Therapeutic diets
- Preferences
- Swallowing (mechanical) concerns

1.14.5 There are policies or procedures in place to ensure routine maintenance and monitoring of fridges and freezers, including but not limited to temperature checks.

1.14.6 Proof of a food safety certificate is obtained and maintained by the facility, and recertification as per the Food Establishment Safety Regulations.

1.14.7 There are policies or procedures in place to ensure that any staff handling food obtain a food safety certification.

1.14.8 There are policies or procedures in place for securing, preparing and serving foods, including traditional food.

1.14.9 There are policies or procedures in place to ensure resident feedback is gathered and considered in food planning.



## 1.15 Housekeeping Services

### PURPOSE

Housekeeping services are provided in Long Term Care facilities according to Infection Prevention and Control guidelines to reduce the risk of communicable disease transmission.

### STANDARD

- 1.15.1 There are policies or procedures in place for housekeeping services to ensure compliance with:
- Section 59 of the *Hospital and Health Care Facility Standards*;
  - The *NWT Infection Prevention and Control (IPAC) Standards*;
  - The *Workplace Hazardous Materials Information System (WHMIS)*; and
  - Any other guidance issued by the GNWT respecting infection prevention and control in Long Term Care settings.
- 1.15.2 The storage and use of cleaning products is maintained in accordance with the manufacturer's instructions for supplies and solutions as per WHMIS.

## 1.16 Laundry and Linen Services

### STANDARD

Laundry services are provided to meet the needs of Long Term Care facilities and the personal laundry needs Long Term Care residents to reduce the risk of communicable disease transmission.

### STANDARD

1.16.1 There are policies or procedures in place for laundry and linen services that are in compliance with:

- Section 59 of the *Hospital and Health Care Facility Standards*;
- The *NWT Infection Prevention and Control (IPAC) Standards*;
- The *Workplace Hazardous Material Information System (WHMIS)*; and
- Any other guidance issued by the GNWT respecting infection prevention and control in Long Term Care settings

1.16.2 There are policies and procedure in place to identify what laundry services are provided by the Long Term Care facility and what is not provided.

1.16.3 There are policies or procedures in place to address the care and management of the laundry equipment.

1.16.4 There are policies or procedures in place to support residents to do their own laundry in a safe way.

## 1.17 Health Services

### PURPOSE

Long Term Care Facilities ensure there is available health services to meet resident's health care needs.

### STANDARD

1.17.1 All Long Term Care residents have access to and will be provided health services as per 1.12 Case Management.

1.17.2 There are policies or procedures in place that provide direction for accessing emergency health services.

1.17.3 There are policies or procedures in place that describe health services including, but not limited to:

- Medication prescription, review and reconciliation;
- Documentation of health services;
- Access to a health services;
- Access to diagnostic services; and
- Access to medical specialist services

1.17.4 Medical assessments, medication reviews and reconciliation occur at a minimum annually, or with a change in health status.

1.17.5 There are policies or procedures in place to ensure that health and/or specialist services are available when required and results are shared as appropriate and in a timely manner.

1.17.6 There are policies or procedures in place for outlining how nurses can access health services for resident health care.

## 1.18 Transportation Services

### PURPOSE

Long Term Care residents will have access to transportation services that are safe.

### STANDARD

1.18.1 There are policies or procedures in place to describe what transportation services are available to residents, at what cost, and how residents can access transportation services.

1.18.2 Transportation services, where provided by the Long Term Care facility, must comply with all GNWT Department of Transportation vehicle and traffic safety regulations and policies.

1.18.3 All facility owned or operated vehicles will be inspected and reported on regularly, and there is a policy or procedure in place to address deficiencies.

1.18.4 There are policies or procedures in place for Long Term Care staff to be trained in the safe operation and maintenance of any facility vehicle.

1.18.5 Any Long Term Care staff operating a facility vehicle will have the appropriate driver's license.

## 1.19 Essential Care Partners

### **PURPOSE**

Long Term Care facilities will allow for essential care partners to participate in providing care and support to residents identified needs.

