

First Nations and Inuit Home and Community Care Policies Template Manual



Developed by Saint Elizabeth Health Care
for the Working Group for Standards, Scope of Practice,
Liability and Training

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First Nations and Inuit Home and Community Care Program Standards and Policies Template Manuals

INTRODUCTION

Development Process of the Template Manuals

The standards and policies templates, which appear in these **First Nations and Inuit Home and Community Care Program Standards and Policies Template Manuals**, have been developed with the assistance, input and direction of the Working Group for Standards, Scope of Practice, Liability and Training. This Working Group then provided its recommendation and a copy of the draft standards and policies template manuals to the National Steering Committee for their review and approval. A list of the Working Group members appears at the end of this introduction.

In addition to the direction provided directly by the Working Group and the Committee, input from First Nations and Inuit communities was sought during the development of the manuals. This input provided feedback from the perspective of those who will be using the manuals, and with the fresh eyes of people who were not involved in the manuals' development.

The manuals have been created as living documents. They should be revisited and revised on an ongoing basis, and it is hoped that First Nations and Inuit communities will share their own customized standards and policies to enlarge the pool of information, examples and tools to support the success of the **First Nations and Inuit Home and Community Care Program**.

Intent of the Template Manuals

These ***First Nations and Inuit Home and Community Care Program Standards and Policies Template Manuals*** provide examples and templates on which local communities can build their own standards and policies manuals. The manuals are intended to be used as tools to support the development of customized standards and policies to address the specific needs of each community and its ***First Nations and Inuit Home and Community Care Program***.

The manuals do not reflect mandatory practice. Instead they are building blocks, or a starting point, that communities can use to help them in the process of creating their own tools for their individual Programs and community needs.



Graphic from Resource Kit

Suggested Use of the Manuals

It is suggested that the manuals be used during the development of your community's **First Nations and Inuit Home and Community Care Program** to help you more easily develop standards and policies to shape the procedures and tools you will need for a successful Program. You may choose to use these templates for a while before modifying them to more effectively meet your own Program and community needs.

These templates and the customized standards, policies, procedures and tools that you create will serve as guidelines for staff to ensure:

- Quality
- Client and family satisfaction
- Work satisfaction
- Fairness
- Sustainability and effectiveness of your Program

These tools will also support ongoing capacity building and help in the regular evaluation and ongoing improvement of the Program.

It is suggested that the standards, policies and procedures that your community uses should be reviewed every year. These template manuals can be used as a resource during this process. They can provide useful suggestions as to how your existing standards and policies might be revised and improved to meet the changing needs in your community and in your Program.

It is important to note that standards and policy development is an ongoing activity that will make the actual delivery of Program services much easier, more consistent and efficient, and with the assurance of quality, fairness and client satisfaction.

As well, these standards and policies template manuals will be helpful if you choose to participate in the accreditation process in the future.

Notes When Using the Manuals

To make the manuals easier to use, a number of features have been included in their design:

- **Cross references** of policies to related standards
- Use of **symbols** to quickly and easily reference standards and policies sections (the symbols used here are only examples and communities are encouraged to create and/or select symbols that reflect their community and its Program). Another way to provide easy reference is to colour code each section of the manuals.
- A comprehensive **glossary** which appears at the back of each manual to provide definitions of key words that are identified by *italics* throughout the manual
- A listing of **references** which also appears at the back of each manual to provide additional resources to help you in developing your own standards, policies and procedures
- A **flow chart** that visually describes the contents of the two manuals and how the materials, including suggested procedures, link
- References to **sample tools** that can be used as examples on which to build customized tools to support policies and procedures

An Explanation of the Formats Used for the Standard and Policy Templates

The various parts of the format used for the standard and policy templates are explained on the following pages. You may want to read them before reading the standards and policies templates so that you have a better understanding of the flow of each format and the purpose of each section within these formats.

Symbol for easy reference to main standards sections (communities can customize symbols)

An Explanation of the Format Used for the Standards Template

<p>First Nations and Inuit Home and Community Care Program Standards Template Manual</p>	<p>Community Logo</p>
<p>Section: Refers to major heading in the manual, for reference to related standards</p>	<p>Community Name</p>
<p>Standard: Provides specific standard name</p>	<p>Standard Number: XXXX</p>

<p>Approval:</p> <p>A signature (or signatures) here will confirm that this standard has been reviewed and approved, and is to be used. These signatures reflect the review process and include community leadership.</p>	<p>Date:</p> <p>This date helps you to be sure that this is the most recent version of the standard</p>
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Standard

This text provides the key statement of the standard. The rest of the information that you will find in the template builds and supports this key statement.

Process Steps

This section provides suggestions for activities to achieve the standard. Not all of them may be appropriate for your program or community; however, they should help you to identify what you can be doing to achieve the standard.

Symbol for easy reference to main standards sections (communities can customize symbols)

Evaluative Criteria

It is important to evaluate the effectiveness of the activities to determine if they are helping you to achieve the standard. This list describes some suggestions to help you identify the activities that you need.

Challenges to Consider

This section lists the challenges that you may face as you work to achieve the standard. It is important to consider these challenges so that you are prepared for the difficulties that may arise.

Suggested Policy References

This section lists policies that you can find in the policies template manual to help you achieve the standard in practice. Clip art is used to help find the related sections of the policies template manual more easily.

Some Suggested References

In addition to the related policies, there are other materials that will be useful in understanding and shaping this standard for your own community's needs. These references are listed here and more detailed information is provided at the end of each manual so that you can find the documents you want to reference.

<p>Review Process:</p> <p>It is important to review standards regularly to ensure that they are still effective. As well as monitoring how well they are being achieved, it is important to be sure they are updated as services and communities' needs may be changing. The review process includes the participation of community leadership.</p>	<p>Dates:</p> <p>Recording the dates of the review process will be a reminder to review standards on an annual basis, or more often if changes occur.</p>
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Symbol for easy reference to main policy sections (communities can customize symbols)

An Explanation of the Format Used for the Policies Template

<p>First Nations and Inuit Home and Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part: Refers to major heading in the manual, for reference to related policies</p>	<p>Community Name</p>
<p>Policy: Provides specific policy name</p>	<p>Policy Number: XXXX</p>

<p>Approval: A signature (or signatures) here will confirm that this policy has been reviewed and approved, and is to be used. These signatures reflect the review process and include community leadership.</p>	<p>Date: This date helps you to be sure that this is the most recent version of the policy</p>
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Policy

This text provides the key points of the policy. The rest of the information that you will find in the template builds and supports these key statements.

