



# NL Health Services

**Resident and Family Guide**

**Long Term Care Handbook  
for Western Zone**



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## Welcome to Long Term Care

The purpose of this handbook is to help you and/or your loved one prepare for a move into one of the Long Term Care (LTC) facilities in the region, as well as become familiar with the services provided.

Our LTC facilities provide professional 24-hour nursing care to individuals who have a range of complex care needs. LTC also meets the non-medical care needs of individuals including, but not limited to, personal care, socialization, nutritious meals, and laundry services.

In the Western Zone of Newfoundland and Labrador Health Services there are 7 LTC Facilities:

Bay St. George Long Term Care - Stephenville Crossing	(709) 646-5800
Bonne Bay Health Centre – Norris Point	(709) 458- 2211
Calder Health Centre – Burgeo	(709) 886-2898
Corner Brook Long Term Care – Corner Brook	(709) 637-3999
Dr. Charles L. LeGrow Health Centre – Port Aux Basques	(709) 695-2175
Rufus Guinchard Health Centre – Port Saunders	(709) 861-3139
Western Long Term Care – Corner Brook	(709) 784-2700

## Our Care Team

Staff from many departments work as a team to provide the best possible care for residents and this is called Interdisciplinary Care. After admission the resident is seen by various professionals who, with the resident and family, assess the resident's needs.

## Physicians

Sometimes family physicians will continue to provide care for their patients following admission to long term care facilities while in other occasions, a physician may recommend that their patient be cared for by a physician covering the facility or a Nurse Practitioner. Residents are also sometimes referred to outside practitioners for services and treatment.

## Nurse Practitioners

Nurse Practitioners provide services at many LTC facilities in the Western Zone and work alongside Physicians to provide medical care to residents. A Nurse Practitioner may complete a physical exam, explore your medical history, diagnose medical conditions, and prescribe medications.

## Resident & Patient Care Coordinators

LTC facilities in the region have a Resident Care Coordinator (RCC) or a Patient Care Coordinator (PCC) who will work with residents and their families to implement and oversee resident care planning. Resident Care Coordinators / Patient Care Coordinators may help you navigate care concerns you may have.

## Nursing Staff

Nursing care is provided to residents by combination of Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Personal Care Attendants (PCAs) on a 24-hour basis.

## Social Workers

The role of the Social Worker is to support residents and families in the transition into LTC. Interdisciplinary Care conferences are generally coordinated by the Social Worker, which include the resident, family members and Interdisciplinary Team members. The Social Worker is also available to provide individual counselling for residents and families.

### **Social Assistance Workers**

The role of the Social Assistance Worker is to support residents and families with the financial arrangements associated with LTC placement. Social Assistance Workers are available to review financial information and to discuss eligibility for programs in LTC as required.

### **Occupational Therapists**

Occupational Therapists (OT) support everything that people do in their lives that has meaning and value for them. Occupational Therapists work with residents to help them break down the barriers to meeting their everyday activities. For example, the Occupational Therapist may help a resident to become more independent with eating by suggesting special utensils; or may help a resident move around by recommending special seating or a wheelchair; or may recommend specialized mattress options to minimize skin break down and prevention of pressure injuries. Occupational therapy treatments may also be assisted by an Occupational Therapy Support Worker.

### **Physiotherapists**

Physiotherapists (PT) assist residents in maximizing their functional capabilities. Emphasis is placed on the resident's range of motion, strength, balance, ability to transfer and independence. All residents who move into LTC are assessed by the Physiotherapist within 8 weeks. Physiotherapy treatment may be assisted by a Physiotherapy Support Worker.

### **Dietitians**

The Dietitians in LTC work with residents, families and staff to develop individualized nutrition care plans designed to meet resident needs. An initial nutrition assessment is completed within 8 weeks of admission. Yearly assessments provided as well as referrals for service as needed. Our philosophy is food first and it might be helpful to know, when appropriate, a liberal approach is used for diet recommendations in the LTC setting. Dietitians are involved with assessing swallowing ability and modifying food and/or fluid texture to ensure safe and nutritious foods are provided to the resident. LTC Dietitians also support a resident's nutrition and hydration status, and may provide education to residents,

families and staff on topics such as: proper feeding techniques, diabetes management, bowel health, wound management, weight loss and oral nutrition supplementation.

### **Behaviour Management Specialist**

A behaviour management specialist (BMS) is a professional trained in applied behavioural analysis who works with residents and the care team to assess the resident's need for behavioural supports through assessment and development of an individualized behavioural care plan. The BMS provides support to the resident and the care team through education and consultation. The BMS makes recommendations for environmental enhancement to facilitate a resident's overall development and maintenance of current skills in activities of daily living.

The BMS assess and develops non-pharmacological strategies to help manage and accommodate responsive behaviours associated with dementia and other cognitive impairments.

### **Recreation Staff**

Therapeutic Recreation provides leisure opportunities and therapeutic programs for all residents for the purpose of promoting quality of life and to enhance or improve health and well-being.

The recreation specialist assesses the individual needs of the resident and develops a care plan that is followed by the recreation worker at the site. All programs implemented are based on the resident's interest/abilities and the type of unit. Interventions can be implemented in individual or group settings.

Planned activities and programs may include: bowling, bingo, baking, church services, musical entertainment, special events/occasions, physical games, cards games, reminiscing, seasonal bus outings, seasonal gardening, independent pursuits, individual visitations, and virtual visitations. Volunteers often assist recreation workers with the planned programs. The recreation worker will develop a monthly calendar that will be implemented and promoted. A dry erase board will highlight the daily events for a quick reference. The calendars/boards will show what programs/events are taking place on/off the units as well

as any flexed weekend events. Families are always encouraged to accompany their loved ones to any activity or program. Extra hands can provide assistance for programs as well as share in the enjoyment with residents.

### **Spiritual Care**

Spiritual care and related resources are offered as a component of the holistic and interdisciplinary approach to your healthcare and well-being. While living in LTC, we can assist you to mobilize your spirituality, faith and religious resources to enhance your health and quality of life. Each site's operator or a member of your healthcare team has contact information for denominational chaplains and community clergy for your area. In LTC, regular worship services are offered by community clergy, and special faith and cultural events are coordinated from time to time. For information, contact the Regional Manager of Spiritual Health at [spiritualhealth@westernhealth.nl.ca](mailto:spiritualhealth@westernhealth.nl.ca) or 709-784-5224.

### **Volunteers**

Volunteers play an important role in LTC. Volunteers help to promote self-esteem and a sense of well-being of residents and help to enable residents to participate in activities reflective of their values, strengths, needs, interests and abilities. Volunteers enhance the quality of life for residents by complementing services provided by staff. Inquiries may be directed to the Volunteer Coordinator/Volunteer Liaisons at each site or contact the Regional Volunteer Resources department at 709-637-5369 for more information.

### **Students**

LTC facilities support a teaching environment and have students from various educational institutions in the area work as part of our team. Students are supervised and supported by the team and by representatives from their education institution.