Essential care partners support residents in receiving physical, psychological and emotional support, as deemed important by the resident. As essential care partners, these individuals actively and regularly participate in providing care and may support feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity, and assistance in decision- making. Essential care partners differ from general visitors in that those visitors have an important role but do not participate as active partners in care.

### **STANDARD**

1.19.1 There are policies or procedures in place that allow for a resident and/or guardian or agent to designate essential care partner(s). These include but are not limited to:

- How essential care partners support a resident(s) during a catastrophic event(s)
- The scope and limits of essential care partners
- Communication between the facility and essential care partners

1.19.2 There are policies or procedures in place to orient essential care partners to the Long Term Care facility, including but not limited to:

- Facility services and policies
- IPAC protocols
- Safety and evacuation protocols  
(in the event of a fire, flood, if the resident goes unconscious or falls etc.)
- Scope and limits of essential care partners
- Protocols for visits
- Communication between the facility and essential care partners

1.19.3 There are policies or procedures for providing essential care partners personal protective equipment, training about how to properly use this equipment, hand hygiene and how to safely provide direct care to resident.

## **2.0 Access, Transfer, and Discharge**

## 2.1 Accessing Long Term Care

### PURPOSE

Individuals who live in the NWT will have access to Long Term Care as close to their home and or community as possible through a fair, equitable, and streamlined process.

### STANDARD

2.1.1 Access to Long Term Care facilities funded by the Government of the GNWT is through application to the **Territorial Admissions Committee (TAC)**. The TAC determines applicant eligibility and priority for Long Term Care placement as set out in *Appendix D: Territorial Admissions Committee Policies*.

2.1.2. To be eligible for Long Term Care services in the NWT the applicant must:

- Have a valid NWT Health Care Card
- Be 19 years of age or older
- Submit a Continuing Care Assessment and Placement Package for Long Term Care to the TAC
- Be deemed eligible by the TAC

## 2.2 Admission, Discharge and Transfer of a Resident

### **PURPOSE**

Information is communicated effectively, safely and completely during service transition points.

### **STANDARD**

2.2.1 There are policies or procedures in place to guide a consistent admission process for Long Term Care residents.

- The Department is notified within 3 calendar days of the date of admission

2.2.2 There are policies or procedures in place to guide a consistent discharge process for Long Term Care residents.

- The Department is notified within 3 calendar days of a death or discharge and will be provided the residents initials, health care number and date of death or discharge.

2.2.3 There are policies or procedures in place to guide a consistent transfer process for Long Term Care residents during service transition points.

2.2.4 There are policies or procedures in place to guide the exchange of information to ensure resident safety at the time of admission, transfer or discharge from Long Term Care services.

2.2.5 Resident requests for transfer to another Long Term Care facility are initiated and communicated by the facility to TAC, along with an updated TAC application.

### **REPORTING**

Occupancy Reporting to DHSS, see Appendix C



## 2.3 Service Agreements and Resident Payments

### PURPOSE

Long Term Care residents and families/caregivers, guardians and agents are aware of the fees, payment schedules and service agreements between the resident and the Long Term Care facility. This includes individuals accessing respite care.

### STANDARD

2.3.1 There is a written service agreement, signed by the resident or guardian or agent that outlines what services are being delivered, indicating understanding of an agreement to the Long Term Care services being offered.

2.3.2 The cost of room and board at Long Term Care facilities in the Northwest Territories, as well as travel to and from Long Term Care facilities is the responsibility of the resident and or the residents' delegate.

2.3.3. There are policies or procedures in place for the collection of resident payments.

2.3.4 There are policies or procedures in place should a resident be unable to pay the bed rate and/or respite fees.

## **3.0 Quality, Safety, and Risk Management**

## 3.1 Quality Improvement

### PURPOSE

Long Term Care Services are monitored, evaluated, and improved based on best practice and outcomes and resident, guardian and agent feedback.

### PROCEDURE

3.1.1 There are policies or procedures in place for engaging residents and families in providing input to Long Term Care services and planning.

3.1.2 There is a process in place to gather and respond to feedback, complaints, and concerns from residents and or families.