Policy Rationale

This section highlights the reason(s) for having the policy. It reflects the related standard(s) and may, sometimes, be the actual standard(s).

Policy Details

This section provides details about the most important part of the policy to reinforce the message and helps to ensure the successful application of the policy in day-to-day practices.

Symbol for easy reference to main policy sections (communities can customize symbols)

Process Guidelines

This section expands on the policy and provides information to be considered in processes and in practice. If this information is used as the base to build these processes, it is likely that the policy will be achieved.

Performance Measurement Suggestions

This table offers suggested ways to determine how well the policy is being achieved in day-to-day practice, related processes and procedures. These measures provide a base on which to monitor success and progress.

Related Standards

This section lists standards that will help to understand this policy, and also uses the symbols to more easily guide you to the related sections in the standards template manual.

Some Suggested References

In addition to the related standards, there are other materials that will be useful in understanding and shaping this policy for your own community's needs. These references are listed here and more detailed information is provided at the end of each manual so that you can find the documents you want to reference.

<p>Review Process:</p> <p>It is important to review policies regularly to ensure that they are still effective. As well as monitoring how well they are being applied in practice, it is important to be sure they are updated as services and communities' needs may be changing. The review process includes the participation of community leadership.</p>	<p>Dates:</p> <p>Recording the dates of the review process will be a reminder to review policies on an annual basis, or more often if changes occur.</p>
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Symbol for easy
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customize symbols)

Each community is responsible for developing and putting in place their own procedures. These procedures need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

This section suggests procedures that should be used to practice the policy described in day-to-day practice. As well, it lists suggested tools that will help to effectively develop and use the procedures that are recommended.

The Value of Standards and Policies

For Individuals and Families

Community members who are receiving services, or whose family members are receiving services, are likely to feel more secure and comfortable knowing that providers are guided in their work by standards and policies designed to promote client rights, client satisfaction, fairness, quality of care, appropriate training and work satisfaction.

Clients and families have the responsibility of understanding why standards and policies are in place and how they can ensure appropriate care, equitable access to services, and client rights.

For Communities

Communities as a whole are likely to benefit from standards and policies that help to ensure the sustainability and effectiveness of the **First Nations and Inuit Home and Community Care Program**. The standards and policies encourage ongoing program evaluation, quality improvement, cost effectiveness and client satisfaction. Therefore, they help to ensure the success, sustainability and necessary capacity building to support the **First Nations and Inuit Home and Community Care Program** in the future.

In addition, this experience in program development, implementation and evaluation provides an excellent base of experience and wisdom as the community continues to develop programs in health and other services in the future.

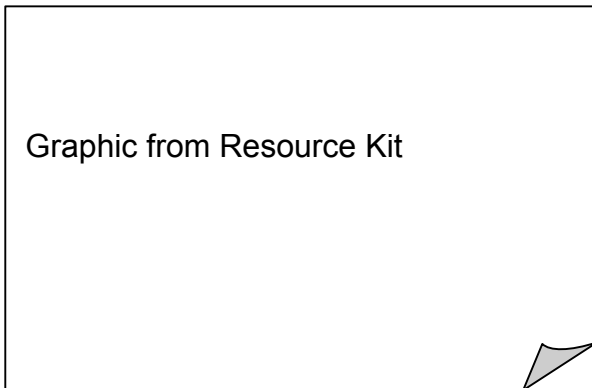
Community leadership, the political body of the community, has the responsibility of receiving, understanding, and approving the standards and policies for the delivery of the Program. Community leadership provides overall direction in this way, rather than becoming involved in the day-to-day operations of the Program.

Standards and policies provide the community leadership with the tools necessary to respond to requests and complaints from community members. They provide the basis for decision-making and conflict resolution.

For Program Staff

Standards, policies, procedures and tools provide clear direction and enable Program staff to conduct their tasks and activities with confidence, effectiveness and efficiency. In addition to improving quality and client satisfaction, staff will likely experience greater work satisfaction. The environment in which they work will reflect values of respect, ongoing learning and staff development.

Program management has the responsibility of implementing the approved policies and ensuring adherence at all times, and of monitoring, reviewing and updating them on a regular basis. Program staff are responsible for knowing the policies and adhering to them in their daily activities. Both Program management and staff participate in the review and revision of policies.



Standards, Policies and Procedures: Definitions

The following definitions from the 1999 Canadian Council on Health Services Accreditation AIM (Achieving Improved Measurement) Standards help to clarify and explain the differences and relationship of standards, policies and procedures.

The Goal:

A Standard is defined as the “desired and achievable level of performance against which actual performance can be compared”.

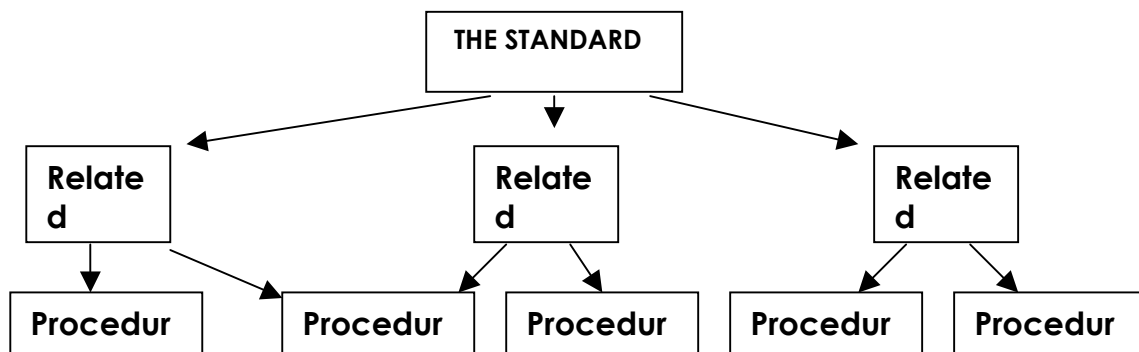
The “What”:

A Policy is “a written statement that clearly indicates the position and values of the organization on a given subject”. A policy identifies what needs to be done to achieve the standard.

The “How”:

A Procedure is a “written set of instructions that describe the approved and recommended steps for a particular act or sequence of acts”. A procedure outlines how the policy will be carried out in day-to-day practice.

Standards, policies and procedures must all link together to ensure success of any program. Procedures are based on policies that enable standards to be achieved. Procedures are the most practical, in that they reflect the day-to-day practice that reflects the policies of the Program. The policies template manual suggests procedures and tools that should be developed at the practical level. The following chart identifies the connection of standards, policies and procedures:



Background Background

The First Nations and Inuit Home and Community Care Program

The Federal Government is committed to improving the health and well being of First Nations and Inuit and in February 1999 funding of the ***First Nations and Inuit Home and Community Care Program*** was approved. Autonomy and control of health programs and resources by local First Nations and Inuit communities are inherent components of the planning of this Program. The intent of the Program is to ensure that First Nations and Inuit are provided with quality care in their own homes and communities.