## Moving into Long Term Care

The wait time for a vacancy in LTC can vary but is generally several months. It is important to be aware that the time between the offering of admission and the actual admission day may be a very short period of time. At times, an offer for admission can be less than 24 hours prior to the admission. Therefore, while you and/or your loved one awaits placement, it is recommended that you use this time to prepare for the upcoming move into LTC so that you are ready. We encourage you to read this handbook, consider what you might wish to bring, arrange a tour of the facility, and discuss your wishes. Feel free to use the following 'Packing Checklist' as a guide for your preparations.

<b>Packing Checklist (suggested items)</b>	
<p><b>Clothing</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Shirts (t-shirts, long sleeves)</li> <li><input type="checkbox"/> Sweaters</li> <li><input type="checkbox"/> Pants</li> <li><input type="checkbox"/> Sleepwear</li> <li><input type="checkbox"/> Undergarments</li> <li><input type="checkbox"/> Socks</li> <li><input type="checkbox"/> Footwear (with good grip)</li> <li><input type="checkbox"/> Slippers (with back and good grip)</li> </ul>	<p><b>Toiletries</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Shampoo</li> <li><input type="checkbox"/> Deodorant</li> <li><input type="checkbox"/> Body wash</li> <li><input type="checkbox"/> Moisturizing lotion</li> <li><input type="checkbox"/> Toothbrush</li> <li><input type="checkbox"/> Toothpaste</li> <li><input type="checkbox"/> Denture cleaner</li> <li><input type="checkbox"/> Shaving cream</li> </ul>
<p><b>Personal Items</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hairbrush / comb</li> <li><input type="checkbox"/> Electric Razor</li> <li><input type="checkbox"/> Eyeglasses</li> <li><input type="checkbox"/> Hearing Aids</li> <li><input type="checkbox"/> Dentures</li> <li><input type="checkbox"/> Hip protectors</li> <li><input type="checkbox"/> Walking aid</li> </ul>	<p><b>Comfort Items</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Family photographs</li> <li><input type="checkbox"/> Familiar blanket or quilt</li> <li><input type="checkbox"/> Favorite snacks</li> <li><input type="checkbox"/> Radio / CD player</li> <li><input type="checkbox"/> Telephone</li> </ul>
<p><b>Miscellaneous</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medications (if coming from home)</li> <li><input type="checkbox"/> MCP card</li> <li><input type="checkbox"/> Legal documents (Power of Attorney, Advanced Health Care Directive, etc).</li> </ul>	<p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>

## Admission Day

Admission day can be a very full and challenging day. Using this handbook to prepare ahead of time may make admission day seem more manageable.

It is important that a family representative come with the resident on moving in day for the purpose of providing information for care planning as well as to help the resident settle into their new home.

Residents and/or families should be prepared to spend a fair amount of time with members of the care team to sign applicable admission consents, as well as answer questions regarding medical history resident/family wishes. Upon request, some of this work may be completed the day before admission.

## Medications

When you move into LTC, ensure you bring all of your prescription medications with you. You should also bring a list of any over the counter medications that are used. Your medications will be checked to ensure the best possible medication history and that you receive the best and correct medication therapy. Please make sure that no medications (prescription or over the counter) are left in a residents room.

## Furniture and Belongings

In LTC, we attempt to accommodate personal belongings and furniture as long as space is available for staff to safely work and fire regulations are maintained. While it can vary by site, most residents' rooms are furnished with single beds, over-bed tables, built-in wall closets and chairs. We also encourage residents to bring in some personal belongings to make their space more comfortable.

Although we wish to create as warm and as comfortable of an environment as possible, it is equally important that we create a safe environment. Please note the following requirements:

- ✚ The Care Coordinator, Social Worker, or another site designate must be consulted before personal furniture or equipment is brought to the Home.

- ✚ Depending on site, a refrigerator may be permitted if space allows. It is the responsibility of the family/resident to clean and maintain it.
- ✚ Suitcases and other luggage must be taken home by families.
- ✚ Knick-knacks, plants and other items should be kept to a minimum.
- ✚ Rugs and mats are not allowed as they are a potential trip and fall hazard.
- ✚ Furniture should be a material which can be easily wiped and disinfected (i.e. vinyl, leather). Furniture with cloth material is discouraged.
- ✚ Personalizing the space should not result in any damage to the room. Please do not use nails or stickers on the walls. Please ask staff to request support from maintenance staff for wall hangings/décor.

PLEASE NOTE: Permission must be obtained before furniture or belongings are brought in, otherwise you will be asked to remove the items.

### **Electrical Appliances**

Appliances, including but not limited to, computers, tablets, televisions, refrigerators, radios, electric razors and hair dryers may be brought into LTC but must be Canadian Standards Associated (CSA) approved. Certain electrical devices may not be permitted for use in a resident's room. Please check with the Care Coordinator, Social Worker, or other site designate before bringing items into LTC. An electrical check may be required by maintenance staff before use. Appliances must be plugged directly into the wall outlet or into an approved power bar. Extension cords are not permitted. If a resident has a television or radio, headphones or earphones may be needed to avoid disturbing others. Kettles, toasters, microwave ovens and refrigerators are available for resident and family use in designated areas on each unit. If a food item is left in the refrigerator in the common living area, please ensure that it is labeled with the resident's name and date.

### **Equipment**

If a resident has equipment such as a walker or wheelchair, or is considering the purchase of such equipment, please contact the Occupational Therapist or Physiotherapist for input into appropriate choices. Residents and family members are required to have all personal walkers or wheelchairs clearly identified with the resident's name prior to admission.

## **Clothing and Footwear**

Upon admission, residents clothing will be labelled with their name and unit location by laundry staff. Any new clothing purchased must be labelled prior to wearing. Laundry services are provided at no extra cost. All clothing should be of wash and wear quality, as routine ironing services are not available. As well, LTC cannot take responsibility for wool, silk, linen or other fine fabrics that require special care. We ask that residents and families restrict the amount of clothing brought into LTC due to the limited space available for storage. Depending on the site, there could be up to a seven day turnover from laundry. Families are asked to take out of season clothing home. We recognize that families may wish to continue with laundering their loved ones clothing. If this is the case, please have clothing labelled in order to minimize loss of such items.

Due to the degree of frailty of some of our residents, specialized clothing may be beneficial. Families are encouraged to speak to the nursing staff prior to purchasing or altering clothing. All residents should have comfortable, well fitted and appropriate footwear.

## **Glasses, Hearing Aids, and Dentures**

Eyeglasses, hearing aids and dentures are items that can easily become misplaced or damaged. If these types of articles are lost, we will do a reasonable search. These items can be labelled by service providers and we do recommend this to help identify them if they become misplaced. Taking a photograph of these items or using Bluetooth tracking devices may also be helpful. There may be a means of replacement if the resident qualifies for a financial subsidy. If the resident does not qualify for a subsidy, the resident will have to pay the cost of having these items replaced. Requests to purchase or repair these items are made through the Social Assistance Worker or site designate.