3.1.3 There are policies or procedures in place that guide the quality improvement (QI) process that results in ongoing service improvement through monitoring indicators, outcomes, and evaluation.

3.1.4 There are policies or procedures in place for monitoring safety, competence, effectiveness, efficiency, appropriateness, and accessibility of services.

3.1.5 There are policies or procedures in place for identifying, documenting, reporting and resolving resident safety incidents.

3.1.6 There is ongoing staff training to respond to changes in resident needs and to improve quality of care and services.

3.1.7 There are policies or procedures in place to ensure:

- All services are documented
- Treatment protocols are followed
- Health status is assessed and updated when there are changes
- Two person identifiers are used

## 3.2 Human Resources

### PURPOSE

Long Term Care residents will receive services that are delivered by qualified and skilled staff.

### PROCEDURE

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

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

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

3.2.3 Each Long Term Care staff member has a job description that defines:

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

3.2.4 There are policies or procedures in place to ensure that unregulated health care professionals work under the supervision of a regulated health care professional.

### 3.3 Volunteers

#### PURPOSE

Where volunteer services are available in Long Term Care, they will complement resident's care and contribute to their quality of life.

#### PROCEDURE

3.3.1 There are policies or procedures in place to govern the inclusion of volunteers at Long Term Care facilities, including but not limited to:

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

3.3.2 There are policies or procedures in place for volunteers to receive orientation, education and training when working with residents and families in Long Term Care facilities. This will be done at minimum yearly.

3.3.3 There are policies or procedures in place to allow for families and/or caregivers to assist in the provision of care and support to Long Term Care residents.

### 3.4 Medication Administration and Safety

**PURPOSE**

All Long Term Care residents will receive safe and evidence-based medication services.

**PROCEDURE**

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 Long Term 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 the delegation of medication administration and safe handling from regulated health care professionals to unregulated health care professionals (i.e. PSW's).

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

3.4.5 There are policies or procedures to address the use of anti-psychotic medications.

### 3.5 Least Restraint

**PURPOSE**

Long Term Care staff will provide least restraints to ensure the safety of residents, preserving the rights and dignity of residents and minimizing risk.

**PROCEDURE**

3.5.1 There are policies or procedures in place for least restraints that all Long Term Care staff follow based on best practice to guide care and interventions.

3.5.2 There are policies or procedures in place to guide the ongoing education and training of all Long Term Care staff.

3.5.3. There are policies or procedures in place to guide the administration of antipsychotics.

3.5.4 There are policies or procedures in place to guide the use of restraints, documentation and monitoring of use.

## 3.6 Responsive Behaviour

### PURPOSE

Long Term Care staff will deliver safe, competent care to residents in situations where the resident may be exhibiting responsive behaviours.

### PROCEDURE

3.6.1 There are policies or procedures in place which guide the provision of safe care in situations where the residents may be exhibiting responsive behaviour.

3.6.2 There are policies or procedures to guide the ongoing training and education of all Long Term Care staff in providing safe care to residents exhibiting responsive behavior.

3.6.3. There are policies or procedures in place to guide the administration of antipsychotics.

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

3.6.5 Care plans are updated with changes in resident's health including responsive behaviors.



### 3.7 Privacy and Confidentiality of Information

#### PURPOSE

Long Term Care staff will protect privacy/confidentiality of resident information.

#### PROCEDURE

3.7.1 There are policies or procedures in place regarding the privacy and confidentiality of resident information, including but not limited to:

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

3.7.2 Long Term Care staff adhere to the *Health Information Act*, GNWT Code of Conduct, professional Standards of Practice and code of ethics.

3.7.3 There are policies or procedures in place regarding the training and education for all Long Term Care staff (including contractors and volunteers).

3.7.4 There are policies or procedures in place outlining staff and volunteer involvement in a residents' personal affairs including:

- Direction about accepting gifts from residents
- Involvement in financial affairs
- Involvement in non-financial affairs

## 3.8 Resident Records

### PURPOSE

To ensure quality of care, there is a complete and accurate health record for each Long Term Care resident.

