

Welland Hospital Site
65 Third Street
Welland, ON L3B 4W6

Extended Care - Interim Units



**As an Integral part of the
Niagara Health**

**We support and follow the
Organizations**

Purpose / Vision / Values

(posted on Information Boards within the Home)

Our Purpose

Extraordinary Caring. Every Person. Every Time.

Our Vision

A Healthier Niagara

Our Core Values

Compassion in Action.

Driven by Optimism.

Achieving Ambitious Results.

EXTRAORDINARY.

- We expect that most concerns and suggestions can be dealt with at the unit or at the administrative level of the Home. If you require further clarification or advice outside of the Home, you may also contact the following:

NH - Patient Relations Specialist ext. 44423

or

Ministry of Health and
Long Term Care Info Line

1-866-434-0144

TTY 1-800-387-5559

7 days a week 8:30 a.m.-7:00 p.m.

or

Director, MOH & LTC

Performance Improvement and

Compliance Branch

55 St. Clair Ave. West, 8th flr, Suite 800

Toronto, ON M4V 2Y7

Resident Physician:

PLACE STICKER HERE

How Can We Help?

Compliments, Concerns & Complaints

The Home is a home, and we want to make our residents stay, their family and friends visits as comfortable as possible. The Extended Care / Interim Units promote open communication and quality improvement initiatives.

If you have an issue to raise:

- Discuss it with the Charge Nurse:
ECU Unit: ext. 33505 or 33506
Interim Unit: ext. 33554 or 33555
- Issues can also be forwarded to the Residents Council for discussion.
- If the Charge Nurse is unable to give you a satisfactory explanation, you or the Charge Nurse can initiate discussion of the issue by contacting administration of the Home or you may wish to contact the following departments by dialing 905-378-4647 or 905-732-6111 and the extension;

Administrator	ext. 33501
Director of Care	ext. 33503
Program Manager	ext. 34585
Food Service Supervisor	ext. 32279
Clinical Dietitian	ext. 32274
Business Office	ext. 33502
Environmental Services	ext. 32462
Chaplain	ext. 32385

Welcome

Welcome to the Niagara Health, Extended Care/Interim Units. We are proud to offer quality care, programs and services to the frail individuals in our community. Our purpose is to provide quality of life for the body, mind and spirit while working within integrated systems for a healthier Niagara.

- The Home is owned by Niagara Health
1200 Fourth Ave.
St. Catharines, ON L2S 0A9
905-378-4647
- is a not-for-profit long-term care home
 - works under the legislated LTC Homes Act 2007
 - works under the legislated Ontario Regs 79/10

Fundamental Principles of LTC Homes Act 2007
The Niagara Health, Long Term Care Home respects the Fundamental Principles of the Long Term Care Homes Act 2007;

“The fundamental principle to be applied in the interpretation of this Act and anything required or permitted under this Act is that a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.”

Overview

- Our staff are familiar with the LTC Homes Act 2007 and Ontario Regulations 79/10 as well as the organizations rules, policies and procedures.
- We ask that all residents and their families become familiar with LTC operations.
- This booklet outlines some of these rules and the most frequently asked questions about long-term care.
- Each resident has rights and responsibilities.
- The Residents' Rights are outlined in the legislation and posted in the Home.

If a resident is too ill to make decisions, family members or a substitute decision-maker for personal care/guardians must make decisions on his/her behalf. These decisions often cause guilt or conflict and can be very difficult to make at a time of crisis. Conflict can be avoided by discussing wishes in advance with family, guardian, or the person who holds power of attorney for personal decisions. A resident may also designate a substitute decision maker who will make decisions if the resident is unable to do so. Discussing wishes ahead of time makes it more possible for the health care team to act on a residents wishes.