## **Valuables**

Resident rooms cannot be locked. As a result, we are unable to protect valuables (i.e. money, jewelry, collector items, etc.), furnishings or personal belongings from breakage or loss. It is strongly recommended that residents not keep valuables in their rooms, especially those that, if lost or broken, would cause great distress to a resident or their family.

Sometimes a resident living with dementia may accidentally damage or misplace items. LTC cannot replace or provide financial compensation for any lost or damaged personal furnishings or belongings. If an item is damaged or missing, please let staff know as soon as possible so that they can complete a reasonable search for the item. If warranted, a further investigation may be conducted by management and if required law enforcement may be contacted.

### **About Me**

Residents and families will be asked to complete the “*About Me*” life history profile with a member of the Interdisciplinary Team. The About Me profile enables our staff to learn about the resident’s past work, hobbies, talents and experiences. It is important to know about the resident to develop a care plan unique to each individual resident.

In preparation for a move into LTC, please complete the ‘About Me’ profile and provide it to your Social Worker upon admission. This profile sheet can be found in ‘Appendix A’ on Page 35 of this handbook.

### **Getting Settled In**

#### **Room Assignments**

Room changes within LTC may be required or requested. This could occur due to a medical need, emergency situations, or resident/family requests. LTC reserves the right to make necessary room changes, but will make every effort to keep changes to a minimum and to notify families prior to the room change. If it is not possible to notify the family prior to the room change, every attempt will be made to notify the family as soon as possible after the change.

#### **Diverse Living Environment**

When living in, or visiting our LTC units, you will see a diverse population of people who are different ages, cultures, and have a range of different diagnoses. Persons living in a LTC

setting are admitted for a variety of complex physical and cognitive impairments. Some examples include, but are not limited to, fractures, Parkinson's, Alzheimer's and other neurocognitive disorders, mental health diagnoses, brain injuries, etc. This means that each resident may look or act differently as it relates to their specific impairment and level of care. All units, with the exception of the two Protective Care Units in the Western Zone, are made up of residents with diverse needs. All residents have been approved for and require the care provided at the facility like you or your loved one. We promote a living environment that is understanding, inclusive, and accepting of individual differences. This means that placement on units and room transfers, with the exception of Protective Care, are not determined by a diagnosis.

### **Resident Identification**

On admission day, consent will be obtained to take a photograph of the resident. In LTC photographs are used as the way to identify residents as armbands are not used. The photograph is placed in the residents room, on the medical chart, the emergency profile binder and the medication administration binder.

### **Visitation**

Visitors are welcome at any time but should be aware of the times that they are visiting. The early morning hours are used for personal care such as washing and bathing. When residents live in rooms with others, the needs of the other residents must be respected, including the need for adequate rest. There are times when family members need privacy. Limited space is available for family and friends to use. Visitors must observe all regulations around visiting such as outbreak directions and all fire, smoking and other safety regulations. The Nurse-in-Charge should be informed whenever the resident leaves the unit with a visitor for whatever reason. The entrances are locked at night and there is either a door bell or a telephone available at the entrance for access. In order to decrease the spread of illness, visitors with cold and flu-like symptoms are asked not to visit LTC.

Management of the Western Zone reserves the right to restrict visitors. Under certain circumstances visiting may be restricted, such as:

- ✚ Requests by the resident or Substitute Decision Maker to restrict visitors,

- ✦ Situations when the well-being of the resident may be compromised,
- ✦ Circumstances when the rights of other residents may be compromised,
- ✦ When visitors display unacceptable behaviors,
- ✦ In the event of visitor precautions in the facility for infection prevention and control purposes, or events in which visitation would impede our ability to provide care for the resident.
- ✦ If visitation is restricted for any reason, notification to the residents first contact via phone call or email will occur. It is expected the contact will share this information amongst their family and friends.

### **Family Involvement**

The involvement of the family in the ongoing care planning, as well as participation in resident's daily life, is encouraged.

When a person moves into LTC, they may experience separation anxiety, which is a feeling of loneliness and detachment from family and friends. Family involvement provides an opportunity to reduce this anxiety and to show the resident that they, though away from home, are still an important part of the family, continue to be loved and are not forgotten.

Our staff understand that the responsibility for resident care remains with them, however family participation in the resident's day to day life is encouraged. Some ways you can help include:

- ✦ Assist with grooming (hair, nails, shave, cosmetics, etc.)
- ✦ Assist with meals
- ✦ Tidy table/desk tops and shelves
- ✦ Walk or take the resident for a ride in a wheelchair (including outside if weather permits)
- ✦ Assist with exercises and recreational activities
- ✦ Assist to bathroom (with guidance)
- ✦ Get refreshments (i.e. juice/milk from kitchen)
- ✦ Read books or magazines

- ✚ Keep the resident abreast of family happenings (i.e. weddings, births)
- ✚ Take the resident out for ice cream, a ride, or special events
- ✚ Bring a pet in for a visit
- ✚ Encourage children to take part in visits

We ask that family members or visitors do not provide food items or assistance to other residents without discussing this with nursing staff to ensure privacy and safety of all involved.

Residents will have a contact person on file who will be the initial contact person regarding resident updates. It is the responsibility of this contact to then distribute information to all other applicable family, friends, etc.

### **Concerns, Complaints, and Compliments**

The goal of LTC is to provide quality care to residents; however, there will be instances where residents and families may be unhappy with the quality of care and may wish to bring forward concerns about care and services. The first step is to discuss the matter with the Care Coordinator, Social Worker, or other site designate. If the matter is not addressed satisfactorily, an appointment with the Manager/Director can be arranged. Concerns can be expressed verbally or in writing. When reviewing a concern, our staff will only share information with those involved on a need-to-know basis in order to thoroughly address the concern that is being raised. All concerns are reviewed and feedback provided.

Compliments and positive feedback can also be shared with the regional Clients Relations Office. The contact information for the Client Relations Feedback Line is 1-833-784-6802 and/or [clientrelations@westernhealth.nl.ca](mailto:clientrelations@westernhealth.nl.ca). Positive comments and feedback are shared with the staff involved. We appreciate when residents and family share feedback on their experience.

### **Day, Night, and Extended Passes**

Residents are encouraged to attend day outings, family functions and extended visits with family. If a resident wishes to go out for the day or for an overnight outing, staff must be

notified in advance. This is documented in the resident record and an expected time of return must be given. LTC costs are still continued while the resident is away from LTC.

## Communication

### **Information Boards**

There are information boards, which are often white boards, on each unit which are used to inform residents and families of meetings, recreation activities or other items of interest. Signs and posters may also be posted throughout LTC notifying residents and families of special events.

### **Resident Mail**

Mail will be delivered to the office and distributed to residents. Residents and families are responsible for making arrangements for the delivery and payment of any mail/packages. Outgoing mail arrangements can be made at the Administration Office for which costs may apply.

### **Interdisciplinary Conferences**

Members of the interdisciplinary team work together to provide the best possible care for residents. After admission, the resident is seen by various health care professionals who, with the resident and family, assess the resident's needs. A team meeting, called an "Interdisciplinary Conference" (ID Conference), is then held approximately two months after moving into LTC to provide the opportunity for the family and resident to meet with staff to discuss care needs and to develop an individual plan of care. Future meetings will be held annually or as needed.