### PROCEDURE

3.8.1 There are policies or procedures in place for Long Term Care staff to maintain a complete, accurate, and up-to-date record for each resident including but not limited to:

- Consent to care
- Care plan
- Assessment
- Guardianship
- Personal Directives
- Goals of Care
- Documentation of services

3.8.2 Resident records are maintained in a secure environment.

3.8.3 There are policies or procedures in place regarding documentation, format, completion, auditing, retention, storage, secure transportation and destruction of resident records.

### 3.9 Ethics

**PURPOSE**

All Long Term Care staff will provide care to residents in an ethical manner.

**PROCEDURE**

3.9.1 Long Term 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
- Human Rights Act

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

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

### 3.10 Residents' Rights and Responsibilities

#### **PURPOSE**

It is recognized by staff and operators of NWT Long Term Care facilities that residents have inherent rights to safe and compassionate care, dignity, autonomy and are active participants in care, their care plan and care decisions. The Long Term Care facility 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*. Long Term Care staff will adhere to Resident Rights, autonomy and decision-making capabilities.

#### **PROCEDURE**

3.10.1 Long Term Care facilities will have a formalized document that outlines Residents' Rights and Responsibilities, including their inherent right to safe and compassionate care, dignity, autonomy and active participation in their care, care plan and care decisions. These are to be posted within the facility for staff, residents and visitors to see.

3.10.2 There are policies or procedures in place for staff training in the protection of Residents' Rights and Responsibilities.

3.10.3 There are policies or procedures in place to address violations against a Resident's Rights, including a review by an independent third party.

3.10.4 Resident's will be reminded of their rights and responsibilities upon admission to the Long Term Care facility and yearly at minimum.

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

### 3.11 Infection Prevention and Control

#### PURPOSE

Staff in Long Term Care facilities adhere to infection prevention and control practices and protocols.

#### PROCEDURE

3.11.1 Long Term Care services are compliant with the current *NWT Infection Prevention and Control (IPAC) Standards* and guidelines, and the *CSA Z8004:22 Long-term care home operations and infection prevention and control* standards.

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

3.11.3 There are policies or procedures for Long Term Care facilities to follow public health guidelines, and policies or procedures for the prevention and management of an outbreak.

3.11.4 There are policies or procedures for Long Term Care staff to complete, at minimum yearly, training and education in infection prevention and control practices and outbreak management.

3.11.5 Long Term Care facilities follow and refer to the *NWT Public Health Act's* communicable disease manual, standards, and guidelines.

3.11.6 There are policies or procedures in place to ensure that the cleaning of resident personal equipment is in adherence with the *NWT IPAC Standards*, guidelines and manufacturer's instructions.

3.11.7 Furniture in Long Term Care facilities have cleanable surfaces and follow the *NWT IPAC Standards* guidelines, are easy to maintain and repair and are able to withstand routine cleaning practices.

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

## 3.12 Resident Safety

### PURPOSE

Long Term Care residents are supported in a safe environment.

### PROCEDURE

3.12.1 There are policies or procedures in place for the identification, reduction, mitigation, and management of environmental risks to resident safety (facility, building, equipment) based on assessment.

3.12.2 There are policies or procedures in place for the education and training of Long Term 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 There are standardized resources dedicated to support resident safety.

3.12.5 Data on resident safety is collected and analyzed for quality improvement.

### 3.13 Concerns Resolution Process

**PURPOSE**

There is access to a process for expressing concerns about programs and services.

**PROCEDURE**

3.13.1 Residents and families are free to voice concerns without fear of retribution.

3.13.2 There are policies or procedures in place which guide a concerns resolution process for residents, families and staff.

3.13.3 There are policies or procedures in place for how data on residents, family and staff concerns are collected and analyzed for quality improvement.

3.13.4 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.

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

### 3.14 Equipment Maintenance

#### PURPOSE

Equipment will be provided to Long Term Care residents that is in safe working condition.