A Joint Health Canada/DIAND/First Nations/Inuit Working Group was formed to develop a framework for the ***First Nations and Inuit Home and Community Care Program***. The Program is based on accepted home care principles and is flexible and adaptable to cultural values and to the individual needs of First Nations and Inuit communities. The need for an increased focus on community-based home care programs and services to support and maximize independence of First Nations and Inuit in their own communities is an essential component of the framework.

The ***First Nations and Inuit Home and Community Care Program*** is committed to building capacity within the communities served through assessment and evaluation of the needs of its people and the community as a whole. Where possible a comprehensive continuum of services will be available in First Nations and Inuit communities.

The ***First Nations and Inuit Home and Community Care Program*** will collaborate and partner with other providers to deliver care to clients and families in their home setting. Where services exist, duplication of services will not occur.



Graphic from
Resource Kit

Individuals and families will participate in care delivery, individual rights will be respected, traditions and culture will be respected, and the client will have the choice to accept or refuse services.

The Accountability Framework for the First Nations and Inuit Home and Community Care Program is to be used in the development of the standards, policy and procedure manuals for the program.

A Planning Resource Kit has been provided to each First Nations and Inuit community to support the planning development of the **First Nations and Inuit Home and Community Care Program** at the local level. To further assist communities in the development, implementation and ongoing evaluation of their Programs, Home and Community Care Program Standards and Policies Template Manuals have been created.

Program Roles and Responsibilities

Communities

Communities will:

- Plan and deliver home and community care services
- Monitor and maintain the quality of services
- Ensure training requirements are met
- Maintain performance accountability to community members and the Federal Government
- Maintain liability and malpractice insurance, delegation of responsibility
- Collaborate with the Federal Government on the development and maintenance of appropriate First Nations and Inuit home and community care standards of care and practice

Federal Government

The Federal Government will:

- Provide funding resources and ensure appropriate financial arrangements with First Nations and Inuit to facilitate the implementation and maintenance of the ***First Nations and Inuit Home and Community Care Program***
- Ensure that appropriate authorities have been secured for the implementation of services
- Provide various technical, professional and capacity building supports which are developed in collaboration with and mutually agreed to by First Nations and Inuit
- Work in partnership with First Nations and Inuit on the development and maintenance of appropriate First Nations and Inuit home and community care standards of care and practice



Graphic from Resource Kit

Tips for Customizing Standards and Policies to Meet the Needs of Your Community

It is suggested that you review and consider the standards and policies templates as you develop your Program. The templates can then be tailored for the specific needs of your community and the services your Program will be providing.

Specific factors to think about when developing Program standards and policies include:

- your community's infrastructure
- related programs, services and resources
- linkages with other communities

In customizing standards and policies, the following tips are recommended:

1. The process for development, review, revision and approval of standards and policies needs to be clearly documented and understood by everyone. The process may involve a standards and policies committee, a home and community care advisory committee, a health management team, or some combination so that representation of all appropriate input is included. Community leadership needs to be included in the process and this can occur in a number of ways, ie as part of the team, or with a designate or designates who can make recommendations to the leadership for their consideration and approval.
2. Include all members of the Program team in the development of standards and policies, and their ongoing review and revision.
3. Evaluate each standard and policy template as it applies to your community and to your Program and services.
4. Build flexibility into the manuals that you create so that standards and policies can easily be moved, added and revised. For example, the standards and policies can be kept in three-ring binders so pages can be easily changed. Instead of page numbering the entire document, use reference numbers for policies

and standards. You may also want to page number each of these standards and policies, for example, policy 5.4 could be page numbered as 5.4 page 1, 5.4 page 2, etc.

5. Use symbols or colour code sections of the manuals to make referencing easier. The symbols used in the templates are only offered as an example, and communities are urged to select their own symbols that better reflect each specific community and its Program. Local artists could be invited to create the symbols, or they may be selected from existing artwork and graphics.
6. Procedures and supporting tools should be developed to reflect practical ways of implementing and achieving the policies and standards that you have identified.
7. All standards, policies, procedures and tools should be reviewed on an annual basis and revised, as necessary.

Preparing for Accreditation

As communities establish their individual ***First Nations and Inuit Home and Community Care Programs***, they may choose to participate in the accreditation process. Accreditation will provide a measure of the quality of the Program, and help the community to identify current strengths and areas that may require additional effort to improve the Program and its management.

The standards and policies template manuals have been designed to reflect the practices that should be implemented to achieve accreditation. It is important to consider the goal of accreditation at the time you create your Program standards and policies. Otherwise, it may be necessary to rework the standards and policies in the future so that they reflect the requirements to achieve accreditation.

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First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 1: The Organization	Community Name
Policy: Mission and Vision	Policy Number: 1.1

Approval:	Date:
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Policy

The ***First Nations and Inuit Home and Community Care Program*** clearly defines, in writing, the *mission* and the *vision* for the Program. These statements are developed to reflect the Program and community *values* and beliefs, as well as the needs of the community. The community and its leadership are actively involved in the development and regular review of the Program *mission* and *vision*.

Policy Rationale

The *mission* and *vision* give the Program a foundation and a sense of direction for its program development and service delivery.

Policy Details

The Program *mission* and *vision* statements guide all future planning and decision making regarding home and community care services.

The *mission* and *vision* are used to:

- Set the objectives of the *community needs assessment*
- Establish the *goals* and objectives of the Program
- Develop the service delivery, training and capital plans
- Develop the Program policies and procedures
- Provide the basis for decision making within the Program

Process Guidelines

The following statements are useful considerations when defining the *mission*:

The ***First Nations and Inuit Home and Community Care Program*** provides comprehensive home care services that are *holistic* and meet the physical, emotional, spiritual, health and social needs of the people and communities served.

The client's rights to culturally appropriate care and traditions, individual choice, independence and *self-care* are supported and respected.

Care is accessible and equitable to those who need it at home, in their communities, where support of family and friends is promoted. Family involvement in care delivery is encouraged, supported and respected.

The ***First Nation and Inuit Home and Community Care Program*** is enhanced by local control of the planning and delivery of care.