A resident must designate a primary contact or substitute decision maker when admitted, and keep the information up-to-date. This person will be contacted in an emergency, or in other less urgent situations, or if there is a change in health status. The name and phone numbers of the substitute decision maker and next of kin will be listed on the front of the chart. It is the responsibility of the primary contact/substitute decision maker to communicate information to other members of family as directed by resident.

The resident and/or substitute decision maker can alter a decision regarding the resident's future health at any time, especially if condition changes. "Let your wishes be known" to the health care team. We will always respect and support expressed wishes.

“Let My Wishes Be Known”

Residents Living Wills /Advance Directives

The freedom to decide one's destiny is the right of every competent person in Canada. This freedom includes the right to accept or refuse specific health care and/or medical treatments.

A living will or advanced directive is a statement of the resident's wishes regarding care and treatment. The purpose of such a statement is to inform the physicians and nursing staff of care choices. This will ensure that the care a resident wishes to have can be planned for and implemented.

Many residents have particular end-of-life wishes regarding medical procedures such as cardiopulmonary resuscitation (CPR) or medical treatments such as antibiotics. Some residents wish to be transferred to hospital and receive treatment including advanced life support for all health crisis's, while others wish to stay at the Home and receive comfort measures. This choice is the residents choice.

We want to hear from the resident. We believe that many residents are able to capably instruct us regarding their care wishes. Once the resident has determined his/her wishes, the decision can be shared with us by using the Living Will/Advanced Directives Form. A copy of this form will be placed on the front of the chart so all professional care staff will be able to access the information.

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Resident Trust Accounts

- Resident/responsible other are expected to be responsible for their financial affairs, using a financial institution of their choice.
- When this is not feasible resident/responsible other may ask that a trust account be opened in their name.
- Deposits and withdrawals for purchased services can be made through the account.
- There is no charge for this service.
- Residents who are able to handle their own money are also advised to open a trust account, as we prefer that money is not kept in residents room.
- Money can be withdrawn from the trust account during business office hours; weekdays 9:00 a.m. to 4:00 p.m. (excluding stat Holidays).

When a request to open a trust account is made;

- The Home establishes and maintains a non-interest bearing account on behalf of the resident.
- Money is deposited to the trust account at the request of the resident/responsible other. All approved financial transactions may be paid from this account.
- All transactions are recorded and a monthly trust statement is mailed to the Resident/responsible other.
- Homes policy and procedure available to view upon request.

Financial Assistance Eligibility

If a resident does not have the income to cover the standard cost for a basic bed, a rate reduction may be requested. Proof of income/Notice of Assessment must be shown yearly in order to apply. The details of the assistance programs are available in the Business Office. The rate reduction applies to ward accommodation only.

Government Financial Assistance Programs

Various government assistance programs may be available to you. For information, please contact:

Ontario Ministry of Finance Tax Credits and Tax Branch
Information Centre
1-800-263-7965

or write to:

Ministry of Finance
2nd Floor, 33 King Street
Oshawa, Ontario
L1H 8H5

Financial Obligations

- Accommodation invoice is issued monthly and due on the first of each month.
- Payments may be made by pre-authorized debit, cheque or cash.
- Payments may also be placed in a locked wooden mailbox outside the ECU Administration Office.
- Accounts in arrears may be subject to interest charges.

Admissions

- Admission to a long-term care home is arranged through the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN).
- We encourage residents and families to keep choice of homes and information up to date with the HNHB - LHIN.
- We support interim unit residents in transferring to a permanent Home placement.

Accommodation Charges

- Accommodation charges are set by the MOH/LTC and reviewed annually effective July 1.
- Resident/responsible other is obligated to pay for the accommodation costs for basic accommodation.
- The obligation stands whether an agreement is signed or is not signed.
- Resident/responsible other may apply to receive a reduction in his/her basic accommodation co-payment.
- A Resident will be required to access all income available to him/her before an application for a reduced rate can be made.
- Previous years Notice of Assessment is required in order to calculate a reduced rate.