#### PROCEDURE

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

- Adhering to manufacturer's instructions
- An inventory of facility biomedical and medical equipment
- Schedules for and records of day-to-day and periodic monitoring and testing
- Servicing and adjustment of facility equipment as required by the manufacturer
- Records of repair of facility equipment
- Cleaning as per the manufacturer's instructions
- Appropriate use as per manufacturer's instructions

3.14.2 There are policies or procedures in place to ensure that medical equipment maintenance services are provided by qualified personnel.

3.14.3 There are policies or procedures in place for routine maintenance of medical equipment.

3.14.4 There are policies or procedures in place for withdrawal of medical equipment from service (i.e., ever-greening, broken equipment).

3.14.5 There are policies or procedures in place to ensure Long Term Care staff are trained in the use of medical equipment, what to do when equipment has failed and who to report equipment issues to.



### 3.15 Accountability and Reporting

#### PURPOSE

Long Term Care facilities who receive public funding are accountable to the Department of Health and Social Services (DHSS) for safe, efficient and effective delivery of all Long Term Care Services and adherence to the NWT Long Term Care Standards.

#### PROCEDURE

3.15.1 There are policies or procedures in place on how data is collected and reported to the DHSS and should include but is not limited to the following:

- Long Term Care occupancy (See Appendix C Occupancy Reporting)
- Notice of death of LTC residents
- Financial reports with variance analysis, in accordance with the *Financial Administration Act* where applicable
- Providing information required or requested as part of an investigation, inspection/audit, or review of programs and services
- Critical incident reporting as required under the *Hospital Insurance and Health and Social Services Administration Act*
- Reports relating to accreditation by Accreditation Canada
- 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
- Other matters identified within the Standards.

#### REPORTING

Appendix C Occupancy reporting

### 3.16 Catastrophic Event Planning

#### PURPOSE

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

#### PROCEDURE

3.16.1 There are policies or procedures in place that describe an emergency response plan that sets out planning, prevention/mitigation, communication, response and recovery from a catastrophic event, including procedures for the evacuation of persons in care, and sets out how persons in care will continue to be cared for in the event of an emergency as per the *CSA Z8004:22, Long-term care home operations and infection and prevention* standards.

3.16.2 Long-Term Care facilities shall have an emergency response plan. This plan should include but is not limited:

- Infection Prevention and Control Protocols
- Outbreak Management Protocols
- Access to Personal Protective Equipment
- Staffing and Resource Plans

3.16.3 There are policies or procedures in place to update catastrophic event plans at a minimum once every three years.

3.16.5 There are policies or procedures in place to ensure employees are trained in the implementation of emergency response plans as described in 3.16.1, including any use of equipment.

- The plans are easily accessible by staff and/or displayed in a prominent place in the facility
- The catastrophic event plan is exercised a minimum once every three years; more frequent exercises shall be completed as required to ensure all staff are knowledgeable; participation of residents is included when appropriate and safe

### 3.17 Resident-Family Council

#### **PURPOSE**

To establish a forum where residents and family members can meet to promote collective and individual interests of the persons in care, involving them in decision-making that involves their day-to-day living.

#### **PROCEDURE**

3.17.1 There are policies or procedures in place for the facilitation of a resident-family council for Long Term Care Facilities.

3.17.2 There will be a documented purpose and Terms of Reference (TOR) that outlines the roles and responsibilities of the members of the council and may include but are not limited to:

- Regularity of meetings
- Members – at a minimum includes residents, family members, and designated staff members
- Managing funds raised through council activities
- Dispute resolution
- Review of accreditation/inspection reports
- Mechanisms for responding to recommendations from the Council
- Specific areas the Council will be consulted on (e.g., renovations, change in operations, etc.)
- Recording of meetings, members and minutes

# 4.0 Administration

## 4.1 Corporate Status, Insurance, Licenses, Permits

### PURPOSE

Long Term Care services are provided by an organization that maintains legal status, service agreements, insurances, business licenses and permits.

### PROCEDURE

4.1.1 The organization is in good standing as a legal entity according to the Northwest Territories Corporate Registries as follows:

- An Authority under the *Hospital Insurance and Health and Social Services Administration Act*
- A partnership under the *Partnership and Business Names Act*; or
- A society under the *Societies Act*

4.1.2 There are policies or procedures in place to ensure that the organization procures and maintains all necessary insurances, licenses and/or permits required under Territorial legislation.