The following are considerations when developing the *vision*:

The ***First Nations and Inuit Home and Community Care Program*** will provide community based health care that is:

- Client-centred
- Unique to the culture and caring tradition of the community
- Comprehensive but not a duplication of services
- Equitable and accessible to those who need services

- Supportive of the family and community
- Supportive of *self-care* and maximizing independence
- Flexible and adaptable to the community health needs

The *mission* and *vision* will be carefully explained to all staff during *orientation* at the time they are hired, and will be reviewed periodically to ensure that all staff understand and are able to demonstrate the meaning of the *mission* and *vision* in all that they do.



The *mission* and *vision* will be reviewed annually to ensure that they fit appropriately with the changing needs of the community, and that they continue to reflect the values of the community and its leadership.

Any revisions to the *mission* and/or *vision* will be noted in writing and explained and shared with Program staff, clients, families, community leadership and the community as a whole.

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	

Related Standards

<p>1.1 Community Needs Assessment</p> <p>1.2 Development and Achievement of the Vision</p> <p>1.3 Capacity Building</p> <p>1.4 Resource Management</p>	
<p>4.4 Partnerships/Community Linkages</p>	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 1, 3A, 5

Draft Liability Documents: May, section 2.2; June, pgs 6-12

CCHSA AIM Standards, 1999 – Leadership and Partnerships

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

<p>Review Process:</p>	<p>Dates:</p>
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure to ensure an annual review of the *mission* and *vision*, which includes input from clients, family, staff and the community.
2. Procedure for communication of the *mission* and *vision* to clients, families, staff and the community.

First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 1: The Organization	Community Name
Policy: Values and Beliefs	Policy Number: 1.2

Approval:	Date:
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Policy

The ***First Nations and Inuit Home and Community Care Program*** provides services that are based on the *values* and beliefs of the Program and of the community. These *values* and beliefs shape the *mission, vision, goals* and objectives of the Program; the Program services; and the manner in which services are delivered.

Policy Rationale

To ensure that cultural *norms*, individual rights and respect for human dignity guide the Program in the development and delivery of services.

Policy Details

The *values* and beliefs of the Program are developed with input from the community, and in partnership with the community leadership. They are communicated with the community to ensure

an understanding of the Program's philosophy, in addition to its services, within the community.

Process Guidelines

The ***First Nations and Inuit Home and Community Care Program***:

- Supports life at home as long as possible
- Respects the individual's right to choice, including acceptance of the right to refuse care
- Promotes independence of people in the community to care for themselves, to the extent possible, and encourages the support and involvement of family and friends in the client's care
- Respects the cultural and traditional health methods of the community
- Promotes a *holistic* model of care
- Recognizes that community members are a valuable resource for the delivery and management of care in the community
- Promotes home care services that are available in the community
- Ensures that home care services are coordinated with other services and programs
- Promotes services that respond to the health and social needs of the community
- Promotes services that are equitable to those provided to other Canadians

The Program's *values* and beliefs are reviewed annually. They serve as the basis for evaluating the *mission, vision, goals* and objectives to ensure their fit with the community needs and with the community's values.

Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	

Related Standards

<p>1.1 Community Needs Assessment 1.2 Development and Achievement of the Vision 1.3 Capacity Building 1.4 Resource Management</p>	
<p>3.6 Ethical Issues</p>	
<p>4.4 Partnerships/Community Linkages</p>	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning Resource Kit: Program Criteria, 1, 3A

CCHSA AIM Standards, 1999 – Leadership and Partnerships, Home Care Services

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure to conduct an annual review of the Program *values* and beliefs, which includes input from clients, family, staff and the community.

First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 1: The Organization	Community Name
Policy: Goals and Objectives	Policy Number: 1.3

Approval:	Date:
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Policy

The **First Nations and Inuit Home and Community Care Program** has clearly defined goals and objectives that are based on the *mission, vision, values* and beliefs of the Program, and of the community. The goals and objectives will help the Program to achieve sustainability and the community to build capacity.

Policy Rationale

Goals and objectives provide a focus for Program services, processes and activities, and a framework for *evaluation* to ensure and sustain *quality* services in the community.

Policy Details

The **First Nations and Inuit Home and Community Care Program** is established to provide services to community members of all ages, in their own community. *Allocation* of services is based on need

and ensures that services are provided for as long as required, to the fullest extent possible.

Process Guidelines

The ***First Nations and Inuit Home and Community Care Program***:

- Builds capacity to develop and deliver home care services in the community by:
 - Hiring community members to deliver the program, whenever possible
 - Providing Program staff with a clear *orientation* at the time of hiring, and ongoing training and education, as required, to ensure that staff can adjust to new needs and approaches
 - Teaching family members and significant others to assist with required care

- Provides a single point of entry to a *continuum* of services that are *comprehensive* and are under the control of the Program, including:
 - Nursing care services
 - Personal care services
 - Home support
 - In-Home respite
 - Linkages with other community services and programs
 - Access to medical equipment and supplies
 - Access to medication

- Provides services that are culturally sensitive and that respect the traditional and contemporary ways of healing through:
 - Assessment of individual need for services
 - Respect for choice, including the right to refuse services
 - Promotion of independence at home by encouraging and supporting *self-care*
 - Client participation in the development of a plan of care
 - Support for the involvement of family and friends in providing care and support to clients
 - Provision of services when family and friends cannot provide care and support to clients
 - Prevention or delay of admission to hospital or other facility-based care

- Coordinates and links the Program with existing community programs and services to prevent duplication by:
 - Promoting use of existing programs and services by the client
 - Developing a list of community programs and services to be used as a staff resource
 - Educating staff on how to access other community programs and services
 - Participating in local planning and coordination of home care services




- Ensures that the Program has established standards, policies and procedures to enable services to be equitable to those provided to other Canadians through:
 - The development of Program standards, policies and procedures that reflect the community's specific needs and resources
 - Reference to the Canadian Council on Health Services Accreditation AIM Standards, 1999
 - Reference to professional practice standards and guidelines
 - Reference to relevant federal, provincial and territorial Legislation
 - Reference to DIAND/FNIHB Home and Community Care Directives

The Program goals and objectives are evaluated on an annual basis to determine how well they have been achieved. As well, the fit of the goals and objectives with the needs and values of the community is also reviewed. Goals and objectives are revised, in writing and as required, to achieve a better fit with the changing needs.

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	

Related Standards

<p>1.1 Community Needs Assessment 1.2 Development and Achievement of the Vision 1.3 Capacity Building 1.4 Contract Management</p>	
<p>4.4 Partnerships/Community Linkages</p>	
<p>6.1 Information Needs 6.2 Data Collection and Reporting 6.3 Analysis and Evaluation</p>	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning Resource Kit: Program Criteria, 1, 2, 3A
Draft Liability Documents: May, sections 2 to 2.7; June, pgs 6-12

CCHSA AIM Standards, 1999 – Leadership and Partnerships
Provincial/Territorial and Federal Legislation
DIAND/FNIHB Home and Community Care Directives

<p>Review Process:</p>	<p>Dates:</p>
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure to conduct an annual review of the goals and objectives, which includes input from clients, family, staff and the community.
2. Procedure to promote local *recruitment* and *retention*.