- Residents in preferred accommodation (semi-private/private) will pay for the accommodation as provided for in the agreement with the Home if space is available.
- There is no rate reduction for semi-private/private accommodation.
- Resident/responsible other are obligated to pay the accommodation charges during a Medical (up to 30 days), Psychiatric (up to 60 days), Vacation (up to 21 days or Casual Leave (up to 48 hours weekly).
- **All leaves of absence, including casual or vacation, must be authorized by the residents attending physician.**
- If you are in need of more information about accommodation charges/reduction in basic accommodation charges, please contact the Home's Business Office; Mon-Fri 9:00 a.m. - 4:00p.m. (excluding stat Holidays) or an appointment can be arranged on an agreed time between staff and resident/responsible other.

LTC Homes Responsibilities

- Refer to Resident Accommodation Agreement -Appendix.

Photographs

- Residents/families/friends are requested to respect privacy regulations and not take photos of other residents without written permission.
- NH does not permit the use of unauthorized photography, audio or video recording.

Food Treats

- Residents enjoy traditional family snacks and treats.
- We ask that you do not leave perishable food in a residents room, but instead store in a sealed container, label it with residents name and the date the food arrived so that it can be refrigerated by staff.
- Food treats should not be shared with other residents.

Alcoholic Beverages

- Residents may wish to consume alcoholic beverages while living at the Home..
- Mixing alcohol with some medications may produce severe reactions.
- For this reason, alcoholic beverages are allowed only with a physicians written order.
- To promote residents safety, all alcoholic beverages must be kept in the medication room, and given to the resident according to the physicians order.
- It is the families responsibility to provide alcohol if requested by the resident and approved by the physician.
- Alcohol may also be offered to residents on occasion during recreation Happy Hour program if alcohol is ordered/approved by physician. Please advise staff if there is any concern.

- Immunization is important for all seniors and for people who are frequent visitors to a long term care home.
- It is recommended that the resident receives:
 - a pneumococcal vaccine at the age of 65 or over
 - an influenza vaccination every fall
 - diphtheria and tetanus vaccination

Location and Operation of Call Bells

- Each residents room has a call bell located at the head of the bed.
- Bathrooms also have call bells.
- Call bells can easily be activated.
- A signal rings at the nurses station and a staff member will respond as quickly as possible.

Valuables

- Valuable jewelry and large sums of money should **not** be left with the Resident unless the resident is capable of accepting full responsibility for them.
- Money may be held in a trust account.
- Please check that all rings are sized correctly to prevent loss.
- Valuables left in the Home should be clearly labeled with the resident's name.

Personal Items

- Residents are encouraged to personalize his/her area.
- All personal items must be labeled with the resident's name.

Parking

- Permits are available for purchase from the office to park in ECU/ILTC designated lots.
- Daily ticket available at point of entry and payment due on exit at kiosk in main entrance.

Visiting

- The home encourages visitation. Residents enjoy time with their friends and loved ones.
- Front door of the Home is locked between 10:30 p.m. and 5:00 a.m.

Residents Council/Family Council

- The Residents Council meets regularly.
- All residents are encouraged to become active in the Residents Council.
- The Home supports families who wish to form a Family Council.

Purchasing of Services

- The resident is not required to purchase care, services, programs or goods from the licensee.
- The Home follows, NH policies and the LTCHA 2007 and maintains a non-arms length relationship between itself and other providers.
- The resident may purchase such things from other providers (e.g. wheelchair) subject to any restriction under the regulations and license restrictions.
- The licensee respects residents choice; the resident has a choice of vendor that they can purchase items from (e.g. wheelchair)
- Residents may maintain agreements with specific community based providers such as hairdressing, dental and foot care. Payment for such services are the responsibility of the resident/responsible other.
- The resident/responsible other may also opt to access other available purchased services offered by the Home when there is a signed agreement between the resident/responsible other and the Home.
- The resident/responsible other is responsible for the payment of authorized purchased goods and services.