## 4.2 Contracted Services

### PURPOSE

Long Term Care Facilities funded by the GNWT through contracted services are in compliance with NWT Long Term Care Standards and policies.

### PROCEDURE

4.2.1 There is a written contract between the organization and any contractor providing Long Term Care services stipulating the contractor will meet the NWT Long Term Care Standards; and is compliant with the GNWT legislation and regulations.

4.2.2 Failure to comply with the Long Term Care Standards is followed by discussion with the holder of the service contract.

4.2.3 There are policies or procedures in place regarding a resolution process in the event the contract is not adhered to.

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## **Appendix A: NWT Continuing Care Levels of Service**

### ***NWT CONTINUING CARE LEVELS OF SERVICES***

The NWT Levels of Care (LOC) were revised and approved for implementation July 2012. 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 characteristics categorizing individuals into care levels to support decision-making about appropriate support services and care across the continuum (e.g., individuals requiring Level 3 or 4 care are eligible for admission into Long Term Care).

LOC will be updated in the near future, any updates will supersede the 2012 LOC.

Levels of Service	Description
<b>LEVEL 1</b>  <b>HOME CARE/INDEPENDENT LIVING WITH SUPPORT</b>	<ul style="list-style-type: none"> <li>○ A person who is independently mobile, with or without mechanical aids, requires minimal assistance with ADL / IADL.</li> <li>○ 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.</li> </ul>
<b>LEVEL 2</b>  <b>HOME CARE/INDEPENDENT LIVING WITH SUPPORT</b>	<ul style="list-style-type: none"> <li>○ A person who is independently mobile, with or without mechanical aids and requires assistance with ADL / IADL.</li> <li>○ A person requiring Home Care, Nursing, or other professional supports, interventions, and/or supervision.</li> <li>○ The person can be independent with supports or in a group living setting.</li> </ul> <p>24/7 formal and/or informal support staff available, as appropriate</p>
<b>LEVEL 3</b>  <b>LONG TERM CARE/ DEMENTIA CARE/SUPPORTED LIVING</b>	<ul style="list-style-type: none"> <li>○ A person who may or may not be independently mobile, with or without mechanical aids, and requires assistance with ADL/IADL.</li> <li>○ A person who has complex medical support and/or psychosocial support requirements and /or supervision.</li> <li>○ A person who is at risk of harm to self/others resulting from severe and multiple medical conditions and/or cognitive impairment and/or mental health conditions.</li> </ul> <p>24/7 On-Site Nursing (RN/LPN) (in Long Term Care and Dementia Care only)</p>
<b>LEVEL 4</b>  <b>LONG TERM CARE/ DEMENTIA CARE/ SUPPORTED LIVING</b>	<ul style="list-style-type: none"> <li>○ A person who requires complex professional and informal supports and/or supervision.</li> <li>○ 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, cognitive impairment and/or mental health conditions.</li> <li>○ A person who may experience be sudden, unanticipated changes in condition.</li> </ul> <p>24/7 On-Site Nursing (RN/LPN) (in Long Term Care and Dementia Care only)</p>

	Care only)
<b>LEVEL 5</b> <b>EXTENDED CARE</b>	<ul style="list-style-type: none"> <li>○ A person with medically complex diagnoses, physical frailty, and/or cognitive deficits.</li> <li>○ A person who requires 24/7 professional nursing and/or other professional support services/monitoring, medical supervision, and requires facility-based residential care/support on a permanent basis.</li> <li>○ A person who is considered at high risk of injury to self/others.</li> </ul> <p>24/7 On-Site Registered Nursing</p>
<b>LEVEL 6</b> <b>PALLIATIVE CARE</b>	<ul style="list-style-type: none"> <li>○ A person who is approaching end-of-life and who requires continuous medical support, and formal / informal psychosocial support.</li> <li>○ Palliative care is provided in the following locations as appropriate: <ul style="list-style-type: none"> <li>○ Home Care in person's home</li> <li>○ Long Term Care facility</li> <li>○ Hospital Acute Care</li> <li>○ Hospital Palliative Care Unit</li> </ul> </li> </ul> <p>24/7 Registered Nurse On-Call in Community Setting</p>