### **Resident & Family Council**

Resident/Family Council meetings are generally held on a quarterly basis. These meetings provide an opportunity for residents and families to be involved in changes taking place in LTC. It provides an opportunity to discuss issues which may be of concern to most or all of

our residents. These meetings are not specific to any one resident or individual, but rather an opportunity to discuss collective concerns and happenings. Both residents and their families are invited to attend. Further information is available from the Social Worker, Recreation staff, Care Coordinator, or a Manager on site.

### **Resident & Family Advisory Council**

This is a group made up of appointed residents, family, and staff members who meet monthly to represent LTC facilities within the Western Zone. This council provides a means to enhance communication about the experience and services within LTC sites. Together, the members work towards improving the quality of care for residents through planning, implementing, and evaluating the services provided.

### **Website**

Western Health's website ([www.westernhealth.nl.ca](http://www.westernhealth.nl.ca)) offers comprehensive information about all of our programs and services.

## Our Services

### **Clinical Nutrition and Meal Services**

Food Services provides a three week cycle menu offering a variety of hearty, home-cooked meals and traditional Newfoundland dishes. Residents are offered three nutritious meals per day as well as an evening snack. Resident care areas are equipped with food items including tea, juice, milk, pudding, and other nutritious snacks which are available upon request. We encourage residents to enjoy meals in our common dining area in the company of friends and caregivers. In the event that your loved one has a special request that cannot be accommodated, families are welcome to bring in personal items as long as they check with the Dietitian or nursing staff before giving these items to the resident. We accept and encourage menu feedback from both residents and families for future menu specials and menu revisions.

## Housekeeping Services

Housekeeping services are dedicated to keeping the environment clean, sanitized, and comfortable. Housekeeping staff will ensure floors, washrooms, and high traffic areas are cleaned daily. We encourage residents and families to play a role in keeping resident rooms tidy and free of clutter.

## Infection Control Services

Infection Control Services ensure policies and processes are followed to prevent infection and keep residents, staff, and visitors safe. Staff, residents, families, and all visitors have shared responsibility in following policies and procedures to reduce the risk and spread of infection. It is very important that residents (where possible), staff, and visitors play an active role in stopping the spread of infection.

The best ways to make sure residents, staff and visitors do not get sick is to:

- ✚ Stay home when sick
- ✚ Cover your coughs and sneezes
- ✚ Wash your hands frequently (ie: when entering/exiting the facility and resident rooms, before and after contact with people, after going to the bathroom, and before eating)
- ✚ Wear Personal Protective Equipment (PPE) (ie: mask, gown, etc) when suggested to do so
- ✚ Get vaccinated

## Laundry Services

Laundry staff make sure that residents clothing, bedding, towels, and linens are clean. Some LTC facilities in the Western Zone have laundry departments on site, while other facilities send laundry elsewhere to be completed. Families also have the option to launder their loved ones clothing at home. If so, signage to notify laundry staff of the decision should be posted where easily visible in the residents' room.

## **Medical Services**

All residents must have a primary care provider and may be seen as needed by either a Family Physician or a Nurse Practitioner. As deemed necessary, residents will be provided with access to other services such as acute care and specialist services.

## **Pharmacy Services**

Medications required by residents in LTC are provided by a specific Pharmacy. Residents medications are reviewed every three months. It is important to note that there may be a cost associated with medications and there may be subsidies available. If you have questions regarding these costs or subsidies, this can be discussed with Financial Services.

## **Financial Services**

A financial assessment will be completed in order to determine each resident's subsidy eligibility, LTC cost, as well as the Personal Comfort Allowance amount. A current Notice of Assessment/Verification of Income document from Canada Revenue Agency is required to complete this financial assessment. Financial assessments are conducted in accordance with the Department of Health and Community Service Guidelines. Please see Appendix C on page 38 of this handbook for information regarding payment methods.

## **Telehealth**

Telehealth uses video to connect residents to a health care provider who is located at a different site or zone within the province. A telehealth appointment is very similar to a face to face appointment but the resident is able to remain in their LTC home for the appointment.

## **Maintenance & Security**

Maintenance staff and security staff are assigned at most sites to ensure that required repairs take place and the security of the building is assured.

## Additional Services

### **Hair Care Services**

Hair care services are provided at site at a cost to residents. Information regarding costs and the process for requests vary depending on the site. Please forward any questions regarding hair care services to a member of the care team.

### **Dental & Vision Care**

Outside appointments are encouraged to be made by residents and family but can also be made by the care team if required. Coverage may be available but these services often also involve an out of pocket cost. Please contact the Social Assistance Worker or site designate for more information about these costs.

### **Foot Care**

All nursing staff are able to complete basic foot care services, but advanced foot care is provided by specially trained nurses. An external advanced foot care provider must be an approved professional and the service provided is at cost to the resident. Residents or their family are responsible for connecting with a provider directly to organize or to discontinue services.

### **Internet Services**

Residents can be provided with a username and password to access the Wi-Fi network. Requests for a WIFI username and password can be made to your Social Worker or site designate. Please note that due to limitations with our network, we cannot always guarantee its availability or quality.

### **Cable TV & Phone Services**

Cable TV and telephone hookup is available. There are varying processes and costs throughout the Western Zone. Please contact the Social Worker, Care Coordinator or site designate for more information about the options and cost.

## **Private Home Care Services**

Sometimes residents and/or families wish to employ independent care providers to act as caregivers or companions. This is at the expense of the resident/family. Please consult with your Resident Care Coordinator, Social Worker or site designate if you wish to pursue this option as certain documentation requirements will have to be completed. It is the responsibility of the resident/family to manage all aspects of this arrangement. This includes, but is not limited to, advertising, locating the worker, verifying credentials, arranging the service, organizing payment, supervising/evaluating services, and discontinuing service.

## **Gift Shop**

Most LTC homes have gift shops on site. Money raised by the gift shops is used to provide supplies and equipment needed by the residents.

## **Dementia Care**

Dementia is an umbrella term for a collection of cognitive disorders that impact the way a person thinks and behaves. The most common diagnosis is Alzheimers Disease but other diagnoses may include Vascular Dementia, Lewy Body Dementia, Frontal Temporal Dementia, and Korsakoff Dementia to name a few.

A diagnosis of a dementia may result in symptoms that include repetitive questions/comments, trying to leave (exit seeking), impulsive behavior, collecting items from the environment, taking other persons belongings, physically striking out/grabbing, using angry or cursive language, and inappropriate sexual conduct.

A large percentage of Long Term Care residents have a diagnosis of dementia. The symptoms associated with dementia may be difficult for some residents, family, and visitors. Please know that staff have experience and training to manage these types of symptoms. Additionally, there are services that can help you understand and cope with this

difficult situation. Please reach out to your Social Worker, Care Coordinator or site designate for more information about these services.