These include;

- Hair Styling
- Recreational events/outings/meals
- Foot / Nail Care

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Infection Control

It's Everyone's Business

- Infection control is included in all aspects of caring for residents.
- We must all work to prevent infections and thus protect residents.
- **Hand washing** is the best method to prevent infections.
- Staff wash their hands often, and we ask residents and visitors to do the same.
- Hands should be washed when you arrive and before you leave.
- To keep your hands clean after washing, use a paper towel to turn off the taps.
- Sometimes it is necessary to take additional measures to prevent infection, so gloves, gowns, masks and goggles may be worn.
- They protect both the resident and the caregiver.
- Family members and visitors may be asked not to visit when there is an infectious disease outbreak.
- These restrictions protect visitors from the illness, even if the individual you are visiting is not ill.
- Residents can catch infections easily; family members and visitors should **not** visit if they have colds, fever, vomiting or diarrhea.
- Children recently exposed to chicken pox are also asked not to visit.
- Alcohol based hand rub is available throughout the home for your use if hand washing not completed.

Fire Regulations

- As a fire safety precaution, all electrical items must be checked by the Maintenance Department.
- Fire code regulations prohibits the use of extension cords and “octopus” electrical plugs.
- Power bars are acceptable.
- The Homes Emergency Plan is tested on a regular basis and fire drills are conducted each month.
- Fire exits are clearly marked.
- In the event of an emergency, please cooperate with the requests of staff members for safety reasons.

Smoking

- Smoking is not allowed in the Home or anywhere on hospital property.
- Family members and staff are also not allowed to smoke in the Home or on hospital property.
- Residents who do not adhere to the smoking policy may be asked to leave the home.
- Niagara Region smoking bylaws are enforced.

Personal Items

- The Residents may utilize personal support items such as hearing aides, dentures and non-motorized wheelchairs.
- The Home is not responsible for the loss or repair costs of such personal items.

Family Involvement

- Residents, families and responsible person are encouraged to participate in interdisciplinary team conferences to develop an individual Resident care plan.
- The resident/responsible person can have access to the care plan on request.

Pharmacy

- The Home maintains a contract with a Pharmacy to provide medication management and strives to optimize effective medication outcomes.
- The Pharmacy, under regulations charges the current co-payment for each prescription per month.
- The Pharmacy will mail you the monthly charges and the payment and/or payment arrangements are made directly with them.
- On certain occasions a medication is ordered that is not ODB (Ontario Drug Benefit) covered.
- The Pharmacy will contact the Resident/responsible other to clarify payment prior to dispensing the medication.

Physician and/or Nursing Services

- Twenty-four hour registered and personal care is provided.
- The registered staff (RN/RPN) are scheduled 24 hours a day/7 days a week to co-ordinate a resident centered approach.
- Residents and families are encouraged to communicate openly with staff.
- A resident may retain the services of a physician and/or nurse practitioner while in the Long Term Care Home.
- The physician and/or nurse practitioner will be requested to sign an agreement with the Home and work within the Ontario Regulations 79/10.

Comfort Allowance

- Residents who are paying reduced basic accommodation receive a fixed MOH<C monthly comfort allowance.
- These funds are for the Residents personal use e.g. participate in social activities, purchase equipment that he/she may need, etc.
- These funds may be placed in the Residents trust account at the Home.

Support Groups

- Learning to live with the illness or disability of a loved one can be difficult.
- There are many local support groups that can be helpful.
- You may wish to join a group such as the Alzheimer Association of Canada, Parkinson's Foundation of Canada, Multiple Sclerosis Society of Canada, Huntington Disease Resource Centre, or the Heart and Stroke Foundation of Ontario.