First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 1: The Organization	Community Name
Policy: Organizational Structure	Policy Number: 1.4

Approval:	Date:
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Policy

The **First Nations and Inuit Home and Community Care Program** has a clear organizational structure that is designed to achieve the *mission, vision, goals* and objectives of the Program, while respecting the *values* and beliefs of the Program and of the community. This organizational structure is approved in writing and supported by the community leadership.

Policy Rationale

To ensure there are clear lines of authority and *accountability* in the administration and delivery of Program services in the community.

Policy Detail

The **First Nations and Inuit Home and Community Care Program** organizational structure clearly defines the responsibilities and reporting relationships of all staff.

The Program structure supports and ensures the achievement of the following management activities, and ensures a clear explanation of who has *accountability* and responsibility for each activity:

- *Governance* and management of the Program
- Program planning and development, and service delivery
- *Monitoring, evaluation* and improvements of Program services and processes
- *Recruitment*, hiring, training, coordination, supervision, and ongoing development of staff
- Provision of the professional expertise required to develop and deliver the Program
- *Accountability* for the liability, malpractice and delegation of responsibility
- Negotiation with the federal government for technical, professional and financial support
- Development and maintenance of Program standards of practice
- Coordination of Program services with other community programs and services and the promotion of building good working relationships
- Preparation and communication of reports to the community leadership and others, as required
- Provision of supplies, equipment and medications required for services to properly be delivered

The Program management structure is also accountable to work in partnership with the community leadership, and, if appropriate, the federal government, to ensure that:

- The appropriate resources are secured to implement the Program
- Adequate funding is allocated to the Program
- Standards and practices are in place for the Program
- Appropriate reporting mechanisms for the Program are established

Process Guidelines

Specific positions within the Program's organizational structure have responsibility and *accountability* for the following, and this responsibility is clearly understood by all staff:

- Hiring of staff and handling of all human resource issues
- Supervision of staff, including supervision in clients' homes

- Administration of the budget and other financial responsibilities
- Delivery of Program services, with specific explanation when particular skills and *certification* may be required
- Administration and management of client records, staff records, financial information, and other related operations activities
- Collection and management of information for *evaluation* and reporting purposes, including monitoring of program *indicators* and client and staff satisfaction
- Communications within the Program and with the community and other organizations

Staff clearly understand the Program's organizational structure, the roles and responsibilities of all staff, lines of communication, and who to go to for specific issues. A complete explanation of the structure and reporting is provided during *orientation*, and through ongoing training and education sessions, as required. When there is a change in any reporting process or in the structure, staff are informed of the change immediately.




The roles and responsibilities of any contracted workers, including those with other programs and services in the community, are included in the Program's organizational structure, and these workers have a clear understanding of the structure and reporting processes.

A Program organizational chart details the lines of authority, reporting, and supervision, and illustrates staff relationships in the structure.

Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	

Related Standards

<p>1.1 Community Needs Assessment 1.3 Capacity Building</p>	
<p>5.4 Education, Training and Development 5.5 Quality of Work Life</p>	
<p>6.1 Information Needs 6.2 Data Collection and Reporting 6.5 Program Changes and Improvements</p>	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 1 and 3A

Draft Liability Documents: May, sections 2 to 2.5; June, pgs 6-12

CCHSA AIM Standards, 1999 – Leadership and Partnerships

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure to develop written *job descriptions* for all Program positions. These *job descriptions* include an explanation of reporting relationships, authority and *accountability*.

Suggested tools:

- Sample job descriptions

2. Procedure to develop and regularly review a Program organizational chart.

Suggested tools:

- Sample organizational chart

<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 1: The Organization</p>	<p>Community Name</p>
<p>Policy: Roles and Responsibilities: Client and Family</p>	<p>Policy Number: 1.5.1</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

The **First Nations and Inuit Home and Community Care Program** encourages individuals and families to maintain independence and *self-care* at home for as long as they are able. When a person is unable to care for oneself, family and friends are encouraged to provide support to the client. The **First Nations and Inuit Home and Community Care Program** will assist with care when the client, family and friends are unable to meet the client's care needs. The Program does not replace the support of family and friends.

The client's right to choice is respected.

Clients and families have the responsibility of understanding why standards and policies are in place and how they can ensure appropriate care, equitable access to services, and client rights.

Policy Rationale

The involvement of the client, family and community is essential to the plan of care in order to achieve *goals* of independence and *self-care*, and also to help people remain at home.

Policy Details

The following statements suggest the importance of the role of clients and families:

- The rights of individuals to accept or refuse services are respected.
- Individuals and family and friends who participate as caregivers are considered part of the care team.
- Individuals are involved in the development and implementation of their care plan, to the fullest extent possible.
- Education of the client and family is included in the services provided and *self-care*, to the fullest extent possible, is encouraged.
- The role of the family and friends in providing support to the client at home is encouraged, respected and supported to the fullest extent possible.
- Cultural and traditional healing practices are respected.
- All care that is delivered is based on assessment of the client's need for services.
- Verbal or written *informed client consent* to care is obtained prior to delivery of services.
- Maintaining the client at home prevents unnecessary admission to hospital and other facilities.
- When the need for care exceeds the care that can be provided at home in the community setting the client will be assessed for admission to a hospital or other appropriate facility. Clients will be involved in the decision for future care to the fullest extent possible.

Process Guidelines

Program processes and services are mindful of the role of clients and families and ensure that:

- Assessment of the client’s need for care or treatment will occur prior to acceptance for home care services
- Acceptance by the client and family caregiver(s) of care or treatment, including acceptance of the role of the client and family in that care, will be documented on the client record
- All clients give verbal or written *informed consent* to treatment or care
- Clients are encouraged, educated and supported to perform *self-care* where at all possible and appropriate
- Families are encouraged, educated and supported to assist with care where at all possible and appropriate

Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	

Related Standards

<p>1.1 Community Needs Assessment</p>	
<p>3.2 Continuity of Services 3.4 Obtaining Consent 3.5 Client Rights 3.7 Confidentiality</p>	
<p>4.5 Partnerships/Community Linkages</p>	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 1, 2, 3A

Draft Liability Documents: May, sections 3.13, 4.3; June, pgs 12-13

CCHSA *AIM Standards*, 1999 – Home Care Services, Leadership and Partnerships

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

<p>Review Process:</p>	<p>Dates:</p>
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for assessment of the need for services.