### **Gentle Persuasive Approach**

This is a nationwide program based upon evidence-based practice that teaches health care staff about symptoms of dementia and responsive behaviours. This program helps health care staff identify possible sources for distress and responsive behaviours. Understanding the possible sources helps staff prepare a plan to assist the resident. This program teaches gentle techniques designed to protect oneself and others as well as redirect challenging, potentially unsafe, situations.

### **Protective Care Units**

Some residents may need specialized dementia care that is offered by Protective Care Units (PCU). The criteria for these types of units includes, but is not limited to, the following:

- ✚ A diagnosis of dementia or other major cognitive diagnoses
- ✚ Independent mobility
- ✚ Frequently looking to leave familiar environments without a safe plan
- ✚ Frequently become lost and confused within familiar environments

There are two Protective Care Units in the region, located at Bay St. George Long Term Care and Corner Brook Long Term Care. The decision to move a resident to a Protective Care Unit within the region is made by the Interdisciplinary Team in collaboration with the family.

Visiting the Protective Care Unit can be an adjustment for families at first. While on the unit you may see residents who may:

- ✚ Have extensive memory loss and disorientation
- ✚ Enter and exit other residents rooms or lay on other residents beds
- ✚ Have poor judgement
- ✚ Have periods of verbal and physical responsive behaviours
- ✚ Have major changes in personality
- ✚ Have sexually inappropriate behaviours

✚ Be confused about where to go to the restroom

Residents on a Protective Care Unit are reviewed regularly to determine if they still require this type of setting. This unit is temporary in nature and residents are moved to another unit when they no longer have care needs that warrant a Protective Care Unit. This will be discussed with family when care changes occur.

## Expressing Your Wishes

### **Advanced Health Care Planning**

A **Power of Attorney** is a legal document which gives one or more persons the power to act on behalf of another person in their financial affairs. A Power of Attorney is not valid in the event that a person becomes legally incapacitated.

An **Enduring Power of Attorney** is a special kind of Power of Attorney that continues to be valid if the person becomes legally incapacitated. For this reason an Enduring Power of Attorney is useful as it allows a person to determine, prior to any incapacity, how they wish to have their financial affairs handled should mental incapacity occur.

A **Substitute Decision-Maker** is a person who is entitled by law to make health care decisions for someone else when that person is no longer able to do so. "Next of Kin" is not a legally recognized term for decision making responsibilities.

An **Advance Health Care Directive (AHCD)** is recommended that each person entering Long Term Care. An AHCD is a written copy of a person's health care wishes which is used when an illness or injury leaves a person unable to make their health wishes known to others. Residents and families may want to discuss this with their Doctor/Nurse Practitioner in advance. This should reduce problems over deciding what treatments a person would want. It is important to note that a "Living Will" is similar to an AHCD but is not legally recognized within the province of Newfoundland and Labrador.

There is no cost to make an AHCD and any person, with the capacity to do so, may write one. For further information or help with making an AHCD, you may contact your Primary Care Provider, Community Health Nurse or Social Worker before you enter LTC or a member of the care team once you have moved into LTC.

Here is the link for the Advanced Health Care Directive for Newfoundland & Labrador:

<https://www.gov.nl.ca/cssd/files/seniors-pdf-ahcd-booklet.pdf>

### **Intervention Designation Status**

On admission, a Registered Nurse, Nurse Practitioner, Social Worker, or Physician will talk to you about your wishes regarding Cardiopulmonary Resuscitation (CPR). CPR is done to restart the heart and lungs when they suddenly stop functioning. Some people choose not to have CPR; however, this does not mean that all medical treatment will stop. There are different approaches to care and options that will be discussed with residents and/or substitute decision makers on admission and throughout the LTC stay. Please refer to Appendix B: Intervention Designation Status on page 37 of this handbook for more details.

### **Medical Assistance in Dying (MAiD)**

Medical Assistance in Dying (MAiD) is a process whereby a person formally requests their doctor or nurse practitioner to administer medication with intent to end their life. The person must meet a specific set of criteria to be eligible for this process.

This is a process that is considered in some situations where a patient is suffering from a grievous and permanent medical condition. The patient must be cognitively capable of making this decision and must be able to appreciate the factors surrounding such decision.

For more details about MAiD in the province of Newfoundland and Labrador, please refer to the following link:

<https://www.gov.nl.ca/hcs/files/Medical-Assistance-in-Dying-MAiD.pdf>

## **Daisy Program**

The goal of the Daisy Program is to preserve the dignity, life memories and bonds of the residents beyond death. It is the choice of the resident or Substitute Decision Maker if they wish to take part in the Daisy Program.

If you wish to participate in this program, a quilt/blanket (of your choice) will be used to place over the resident when they pass away. As the resident leaves the building, the staff of the unit will take a moment of silence and stand in honor as the resident leaves the building. This supports a resident's dignity from life to death by keeping their dignity as they leave the home. This program recognizes the relationship that has grown between staff and residents and provides an opportunity to say a special goodbye.

You can discuss your wishes about participating in this program with your Social Worker, Care Coordinator or site designate upon admission.

## End of Life Care

### **Palliative Approach to Care**

End of life or palliative approach to care is an important consideration for residents who are living with life-limiting health conditions. Goals of care, such as quantity of time versus quality of life, will be discussed with residents, families, and the care team. Palliation can be provided in the residents home without need for transfer to an acute care setting. This approach may include pain and symptom management, as well as incorporating social and spiritual care. The focus is to maintain comfort for the individual in their final days or weeks.

### **End of Life Visitation**

Family, friends, pets, and spiritual care visits are an important aspect of end of life care. We encourage increased visitation during this time and can make exception to normal visiting hours and number of visitors. If your visitation requires you to stay overnight or for an extended period, some facilities in the Western Zone have end of life accommodations for

family members. Please inquire with a member of your care team if you require such accommodations.

### **Support from the Care Team**

All members of the care team are available to support residents and their loved ones during end of life. Please do not hesitate to ask staff for medical interventions, comfort care items, or emotional support. You may also request a Social Worker to provide grief counselling during this difficult time. Social Workers may also be able to connect you to additional resources as required. We understand that the death of a loved one is a stressful and emotionally exhausting experience. If you are unable to pack your loved ones belongings within 24 hours for any reason, members of the care team will be available to support you in this task.

### **Funeral Arrangements**

While thinking about end of life may cause discomfort, we recommend making pre-arrangements for funerals during times of wellness. We recommend pre-planning as the passing of a loved one can be an extremely stressful time and adding funeral arrangements can further emotional hardship.

## **Health and Safety**

### **Restraints**

The Western Zone promotes a philosophy of least restraint and supports an individual's right for freedom, dignity, respect and choice. Restraints, such as medications or devices that restrict movement, can pose a safety risk to the well-being of individuals. Chemical and/or physical restraints are only used in extenuating circumstances for brief periods after team assessment and following discussion with the resident or family.

Specialized seating and other devices, when used to assist with positioning, mobility or quality of life, would not be considered a restraint.