Safety and Security / Building Security

- For the security of our residents, all exterior doors are alarmed to prevent unauthorized entry or exit.
- A coded access system is mounted at the main entrances to the Home.
- Visitors are requested to use the main entrance doors to enter or exit and not to allow any resident out of the Home without staff's permission.
- Front doors of the Home are locked daily between 10:30 p.m. to 5:00 a.m.
- In an emergency, staff will provide direction to use alternate exits and/or stairways.
- **Visitors must not allow residents to exit the building unless it has been checked with a staff member.**

Dental Services

- We recommend an annual dental exam for all residents.
- An independent dental hygienist is available to provide services. If interested, contact the Programs Manager for further information.
- Arrangements to have dentures made, relined or adjusted may be made by contacting a dentist/denturist of your choice.
- Dentures must be labeled by denturist.
- The cost of any dental care is paid by the resident and/or responsible other.

Diagnostic Testing/Physician Appointments

- If the resident has a scheduled diagnostic test or a physician/dental appointment, the family members are responsible for making transportation arrangements and for accompanying the resident or hiring an appropriate health care provider to escort/care for the resident.

Seating and Wheelchair Assessments

- Residents may require a personal customized wheelchair or other mobility equipment.
- The Home recommends the purchase of a personal customized wheelchair.
- Financial support is available through the MOH<C Assistive Devices Program.
- Rehab staff will assist with requesting such equipment.
- The Home does not supply wheelchairs for long term individual resident use.

Abuse and Neglect

Resident Bill of Rights; “Every resident has the right to be protected from abuse”.

- This right has broad implications and includes abuse from any person or source. Examples of abuse includes; financial, physical and emotional.
- Homes policy and procedure available to view upon request

Resident Bill of Rights

“Every resident has the right not to be neglected by the licensee or staff”.

- The Home acknowledges the Acts expectation that there is zero tolerance for abuse and neglect in LTC Homes.
- There are policies and procedures in place to educate, monitor, initiate a concern/complaint, seek advise and address issues.
- There is an onus on all partners within the residents circle of care to respect others.
- Resident Bill of Rights and NH Patient Rights and Responsibilities are posted.

Least Restraint

- The LTCH Act 2007 continues to support LTC in caring for residents through a least restraint approach.
- NH’s Extended Care and Interim beds do not use restraints in bed.
- The interdisciplinary care team will address the individual resident needs and consider alternatives to restraint use.

- If there is an identified need for a restraint in a wheel chair, consent is required from the resident/responsible other.
- Homes policy and procedure available to view upon request

Whistle Blowing

- The LTCH Act 2007 encourages reporting in the home relating to breaches or suspected breaches of the homes policies and procedures
- To ensure that there is no retaliation against those who make the reports in good faith
- To ensure that there is compliance with the mandatory reporting provisions of the LTCHA
- Homes policy and procedures available to view upon request

Mandatory Reporting

- There is a formalized system between the LTC Homes and the MOH<C to report adverse events.
- Mandatory reporting includes reporting situations and unlawful conduct that resulted in or may result in harm to a resident.
- It is also mandatory to report misappropriating of a residents funds or funding to the MOH<C.
- The MOH<C will follow-up and/or visit a Home as part of the mandatory reporting process.
- The LTC Homes Act outlines that Homes must promote fairness through a “whistle blowing protection”

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Computer

- A computer is available for resident use located in the library.
- Contact Recreation staff for information.

Restorative/Physiotherapy

- Physiotherapy is offered on a physician’s referral.
- The cost is covered by the MOHLTC
- Residents working towards achievable physiotherapy goals are seen 2-3 times per week by the physiotherapy assistants
- The physiotherapist determines the course of treatment.
- Exercise groups are offered.

Lab Services

- NH, Welland Hospital laboratory staff visit the Home to complete diagnostic tests as ordered by the physicians.

Foot Care

- General foot care is provided by nursing staff.
- Residents at risk, such as those with diabetes, can be seen by a foot nurse specialist.
- A foot nurse specialist’s visit is arranged by the family and paid for by the resident and/or responsible other.