Suggested tools:

- Assessment form

2. Procedure for communication of client rights and responsibilities.
3. Procedure to obtain *informed client consent*.

Suggested tools:

- Consent form

4. Procedure for documentation of care on the client record, which includes identification of role of the client and *self-care goals*, as well as role of the family and family caregiver *goals*.

First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 1: The Organization	Community Name
Policy: Roles and Responsibilities: The Community and Its Leadership	Policy Number: 1.5.2

Approval:	Date:
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Policy

The ***First Nations and Inuit Home and Community Care Program*** encourages and supports the community's role in providing input and assistance to Program planning, *evaluation* and improvement.

Community leadership, the political body of the community, has the responsibility of receiving, understanding and approving the standards and policies for the delivery of the Program. Community leadership provides overall direction in this way, rather than becoming involved in the day-to-day operations of the Program. Community leadership can use the standards and policies as tools to respond to requests and complaints from community members. These tools provide the basis for decision-making and conflict resolution.

Policy Rationale

To ensure the involvement of the community in planning and evaluating Program services to meet the community's health needs.

Policy Details

The community, through its leadership, is responsible to ensure that a *continuum* of health and social services, based on the broad *determinants of health*, is available to its members. Collaboration among community agencies, organizations and individuals is necessary to prevent duplication of services. The community encourages the traditional healing and *holistic* culture of its members. The role of the family as caregiver and supporter is respected.

Community members are part of the governing body of the **First Nations and Inuit Home and Community Care Program**. The community, through its leadership, is responsible for the autonomy and control of the Program and is responsible to supervise and monitor the effectiveness of the Program. The Program fits well with the *mission, vision* and values of the community. The community will assess and determine the resources available to support the Program.

Communication between the community and the Home Care Program staff will assist in providing feedback and *evaluation* of services/programs delivered.

Process Guidelines

The community, through the community leadership, is responsible for data collection and management of information about the community, including preparation and submission of reports as required. The community will complete an initial assessment and *evaluation* of the community's health care needs. It provides feedback to the Program staff about the results of this initial assessment and *evaluation*.



Community members form part of the **First Nations and Inuit Home and Community Care Program** planning and leadership structures. For example, the community may establish a home and community care advisory committee.

The community will regularly evaluate the effectiveness of the Program.

Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	

Related Standards

<p>1.1 Community Needs Assessment</p>	
<p>3.2 Continuity of Services 3.4 Obtaining Consent 3.5 Client Rights 3.7 Confidentiality</p>	
<p>4.6 Partnerships/Community Linkages</p>	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: 1, 2, 3A

Draft Liability Documents: May, sections 2 and 2.1; June, pgs 7-12

CCHSA AIM Standards, 1999 – Leadership and Partnerships

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for the initial and regular assessment, monitoring and *evaluation* of community health care needs and gaps in service.
2. Procedure for *orientation* of community members involved directly in Program leadership.

Suggested tools:

- *Orientation* package for community members

First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 1: The Organization	Community Name
Policy: Roles and Responsibilities: Service Providers	Policy Number: 1.5.3

Approval:	Date:
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Policy

Service providers, whether Program staff or on contract, are accountable and responsible to deliver safe, effective care to clients of the **First Nations and Inuit Home and Community Care Program**.

Program staff are responsible for knowing the standards and policies and adhering to them in their daily activities. Program staff participate in the review and revision of policies.

Policy Rationale

To ensure that the *quality* of services provided is consistent with Program, legislative and professional standards of care.

Policy Details

All Program service providers:

- Operate efficiently and economically, according to established guidelines

- Provide services that meet legal requirements and standards of practice, and are consistent with Program standards, policies and procedures
- Determine the urgency of need for services by screening clients according to consistent, predetermined assessment, and ongoing monitoring of these criteria
- Access other community programs and services for clients, as appropriate
- Regularly monitor the quality of Program services delivered to clients
- Collect, record and report *quality indicators* to Program management
- Participate in Program planning, implementation and evaluation
- Recommend new services based on identified community needs
- Participate in local community planning and coordination of services, as appropriate, and work with the community to improve community health
- Provide education to the community members about Programs services that are available

Process Guidelines

All Program service providers:

- Consult with the health care team about care needs
- Discuss with the clients and families the programs and services that are available
- Respond in a timely way for delivery of care
- Provide continuity in care
- Treat clients with respect
- Protect the privacy of clients and maintain *confidentiality* of all information gathered about clients
- Obtain *informed consent* from clients prior to delivery of care
- Provide access to after-hours care, or alternative arrangements for after-hours care, should the need arise
- Teach and support *self-care* of clients
- Maintain the independence of clients to the fullest extent possible
- Encourage, teach and support care provided by families

- Ensure care delivered to clients is supervised, as determined by Program management
- Try to prevent unnecessary admissions to hospitals and other facilities, whenever possible
- Conduct home visits to review the service plan of care
- Encourage hospital or other facility care when necessary
- Report and record care delivered using the appropriate forms

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	

Related Standards

1.1 Community Needs Assessment	
3.2 Continuity of Services 3.4 Obtaining Consent 3.5 Client Rights 3.7 Confidentiality	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: 1, 2, 3A

Draft Liability Documents: May, sections 2 to 2.9, 2.13, 2.14, 3.7 to 3.21; June, pgs 6-15, 19-27

CCHSA AIM Standards, 1999 – Leadership and Partnerships, Home Care Services

Professional Practice Standards

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for reporting service delivery.

Suggested tools:

- Client record

2. Procedure for performance management.

3. Procedure for measuring *indicators* for quality of care.

First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 1: The Organization	Community Name
Policy: Roles and Responsibilities: Program Management	Policy Number: 1.5.4

Approval:	Date:
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Policy

The ***First Nations and Inuit Home and Community Care Program*** management staff are accountable and responsible for the development, delivery, *evaluation* and administration of the Program and its services.

Program management has the responsibility of implementing the approved policies and ensuring adherence at all times, and of monitoring, reviewing and updating policies on a regular basis. Program management participates, with the staff, in the review and revision of policies on a regular basis.

Policy Rationale

To ensure that services delivered are effective and cost efficient, and consider client care needs in relation to broad health issues of the community.