Approved July 30, 2012



## **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

*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

- In force August 15, 2022, SI-011-2022

*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

*Nursing Profession Act*. S.N.W.T. 2023, c.32

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

- *Government Institution Regulations*. R-045-2019

*Personal Directives Act*. S.N.W.T. 2023, c.7[E]

*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

# **Appendix C: Occupancy Reporting**

*Purpose:*

Monthly reporting is provided to DHSS as per the Standards 3.15. The current monthly occupancy reports will continue to be required for the TAC in addition to the information outlined in these Standards for palliative and respite care.

The information contained in this document is available in excel format for monthly/quarterly submission via a secure method (ex. secure electronic file transfer).

Aven Cottages - Long-Term Care																	
Year: 2020											Date: 30-Apr-20		Number days in month: 30				
LTC	Bed #	Resident Initials	Month of Birth	Day of Birth	Year of Birth	Age	Gender	PHN#	Date of Admission	Date of Discharge / Death	# Occupied Days/Month	NWT Level of Care	Length of Stay	Home Community	Notes: Deceased or Discharged Reason for Discharge / Cause of Death		
LTC	1					2020					30		43951				
LTC	2					2020					30		43951				
LTC	3					2020					30		43951				
LTC	4					2020					30		43951				
LTC	5					2020					30		43951				
LTC	6					2020					30		43951				
LTC	7					2020					30		43951				
LTC	8					2020					30		43951				
LTC	9					2020					30		43951				
LTC	10					2020					30		43951				
LTC	11					2020					30		43951				
LTC	12					2020					30		43951				
LTC	13					2020					30		43951				
LTC	14					2020					30		43951				
LTC	15					2020					30		43951				
LTC	16					2020					30		43951				
LTC	17					2020					30		43951				
LTC	18					2020					30		43951				
LTC	19					2020					30		43951				
LTC	20					2020					30		43951				
LTC	21					2020					30		43951				
LTC	22					2020					30		43951				
LTC	23					2020					30		43951				
LTC	24					2020					30		43951				
LTC	25					2020					30		43951				
LTC	26					2020					30		43951				
Average:						2020						780	#DIV/0!	43951			
<b>Calculated Fields: Locked</b>																	
											No. LTC Beds in Facility	26	Average LOS	43951			
											Average Age	2020	Total Day/Month	780			
											Facility Capacity	780	Occupancy Rate	100.00%			
Aven Cottages - Respite Care																	
LTC	Bed #	Resident Initials	Month of Birth	Day of Birth	Year of Birth	Age	Gender	PHN#	Date of Admission	Date of Discharge / Death	# Occupied Days/Month	NWT Level of Care	Length of Stay	Home Community	Notes: Deceased or Discharged Reason for Discharge / Cause of Death		
Respite	1					2020					30		43951				
Respite	2					2020					30		43951				
Average:						2020						60	43951				
<b>Calculated Fields: Locked</b>																	
											No. Respite Beds in Facility	2	Average LOS	43951			
											Average Age	2020	Total Day/Month	60			
											Facility Capacity	60	Occupancy Rate	100.00%			