## Adult Protection

Adult Protection Services are in place to intervene in situations where a person is in a situation where there is immediate, or high probability of, risk and the person cannot understand or appreciate that risk. The Adult Protection Act does not apply to persons who have the mental capacity to assess the risk. For more information about Adult Protection in Newfoundland and Labrador please visit <https://www.gov.nl.ca/cssd/apa/>

## Respectful Environment

All persons in LTC facilities are entitled to a respectful environment to live, work, and visit. It is expected that persons interact in ways that are respectful, considerate of the psychological health and safety of others, as well as the physical health and safety of others. Disrespectful and threatening verbalizations and actions will not be tolerated. If you witness such behavior, please bring it to the attention of a manager as soon as possible.

## Fire Drills & Fires

The Fire Alarm System is activated on a regular basis for the purpose of testing our fire procedures. The alarm is sounded and the residents and visitors are given directions by staff on the unit. If visiting when the fire alarm sounds, please remain calm and take direction from staff.

### **IN CASE OF FIRE ALARM SIGNAL:**

<b>Upon Hearing Fire Alarm</b>	
<b>RESIDENTS</b>	<b>VISITORS</b>
<ul style="list-style-type: none"> <li>• If you are in your room, remain there.</li> </ul>	<ul style="list-style-type: none"> <li>• Stay with the resident you are visiting.</li> </ul>
<ul style="list-style-type: none"> <li>• If you are in the hallway near your room, go to your room and remain there.</li> </ul>	<ul style="list-style-type: none"> <li>• Close doors to the area you are in to help keep smoke and fire out.</li> </ul>
<ul style="list-style-type: none"> <li>• If you are in a common room such as lounge, dining room or Town Hall and it is safe to do so, remain there or move to a safe area.</li> </ul>	<ul style="list-style-type: none"> <li>• Follow alarm instructions for residents.</li> </ul>

<ul style="list-style-type: none"> <li>• Close doors to the area you are in to help keep smoke and fire out.</li> <li>• Await instructions for evacuation.</li> </ul>	<ul style="list-style-type: none"> <li>• Await further instructions from staff.</li> </ul>
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### **IN CASE OF FIRE:**

<b>If You Discover a Fire</b>	
<b>RESIDENTS</b>	<b>VISITORS</b>
<ul style="list-style-type: none"> <li>• Leave fire immediately.</li> </ul>	<ul style="list-style-type: none"> <li>• Assist anyone in immediate danger to move to a safe area and remain there.</li> </ul>
<ul style="list-style-type: none"> <li>• Close all doors behind you to confine smoke and fire.</li> </ul>	<ul style="list-style-type: none"> <li>• Close all doors behind you to confine smoke and fire.</li> </ul>
<ul style="list-style-type: none"> <li>• Sound alarm and/or alert staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Await instructions from staff.</li> </ul>
<ul style="list-style-type: none"> <li>• Await instructions for evacuation.</li> </ul>	<ul style="list-style-type: none"> <li>• If instructed, assist with evacuation.</li> </ul>

### **DO NOT USE ELEVATORS (if applicable) WITHOUT PERMISSION:**

In LTC homes that have elevators the Incident Commander in discussion with the Fire and/or Police Officials will decide if the Home's elevators can be used to assist with the evacuation.

Caution: If you encounter smoke in the corridor or stairway, use an alternate exit or if all stairways are affected, it may be safer to stay in your area. **REMAIN CALM.**

## General Information

### **Parking**

Parking is available for family and visitors. Each site has parking spaces designated for seniors and those with compromised mobility. Designated areas for staff parking are also available at each site.

## **Confidentiality**

Any information concerning residents is held in the strictest confidence. Information will only be shared with those identified as the Substitute Decision-Maker (SDM), Next of Kin, or alternate contact identified by the resident or SDM upon admission. The individual contacted by our staff is responsible for communicating the information to other family members. We ask that visitors keep information regarding other residents in strict confidence as well.

## **Gifts**

If family are looking for suggestions for appropriate gifts for a loved one, please check with the appropriate staff. The team can provide a list of gift suggestions based on the resident's need. This is important to ensure that gifts are on certain units with respect to safety. For example, artificial plants instead of real plants, the need to avoid sharp or breakable objects, and so on.

Although we recognize that families and residents may like to thank staff with gifts, employees are not able to accept any gifts, other than one of limited value. Under no circumstance is an employee able to accept monetary gifts from residents or their families.

## **Scent Free Policy**

The Western Zone has a Scent Free (No Scent/Low Scent) Environment Policy. Some residents and staff have allergic reactions to scented products. Family and visitors are asked not to wear scented products or bring in scented items for residents such as powders, perfumes, aftershaves, certain flowers, etc.

## **Alcohol and Cannabis**

Alcoholic beverages can be purchased by the family or resident for personal consumption. To ensure the safety of all residents, alcohol must be stored in a locked area. Alcohol can interact with medications. It is requested that alcohol not be shared with other residents unless discussed with the nursing staff.

If a resident is using cannabis medically or recreationally, it is important to advise your nurse or care team of this to ensure there are no negative interactions with prescribed medications. Cannabis must be safely stored according to the facility regulations.

### **Smoking**

Smoking in any form is not permitted in or on any Western Zone owned or operated facilities including inside the building, outside the building and in the parking lots. If a resident or visitor wishes to smoke, it must take place off of Western Zone property.

LTC staff will provide a supportive environment to residents who no longer wish to smoke including referral to smoking cessation programs and access to nicotine replacement therapies (NRTs) where appropriate and medically safe (in the form of nicotine patch or gum).

### **Donations**

Monetary donations in remembrance of a loved one may be accepted, please contact the Administration office of your Long Term Care Home for assistance. If other types of donations are being considered, please contact the Director of Health Services or Manager of the Long Term Care Home before purchasing any item.

### **Memorial Services**

Throughout the Western Zone, Memorial Services are held at our LTC facilities to remember our residents that have passed away. These Services are held at different times throughout the year and vary depending on the need at each site. All faith and cultural groups are welcome to participate. Residents and family members are welcome to attend. For specific information for your site, contact the Recreation Department or the Regional Manager of Spiritual Health at [spiritualhealth@westernhealth.nl.ca](mailto:spiritualhealth@westernhealth.nl.ca) or 709-784-5224.

### **Celebrations**

If families wish to have a birthday party or family gathering for a resident, please contact the Recreation Therapy department or site designate to make arrangements for a time and space if available.

## **Smudge Ceremonies**

Cultural and spiritual needs are important to overall health and healing and will be supported where possible within the Western Zone. There are policies and procedures in place for facilitating Smudge Ceremony requests. Please contact your Social Worker, Care Coordinator or site designate for more information. As well, you may connect with the Indigenous Patient Navigator who can be reached at 709-640-9007 or 1-833-640-9007.

## **Making Memories**

Making Memories is a program that seeks to grant one wish to residents who live in LTC within the Western Zone. Residents, family members, friends, staff, or volunteers can submit a request for a resident wish. Please see a Recreation Therapist, Social Worker, or staff designate for a request form to submit a special wish!