Policy Details

Accountability and responsibility for the program includes:

- Monitoring the achievement of the goals and objectives of the Program
- Delivering the Program and services effectively, efficiently and with a client-centred approach
- Monitoring the delivery of the Program and services
- Ensuring equitable access to the services
- Ensuring *confidentiality* of information concerning clients and staff
- Ensuring that essential Program elements and Program standards are maintained, and that Program policies are followed
- Ensuring that staff have the necessary knowledge, skills and ability required to achieve the standards and work within policy guidelines
- Maintaining sound accounting principles and practices
- Providing a written annual report to the community leadership

Process Guidelines

The following activities are supported through processes and procedures:

- An annual review and *evaluation* of the *goals* and objectives of the Program is conducted and any gaps in services are identified
- An annual assessment of the level of services provided, and how these services are meeting the needs of the community, is conducted
- The satisfaction of Program clients is assessed on a regular basis
- An annual review of the policies and practices regarding *confidentiality* of information is conducted to ensure that client and staff information is being kept confidential and secure, ie *auditing* client records, interviewing clients and staff
- All financial transactions are recorded
- An annual *audit* of all financial transactions is conducted

- Data is recorded and reported, as required by legislation and the needs of the community, for objectively-based *evaluation* and reporting of the Program
- The Program is effectively managed and delivered, with continuous effort to improve policies, processes, procedures, and the services themselves, within the fiscal responsibilities
- Program staff are supported, coached and counselled to promote their development and ongoing learning

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	

Related Standards

1.1 Community Needs Assessment	
3.2 Continuity of Services 3.4 Obtaining Consent 3.5 Client Rights 3.7 Confidentiality	
4.4 Partnerships/Community Linkages	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 1, 2, 3A

Draft Liability Documents: May, sections 2, 2.1, 2.13-2.15, 3.11, 3.18, 3.19, 4.1, 4.9-4.15; June, pgs 6-12, 25-34

CCHSA AIM Standards, 1999 – Leadership and Partnerships, Home Care Services, Information Management

Canadian Health Record Association, Code of Practice and Principles and Guidelines for Access to and Release of Health Information

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own procedures. These procedures need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure to assess client satisfaction with the delivery of the Program and its services.

Suggested tools:

- Client feedback form
- Interview guide

2. Procedure to obtain feedback from clients and staff about information in their records.

Suggested tools:

- Interview guide(s)

3. Procedure to audit access to services.

Suggested tools:

- *Audit* guide

4. Procedure to audit client records.

Suggested tools:

- *Audit* guide

5. Procedure to record and audit all financial transactions.

Suggested tools:

- *Audit* guide
- Financial transaction recording form
- Expense form
- Mileage record
- Hours of work record

6. Procedures for reporting guidelines for financial information and the annual report.

Suggested tools:

- Financial information reporting sample outline
- Annual Report Summary sample outline



<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 2: Scope of Services</p>	<p>Community Name</p>
<p>Policy: Services</p>	<p>Policy Number: 2.1</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

The ***First Nations and Inuit Home and Community Care Program*** provides health care services to community members with an assessed need for services.

These services are delivered by qualified health providers, are sensitive to the unique cultural traditions of the client and community, are accessible and effective, and are equitable to those received by other Canadians.

Policy Rationale

To ensure that the needs of Program clients are safely met in the community in which they live.



Policy Details

The **First Nations and Inuit Home and Community Care Program** service delivery is designed to meet the assessed needs of eligible members of the community.

The Program is structured in two levels: *the Essential Service Elements and the Supportive Service Elements*. The basic level of service that is provided to the community is contained in the Essential Service Elements. This level of service must be present before the Program can consider implementing any of the Supportive Service Elements. The **First Nations and Inuit Home and Community Care Program** includes and does not duplicate appropriate elements of service delivery, which existed before the establishment of this Program.

Prior to implementing elements of the **First Nations and Inuit Home and Community Care Program**, the community is required to complete a detailed *community needs assessment* to avoid duplication of existing services.

Essential Service Elements include:

- Detailed client assessments, completed by health professionals (Registered Nurses):
 - to gather information on clients' need for service, their support networks, and the appropriateness of services available
- Case management processes that provide:
 - ongoing *evaluation* of appropriateness, effectiveness and eligibility for care
 - linkages to other services both inside and outside of the community
- Professional nursing services encompassing:
 - direct care to eligible clients
 - health teaching to clients, families, community members, and staff
 - supervision of direct care providers who are not regulated health providers, such as home health aides
- Personal and home support services encompassing:
 - direct personal care to eligible clients, such as bathing, grooming, transferring, and dressing



- household management/maintenance, such as housekeeping, laundry, shopping, and meal preparation
- In-home respite services
- Access to required medical equipment, medical supplies and specialized medicines that are necessary for the effective provision of care
- Operational processes for:
 - Records management
 - Data collection
 - Quality programming

During the community needs assessment process, communities may have identified needs that are not fully addressed by the essential services elements. In these cases, and based on identified and measurable needs, the **First Nations and Inuit Home and Community Care Program** may choose to provide some or all of the supportive service elements, once the essential service elements are met.

The supportive service elements may include:

- Rehabilitation and therapy services, such as physiotherapy, occupational therapy
- Institutional respite care, such as temporary nursing home facility placement
- Adult day care programs
- Meal programs
- In-home mental health services
- Independent living supports
- In-home palliative care
- Social services related to continuing care issues
- Health promotion, wellness and fitness education, such as diabetes prevention education

Process Guidelines

The delivery of accessible, equitable, comprehensive and culturally sensitive health services through the **First Nations and Inuit Home and Community Care Program** is dependent on:



- A comprehensive formal *community needs assessment* prior to the start of service delivery, then ongoing on a regular basis
- Regular community surveys to determine the effectiveness of services delivered through the Program
- Regular informal assessment of the community needs at community gatherings, educational offerings and other such events
- Community involvement in all aspects of service planning
- Formal planning by Program staff with community leadership to determine the financial ability to provide essential service elements and, in some communities, supportive service elements

Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	



Related Standards

<p>1.1 Community Needs Assessment</p>	
<p>3.1 Services Delivery 3.2 Continuity of Services 3.3 Health Promotion, Disease Prevention and Protection Services</p>	
<p>6.1 Information Needs</p>	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning Resource

Kit: All sections

Draft Liability Documents: May, sections 2.2, 5.9, 5.19; June, pgs 6-7

CCHSA AIM Standards, 1999 – Home Care Services

Professional Practice Standards

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

<p>Review Process:</p>	<p>Dates:</p>
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Each community is responsible for developing and putting in place their own procedures. These procedures need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for communication of the Program activities, services and progress towards implementation, within the community and with the community leadership.