## **Appendix D: Territorial Admission Committee Policies**

<b>TAC Policy 1: Applying to Long Term Care</b>
<b>PURPOSE</b>
To establish the process to apply for Long Term Care services in the Northwest Territories.
<b>PROCEDURE</b>
<p>The <b>Territorial Admissions Committee (TAC)</b> is a committee established by the Minister of Health and Social Services for the purpose of streamlining the admissions process for clients requiring placement in Long Term Care facilities funded by the Government of the Northwest Territories. The TAC Terms of Reference (TOR) outlines how the committee operates.</p> <p>The TAC ensures that a fair and equitable process is in place for determining eligibility and prioritizing need for Long Term Care placement.</p> <p>1.1.1 Only applicants eligible to receive Long Term Care services as per Standard 2.1 Accessing Long Term Care, may apply for LTC.</p> <p>1.1.2 Applicants applying for Long Term Care in the NWT will have an assigned case manager from a Health and Social Services Authority (usually a nurse or social worker) through Home and Community Care and/or a community health center.</p> <p>1.1.3 The case manager facilitates the completion of the application, submission of the application to TAC and communicates with the TAC on behalf of the applicant.</p> <ul style="list-style-type: none"> <li>○ If not eligible for Long Term Care, case managers will support the applicant and families to access available supports or alternative services available in the community or region.</li> </ul> <p>1.1.4 Applications to Long Term Care consist of the following completed forms:</p> <ul style="list-style-type: none"> <li>○ TAC Application Cover Sheet</li> <li>○ Long Term Care and Supportive Living Admission Application Form: Appendix B</li> <li>○ Consent for Admission and Payment for Long Term Care and Supported Living: Appendix C</li> <li>○ If the applicant requires an interpreter to explain the application process including fee payment and room use, then the interpreter must complete the Interpreter Section portion of the Consent for Admission and Payment form: Appendix C</li> <li>○ Medical Assessment – Client Information and Public Health Information: Appendix D, to be completed by a Physician, Nurse Practitioner or Community Health Nurse; and</li> <li>○ Continuing Care Assessment and Placement Package (CCAP), to be completed by a registered nurse.</li> </ul> <p>1.1.5 TAC will assess completed Long Term Care applications using a standardized tool which is used to determine eligibility and priority for Long Term Care.</p> <p>1.1.6 TAC Chair will advise the case managers and applicants within 5 business days of completing the TAC review of their eligibility for Long Term Care.</p> <p>1.1.7 If not eligible for Long Term Care, case managers will support the applicant and families to access available supports or alternative services available in the community or region.</p> <p>1.1.8 In the event that an applicant chooses to withdraw their Long Term Care application, the applicant may reapply to the TAC in the future.</p>
<b>TOOLS</b>
<p>TAC Terms of Reference</p> <p>Continuing Care Assessment and Placement Package (CCAP).  <a href="https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/continuing-care-assessment-placement-guide.pdf">https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/continuing-care-assessment-placement-guide.pdf</a></p> <p>Priority Screening Tool (PST)</p>

## TAC Policy 2: Eligibility and Priority for Long Term Care

### PURPOSE

The **Territorial Admissions Committee (TAC)** ensures that a standardized process is used for determining eligibility and priority for Long Term Care placement.

### PROCEDURE

The Territorial Admissions Committee (TAC) is a committee established by the Minister of Health and Social Services for the purpose of streamlining the admissions process for clients requiring placement in Long Term Care facilities funded by the Government of the Northwest Territories. The TAC Terms of Reference (TOR) outlines how the committee operates.

TAC sets specific application deadlines and reviews applications monthly.

TAC will assess completed Long Term Care applications using a standardized tool which is used to determine eligibility and priority for Long Term Care.

TAC Chair will advise the case managers and applicants within 5 business days of completing the TAC review of their eligibility for Long Term Care.

### TOOLS

TAC Terms of Reference

Continuing Care Assessment and Placement Package (CCAP).

<https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/continuing-care-assessment-placement-guide.pdf>

Priority Screening Tool (PST)



### TAC Policy 3: Appeals Process

#### **PURPOSE**

To guarantee the right to appeal **Territorial Admissions Committee (TAC)** decisions of eligibility without impacting their future ability to apply for LTC and their receipt of Health and Social Services.

#### **PROCEDURE**

3.1.1 LTC applicants may appeal a TAC decision of eligibility within seven (7) business days after receiving the Committee's decision

3.1.2 Appeals must be provided in writing to the Deputy Minister, Health and Social Services

3.1.3 Appealed TAC applications will be reviewed by the TAC Chair to ensure all TAC policies and processes were followed in making the decision of eligibility.

- In the event that TAC processes were not followed fairly, a neutral party will be asked to review the application to determine if they are eligible.

3.1.4 TAC Chair will make a recommendation to the Deputy Minister for review.

3.1.5 The Deputy Minister will communicate the decision of the appeal to the individual appealing.