Optometry/Audiology

- Costs of care by optometrists/audiologists for residents who require eye glasses or hearing aids are the responsibility of the resident/responsible other.
- Arrangement of an appointment is the responsibility of the resident/responsible other.

Laundry Services

- The Home washes personal clothing on site.
- The Home labels all clothing at no cost.
- Bed linens and towels etc. are laundered off site.
- Resident/responsible other must supply appropriate, well-fitting clothing and footwear.
- Clothing must be machine washable and machine dryable.
- We discourage wool or other delicate garments.
- Please respect aging shoulders and purchase well sized clothes or clothing with open back.

Televisions/Electrical Equipment

- Televisions are located in resident lounges.
- If a resident prefers to have a television in his/her room, the maximum size is 32”.
- Any electrical equipment brought into the Home must be checked by our Maintenance Department to ensure it is CSA approved before it is used.
- Residents who use radios and televisions are expected to respect the rights of other residents, and may be asked to use earphones.

Telephones

- If residents make daily phone calls, we suggest a private line be installed in the resident’s room.
- The resident/responsible other is responsible to contact Bell Canada directly to arrange for installation and/or relocation of phone line.
- The resident/responsible other is responsible for the monthly fees.
- There are phones available to resident/family for local general use in the library and lounge areas.

Recreation Therapy

- RecT focuses on enhancing the leisure lifestyles of residents within the home through a variety of recreation and leisure opportunities, including community involvement, active living, social groups and entertainment. We have staff on both the ECU and ILTC units, offering programs and activities seven days a week. Some evening programs are also offered.
- The RecT staff build caring, trusting, respectful and non-judgmental relationships with each resident individually within the home. These relationships help to understand each individual resident and encourage their freedom to choose leisure experiences according to their personal interests.
- Recreation programs are developed to allow for: enjoyment, helping others, personal growth and development, being yourself, meeting others.
- The RecT staff work hard to develop a monthly calendar that has a variety of activities on it based on the identified interests of residents within the home. Special seasonal events and weekly family evening activities are also offered regularly to encourage families to participate in leisure activities with the residents.
- Some activity choices may have a cost to the residents.

Volunteers

- Volunteers don't just do the work-they make it work.
- Volunteers play an essential role in our home and can help to bring out the talents and strengths of our residents, working in partnership with the Staff to offer opportunities for residents to fully engage in the home and provide a satisfying and productive life.
- Volunteer initiatives enhance the lives of residents by helping with many programs within the home.
- Please contact the Programs Manager if you are interested in volunteering in any of the following areas: musical entertainment, special events, arts and crafts, library, program conveners, trip escort, fundraising.

Spiritual and Religious Care Services

- Spiritual and Religious Care Services are offered to meet the spiritual needs of all residents.
- Participation in spiritual programs is voluntary.
- The homes chaplaincy staff coordinates community resources and schedules religious services that reflect the main religious traditions; weekly Roman Catholic and weekly ecumenical services.
- A part-time chaplain is available on site to offer support to residents and families.

Food Services

- Good nutrition and attractive, tasty meals are an essential part of our service.
- Three meals a day plus three snacks are provided for the residents, in accordance with MOH<C regulations.
- Residents are given menu choices at meal times.
- Cultural meal preferences are considered and respected within our limitations.
- Therapeutic diets and nutritional supplements are prepared in accordance with the doctor's and/or dieticians orders.
- Feeding devices are available for residents who need them (for example, plate guard rims, special cups and utensils).
- All residents are assessed by the dietitian on admission and as care needs demand.
- Family members and visitors are asked not to visit in the dining room. However, one family member may assist a resident who requires help eating.
- Visitors may purchase a meal voucher and enjoy a meal with residents.
- Meal Vouchers can be purchased in the Administration Office.

Environmental Services

- Regular housekeeping and maintenance duties are scheduled to maintain the Resident environment in a safe and clean manner.