



# Ministry Guidelines Education for Sherbrooke and Central Haven Staff

Module 2:

Consent (Section 3)

Types of Care (Section 5)

Access to Service (Section 4)



# Consent

## Section 3

# Ministry Guideline – Section 3

## Consent

- Obtaining and documenting consent when moving in and receiving treatment is covered in this section of the Ministry Program Guidelines.
- Consent is important as it ensures that the resident or their responsible person are fully informed and in agreement with the care provisions being offered or provided by the SCH.
- A resident of a SCH or their responsible person must consent in writing to moving in.
- The personal health information of a resident of a SCH is protected by *The Health Information and Protection Act*.

# Ministry Guideline – Section 3

## Consent (cont'd)

- Professional staff of SCH must be able to assist residents who want to establish a health care directive. Health care directives give directions about medical treatment. It comes into effect when a person is no longer able to make and communicate their own health care decisions.
- A resident (or their responsible person) must provide consent prior to routine tests. Consent can be written, verbal, or implied. When the consent is verbal or implied, the consent must be documented in the resident's care record.

# Ministry Guideline – Section 3

## Consent (cont'd)

- When tests are done in another facility (ie: hospital) the outside facility is responsible for obtaining consent.
- When treatment is provided in another facility (ie: hospital) the outside facility is responsible for obtaining informed, written consent from the resident or their legal representative. Staff of a SCH cannot give consent for treatment on behalf of a resident.

# What does Ministry Guideline Section 3 look like at Sherbrooke and Central Haven?

- When a new elder moves in a general 'Consent to Treatment' form is signed by the elder or their responsible person.
- When a conversation is held with an elder involving a specific procedure/treatment where verbal consent is obtained, this is documented in the elder's chart.
- Elders and/or their families complete a Serious Illness-Sudden Collapse health care directive when they move in. These are then reviewed annually. Some elders also have an advanced care directive that they bring with them which we also keep in their chart.
- All staff receive education regarding confidentiality upon hire and then on an annual basis thereafter.



# Types of Care

## Section 5

# Ministry Guideline – Section 5

## Types of Care

- SCHs provide several types of care, described in detail in Section 5 of the Ministry Program Guidelines.
- Long stay care is provided for people who cannot be cared for in their own home any longer and because of the level of care they need, won't be able to return to their own home.
- Adult day programs help people improve their ability to care for themselves and prevent a move to long-term care. Adult day programs can include: social and recreations activities; exercise; personal care; nursing care; rehabilitation services; nutritional guidance; shopping services.



# Ministry Guideline – Section 5

## Types of Care (cont'd)

- Palliative care offers compassionate care to terminally ill people when treatment for a cure or to prolong life is no longer available. People who move in with a diagnosis of end stage palliative care are not charged resident fees.
- Respite Care provides temporary care to people who normally live at home and depend on a family member or friends for care.
- Convalescent Care is provided to people who need extra time to recuperate from surgery or a serious illness and plan to return to the community within a two month period.

# Ministry Guideline – Section 5

## Types of Care (cont'd)

- Rehabilitative Care assists people who are recovering from illness or injury and in addition to medical care need physiotherapy, occupational therapy, or other therapy to return to the community.
- Night Care provides care to people who normally live at home and require care at night.

# What does Ministry Guideline Section 5 look like at Sherbrooke and Central Haven?

- At Sherbrooke and Central Haven long stay care and palliative care is provided, although using the term 'long stay care' is not aligned with our philosophy. For us, when an elder moves in, this becomes their home.
- At Sherbrooke additionally, there are 2 Respite Care rooms and a Community Day Program.
- At SCC and CH, our approach to palliative care is holistic focused on quality of life for the elder. This means not only caring for their physical needs, but also the emotional, psychological and social needs of the elder.

# What does Ministry Guideline Section 5 look like at Sherbrooke and Central Haven? (cont'd)

- We have a TULIP (Together Understanding Life in Palliative Care) Committee that will work with elders, families, staff, and physicians to provide all persons with the tools and education to promote individualized care planning and to provide support which improves quality of life. We believe that most people want to die at home and we want to assist elders and their families to exercise maximum choice and control.



# Access to Service

## Section 4

# Ministry Guideline – Section 4

## Access to Service

- Section 4 of the Ministry Program Guidelines outlines the policies and procedures used in the Health Regions when facilitating a persons move into a SCH.
- Each health region has established a single point of entry to coordinate the move in process to long term care homes. This ensures equitable and fair access to long-term care homes.
- People with the most need for care and at the highest risk if left in the community receive the highest priority for long term care rooms that come available. Priority determination is based on need, not on age. All efforts are made to accommodate SCH preferences of the person and their family when at all possible.

# Ministry Guideline – Section 4

## Access to Service (cont'd)

- A person does not have to be a resident of Saskatchewan to move to a SCH in Saskatchewan, however that person must be in the process of establishing permanent residency in this province.
- Every resident who moves to a SCH enters into a written agreement with the home which outlines the responsibilities of the SCH including: to protect the rights of the resident and to provide safe and adequate care.
- The Ministry of Health has established a process to be used when residents are transferred from one facility to another. A full description of this process is found in Section 4 of the Guidelines.
- Residents and their responsible person have the right to appeal any decision made by the placement committee of the Health Region. Residents also have the option of requesting a transfer to another SCH.

# What does Ministry Guideline Section 4 look like at Sherbrooke and Central Haven?

- Within the Saskatoon Health Region (SHR) there is a single point of entry service called CPAS (Client/Patient Access Service). When we have an available room at Sherbrooke or Central Haven, we work with CPAS to coordinate and arrange for a new elder to move in.
- When an elder moves in a Moving-In Agreement is signed with the elder or their representative which outlines responsibilities both of SCC/CH and of the elder or their responsible person.



# What does Ministry Guideline Section 4 look like at Sherbrooke and Central Haven? (cont'd)

- When an elder requests a move out of Sherbrooke or Central Haven, we will work with the elder to assess possibilities and make appropriate plans.
- Processes are in place at SCC and CH to facilitate an elder's transfer to hospital when needed as well as to support them with making arrangements for transportation and accompaniment to medical appointments, etc.



# End Module Two

Please complete Module Two quiz.