## **Pets**

The Western Zone recognizes the benefits of pet visitation and has a policy that supports and provides direction on pet visitation. Animals are permitted to visit residents in LTC Homes as long as there is consideration for staff and residents who have allergies. Staff, residents and visitors who have contact with the animal must practice good hand hygiene following pet visitation.

## **Allergies**

Allergies are identified on admission. Some residents may have allergies to certain foods or products. This does not mean that residents cannot have these items, however, you must check with nursing staff prior to bringing them in to ensure the safety of others.

## **Tips for Successful Visiting**

Visiting is encouraged by family, including children, friends and pets. Visitors are the resident's link to the community. They provide continuity of the resident's previous life to

the present one. Visits often add to the resident's quality of life and provide reassurance that they are still loved and remembered. Please consider the following:

- ✚ Visit at a "good time of day" for the resident. To preserve the dignity and respect of residents, please check with nursing staff to determine the best time to visit. If the resident's door is closed, please knock before entering.
- ✚ Consider reviewing the activity schedule and plan your visits to be able to accompany the resident.
- ✚ Try to coordinate visits with others if possible so the resident benefits from receiving several visits rather than everyone visiting at the same time. Residents may respond better when one or two visitors come at a time.
- ✚ Set realistic expectations for yourself in terms of visitation. Don't set yourself up for feelings of guilt because you are unable to visit as often as you think you should.
- ✚ Try to include the resident in conversation with others, including other residents and staff.
- ✚ Find an area in the Home where you feel most comfortable to visit with the resident such as the chapel, lounge, dining room or activity area.
- ✚ Feel free to bring along something to read or work with, i.e. knitting, in case the resident is sleeping but you wish to keep him/her company.
- ✚ Ask for guidance and information on how to interact with the resident if there is a physical or memory change and you are uncertain about approach.
- ✚ Remember that moving into a nursing home means an adjustment for family as well as the resident. Help is available for families experiencing difficulty with this transition. Please contact a member of the Interdisciplinary Team for assistance.
- ✚ Reminisce with the resident. You can show appreciation of the resident's life by looking at photo albums together, sharing stories and memories, comparing how things used to be and how they are now.
- ✚ Make a list of activities you can do with the resident, such as reading together, listening to music, changing room decorations according to the season and enjoying time spent together.
- ✚ Place yourself at eye level when talking with the resident.
- ✚ Don't feel you have to talk the whole time you visit. You might want to sit quietly and hold the resident's hand.

- ✚ Allow residents to do whatever they can for themselves as long as possible. Acknowledge and reinforce this during visits. Accent the positive, always being mindful of the resident's abilities and limitations.
- ✚ Lend support to other family and friends who may be visiting.
- ✚ Remember to check with nursing staff, before providing any care, such as feeding.

## Rights & Responsibilities as a Resident of Long Term Care

When a person enters a Long Term Care facility it becomes their home. Each resident has their own wants and needs and has rights and responsibilities that always need to be considered.

1. Residents have the right to be treated with politeness, respect and free from abuse and also have the responsibility to treat others in the same manner.
2. Residents have the right to have their own belongings as long as it is safe for them and others, including managing their own money when they are able.
3. Residents have the right to privacy in all aspects of their life including their personal health information.
4. Residents have the right to direct their own care.
5. Residents have the right to take part in social activities that they enjoy and are able to do, including outdoor activities.
6. Residents have the right to visit others in private, including their spouse.
7. Residents have the right to die at the Home in the presence of their families and friends if they so choose.
8. Residents have the right to know about any guidelines at the Home which may impact them.
9. Residents can offer any complaints, concerns, compliments and suggestions.



**Appendix A: About Me**

Hello! My name is: \_\_\_\_\_

Nickname/Preferred Name: \_\_\_\_\_

I married: \_\_\_\_\_ for: \_\_\_\_\_ years.

I have: \_\_\_\_\_ children \_\_\_\_\_ grandchildren \_\_\_\_\_ great-grandchildren.

Special people/animals in my life: \_\_\_\_\_

I worked as: \_\_\_\_\_

I lived at: \_\_\_\_\_

I grew up in: \_\_\_\_\_

Some of my favorite things to do are: \_\_\_\_\_

Some of my favorite things to eat/drink are: \_\_\_\_\_

Something to avoid that upsets me is: \_\_\_\_\_

\_\_\_\_\_

Things that comfort me when I am upset are: \_\_\_\_\_

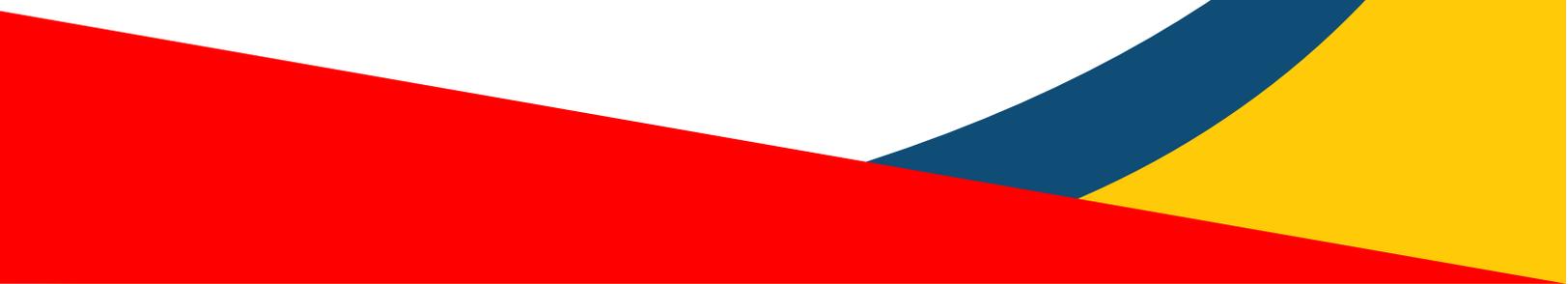
\_\_\_\_\_

Things that make communication easier are: \_\_\_\_\_

\_\_\_\_\_

Other things you should know about me:

\_\_\_\_\_





## Appendix B: Intervention Designation Status

Health Care Intervention Designations Explained		
<p><b>R – Medical Care and Interventions, Including Resuscitation Followed by Intensive Care Unit.</b> Goals of care and interventions are for cure or control of the resident's condition. The resident is accepting of ICU care if required.</p> <ul style="list-style-type: none"> <li>• Resident is accepting of any appropriate investigations/interventions that can be offered including resuscitation followed by ICU care. <ul style="list-style-type: none"> <li>➢ <b>Resuscitation</b> – is undertaken for acute deterioration, may include intubation and chest compression.</li> <li>➢ <b>Life Support Interventions</b> – are usually undertaken.</li> <li>➢ <b>Life Sustaining Measures</b> – are used when appropriate.</li> <li>➢ <b>Major Surgery</b> – is considered when appropriate.</li> <li>➢ <b>Transfer</b> – is considered for diagnosis and treatment.</li> </ul> </li> <li>• Resident is accepting of any appropriate investigations/interventions that can be offered including ICU care and intubation, but excluding chest compressions. <ul style="list-style-type: none"> <li>➢ <b>Resuscitation</b> – is undertaken for acute deterioration, may include intubation for acute deterioration.</li> <li>➢ <b>Life Support Interventions</b> – may be offered without chest compressions.</li> <li>➢ <b>Major Surgery</b> – is considered when appropriate.</li> <li>➢ <b>Transfer</b> – is considered for diagnosis and treatment.</li> </ul> </li> <li>• Resident is accepting of any appropriate investigations/interventions that can be offered including ICU care, but excluding intubation and chest compressions. <ul style="list-style-type: none"> <li>➢ <b>Resuscitation</b> – is undertaken for acute deterioration but without intubation and without chest compressions.</li> <li>➢ <b>Life Support Interventions</b> – may be offered without intubation and without chest compressions.</li> <li>➢ <b>Major Surgery</b> – is considered when appropriate.</li> <li>➢ <b>Transfer</b> – is considered for diagnosis and treatment.</li> </ul> </li> </ul>	<p><b>M – Medical Care and Interventions Excluding Resuscitation.</b> Goals of care and intervention are for cure or control of the resident's condition. The resident either chooses to not receive care in an ICU or would not be expected to benefit from ICU care.</p> <ul style="list-style-type: none"> <li>• All medical and surgical interventions directed at cure and control of condition(s) is considered within the bounds of what is clinically appropriate, excluding the option of ICU care. <ul style="list-style-type: none"> <li>➢ <b>Resuscitation</b> – is not undertaken for cardio respiratory arrest.</li> <li>➢ <b>Life Support Interventions</b> – should not be initiated or should be discontinued after discussion with resident.</li> <li>➢ <b>Transfer</b> – to another location of care is considered if that location provides more appropriate circumstances for diagnosis and treatment.</li> <li>➢ <b>Major Surgery</b> – is considered when appropriate. Resuscitation during surgery or in the recovery room can be considered, including short term physiologic and mechanical support in an ICU, in order to return the resident/client to prior level of function. The probability of intra-operative death or life-threatening deterioration should be discussed with resident in advance of the proposed surgery and general decision-making guidance agreed upon.</li> </ul> </li> <li>• All interventions that can be offered in the current location of care are considered. ICU care is not considered an option. <ul style="list-style-type: none"> <li>➢ <b>Resuscitation</b> – is not undertaken for cardio respiratory arrest.</li> <li>➢ <b>Life Support Interventions</b> – should not be initiated or should be discontinued after discussion with resident.</li> <li>➢ <b>Transfer</b> – is not usually undertaken but can be contemplated if symptom management or diagnostic efforts aimed at understanding symptoms can be best undertaken at that other location.</li> <li>➢ <b>Major Surgery</b> – is considered when appropriate. Resuscitation during surgery or in the recovery room can be considered, including short term physiologic and mechanical support in an ICU, in order to return the resident to prior level of function. The possibility of intra-operative death or life threatening deterioration should be discussed with resident in advance of the proposed surgery and general decision-making guidance agreed upon.</li> </ul> </li> </ul>	<p><b>C – Medical Care and Interventions, Focused on Comfort.</b> Goals of Care and interventions are for the active compassionate treatment of the resident with a terminal illness and for those close to them. This includes medical care for symptom control and psychosocial and spiritual support.</p> <ul style="list-style-type: none"> <li>• All care is directed at maximal symptom control and maintenance of function without cure or control of underlying condition. <ul style="list-style-type: none"> <li>➢ <b>Resuscitation</b> – is not undertaken.</li> <li>➢ <b>Life Support Intervention</b> – should not be initiated or should be discontinued after discussion with resident.</li> <li>➢ <b>Life Sustaining Measures</b> – are used for goal directed symptom management.</li> <li>➢ <b>Major Surgery</b> – is not usually undertaken but can be contemplated for procedures aimed at symptom relief. Resuscitation during surgery or in the recovery room can be considered, including short term physiologic and mechanical support in an ICU in order to return the resident to prior level of function. The possibility of intra-operative death or life creating deterioration should be discussed with the resident in advance of the proposed surgery and general decision-making guidance agreed upon.</li> </ul> </li> <li>• All care is directed at preparation for imminent death (usually within hours or days) with maximal efforts directed at symptom control. <ul style="list-style-type: none"> <li>➢ <b>Resuscitation</b> – is not undertaken.</li> <li>➢ <b>Life Support Interventions</b> – should not be initiated or should be discontinued after discussion with resident.</li> <li>➢ <b>Life Sustaining Measures</b> – should be discontinued unless required for symptom management.</li> <li>➢ <b>Major Surgery</b> – is not appropriate.</li> <li>➢ <b>Transfer</b> – is usually not undertaken.</li> </ul> </li> </ul>
<p>Life Support Interventions mean interventions typically undertaken in the Intensive Care Unit but which occasionally are performed in other locations in an attempt to restore normal physiology. These may include chest compressions, mechanical ventilation, resuscitation, defibrillation, and physiological support.</p> <p><b>Life Sustaining Measures</b> – means therapies that sustain life without supporting unstable physiology. Such therapies can be used in many other clinical circumstances. When viewed as life sustaining measures, they are offered in either a) the terminal stages of an illness in order to provide comfort or prolong life or, b) to maintain certain bodily functions during the treatment of inter-current illnesses. Examples include enteral tube feeding and intravenous hydration. These measures should be clinically relevant and congruent with the resident's goals.</p> <p><b>Resuscitation</b> – means the initial effort undertaken to reverse and stabilize an acute deterioration in a resident's vital signs. This may include chest compressions for pulselessness, mechanical ventilation, defibrillation, cardioversion, pacing and intensive medications. Residents who have refused to have chest compressions and/or mechanical ventilation may still be considered for resuscitative measures.</p>		

**Appendix C: Payment Information**

Payments may be made by mail via cheque or credit card, by calling any of the numbers listed below or by visiting any of the offices listed below.

If mailing payment, please remember to include the top portion of your statement with the payment.

**Western Memorial Regional Hospital**

1 Brookfield Avenue  
P.O. Box 2005  
Corner Brook, NL  
A2H 6J7  
709-784-5496

**Bonne Bay Health Centre**

P.O. Box 70  
Norris Point, NL  
A0K 3V0  
709-458-2211

**Dr. Charles L. Legrow Health Centre**

P.O. Box 250  
Port Aux Basques, NL  
A0M 1C0  
709-695-2175

**Sir Thomas Roddick Hospital**

142 Minnesota Drive  
Stephenville, NL  
A2N 2V6  
709-643-5111

**Corner Brook Long Term Care Home**

40 University Drive  
Corner Brook, NL  
A2H 5G4  
709-637-3999 ext. 3506

**Calder Health Centre**

P.O. Box 190  
Burgeo, NL  
A0N 2H0  
709-886-2898

**Rufus Guinchard Health Centre**

P.O. Box 40  
Port Saunders, NL  
A0K 4H0  
709-861-3139

**Bay St. George Long Term Care Home**

P.O. Box 250  
Stephenville Crossing  
A0N 2C0  
709-646-5800 or 709-646-3209