Suggested tools:

- Standard communication form for providing an update of activities on a regular basis (could include number of clients served, services that have been implemented to date, specific information about eligibility and process for client assessment)
2. Procedure for regularly evaluating the essential services of the Program to ensure that they are being delivered according to established standards and policies, and also to identify improvements to the services.
 3. Procedure for supervisor to regularly monitor first-hand and evaluate the non-regulated workers' activities in the home.



<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 2: Scope of Services</p>	<p>Community Name</p>
<p>Policy: Service Delivery Model</p>	<p>Policy Number: 2.2</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

The **First Nations and Inuit Home and Community Care Program** provides health care services to eligible First Nations/Inuit community members.

These services are provided to the community through one or all of the following models:

1. Directly by the community
2. Cooperatively with other First Nations or Inuit community(ies)
3. Through a regional organization, such as a Tribal Council or an Inuit Regional Association
4. Through a purchase/contract agreement with an established agency/provider

Policy Rationale

To ensure that services are delivered in the most efficient and cost-effective way, and that the services reflect the needs of the community.

Policy Details



The service delivery model chosen by the community is influenced by:

- Information gathered through the *community needs assessment* process
 - Services currently provided in the community
 - Emerging needs for service
 - Trends developing locally and regionally
- Capacity and size of the community
 - Population
 - Human resources available
 - Financial resources available
 - Infrastructure
 - Physical
 - Technological
 - Environmental
- Comprehensiveness of existing programs (to avoid duplication)

Regardless of the service delivery model chosen, the community is required to provide the essential services outlined in the ***First Nations and Inuit Home and Community Care Program***.

The model selected meets the community needs identified through the community needs assessment process. Considerations regarding the different models include:

1. Services provided directly by the community
 - Administration of the program is at the local level and may be more responsive to emerging trends and needs in the community
 - There are opportunities for development of human resources and capacity within the community
 - Funding is injected into the community, rather than outside to another community or agency
 - There is the opportunity to develop and/or improve on the community infrastructure through the Program



2. Cooperatively with other First Nations or Inuit community(ies)
 - Administration of the program is shared with other community(ies), which provides for increased communication, cooperation and exchange of knowledge and learnings. Also, shared administration means shared responsibility for the Program.
 - There are opportunities for development of human resources and capacity between/among the community(ies)
 - Funding is injected into the communities, creating the potential opportunities for individual communities to develop specialized programs based on their particular *community needs assessments*
 - There is an opportunity for communities to cooperatively build their infrastructure and gradually develop autonomous programs
 - Cost effectiveness is possible through economies of scale
3. Through a regional organization, such as a Tribal Council, or Inuit Regional Association
 - The entire administrative function is at the regional level
 - Communities have the benefit of increased health services to community members without the administrative responsibilities
 - Cost effectiveness is possible through economies of scale
4. Through a purchase/contract agreement with an established agency/provider
 - The administrative function is provided by the agency providing service
 - Communities have the benefit of increased health services to community members without the administrative responsibilities

Process Guidelines

The development and delivery of accessible, equitable, comprehensive and culturally sensitive health services through the **First Nations and Inuit Home and Community Care Program** is the desired outcome with all of the models of service delivery outlined. The processes for determining



which model is appropriate for the community, initially and on an ongoing basis, include:

- A detailed *community needs assessment* process
- Fiscal or financial planning activities
- A detailed overview of services currently provided in the community to avoid duplication of services
- Community involvement as a regular part of ongoing planning and needs assessment activities
- Determination of the willingness and/or appropriateness of shared responsibility with other communities
- Investigation of the existence of providers willing and able to provide the required services to the community

Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	



Related Standards

<p>1.1 Community Needs Assessment 1.5 Contract Management</p>	
<p>2.1 Program Management</p>	
<p>3.1 Services Delivery 3.2 Continuity of Services</p>	
<p>4.4 Partnerships/Community Linkages</p>	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning Resource

Kit: Program Criteria, 1, 3A

Draft Liability Documents: May, sections 1.3.4-1.3.7, 2.2, 2.4-4.9, 4.10, 4.13, 4.14; June, pgs 6-12, 16, 30-33

CCHSA AIM Standards, 1999 – Leadership and Partnerships

Professional Practice Standards

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

<p>Review Process:</p>	<p>Dates:</p>
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Each community is responsible for developing and putting in place their own procedures. These procedures need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for developing and maintaining an inventory of services and resources available:
 - Within the community
 - In other communities
2. Procedure for developing and maintaining an inventory of service providers.
3. Procedure for regularly monitoring the adherence to contracts and evaluating the services provided by service agencies.

Suggested tools:

- Sample contract for service provision



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 2: Scope of Services	Community Name
Policy: Access to Services	Policy Number: 2.3

Approval:	Date:
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Policy

All community members, who are assessed as eligible for services through the **First Nations and Inuit Home and Community Care Program**, will have access to comprehensive health services that are respectful of the unique cultural traditions of the client and the community. The Program services are effective and equitable to those services received by other Canadians.

Policy Rationale

To ensure eligible clients, families and communities obtain services based on predetermined criteria and need.

Policy Details

The **First Nations and Inuit Home and Community Care Program** staff and management must ensure that community members have full access to essential services provided by the Program. The essential services provided to the communities are outlined in the Scope of Services policy.



Staff and clients must clearly understand the services that are provided to the community through the **First Nations and Inuit Home and Community Care Program**. Components of the Program that need to be clearly understood by all are:

- **Eligibility Criteria**
 - Recipients must:
 - Be First Nations or Inuit
 - Be a resident of a First Nations reserve, Inuit settlement or First Nations community North of 60
 - Have an assessed need for one or more essential services
 - Be able to have service provided with reasonable safety to the client, the family caregiver, and the staff, and within the standards, policies and regulations for service practice

- **Service Priorities**
 - Priorities must be determined by each community, however a basic principle is that the community members with the greatest need will have a greater need for service.
 - A suggested plan for priorities is, in order of highest priority first:
 - Community members at *risk* for entry to a long term care facility, acute care facility or *hospice* facility
 - Community members being discharged from any of the above mentioned facilities to their home/community
 - Community members with an acute illness
 - Community members requiring ongoing assistance with Activities of Daily Living to remain independent
 - Community members who are providing care to a loved one or community member and require relief to be able to continue in their responsibility
 - Terminally ill community members who choose to die at home

- **Service Mix provided**
 - Each community is required to provide the essential service elements, which include professional nursing, home support and personal care services, in-home respite, medical equipment and supplies, and specialized pharmaceuticals.
 - Each community, based on the completed *community needs assessment*, will determine whether there is a need and



available resources for any of the supportive care services, including rehabilitation services, adult day care programs, meal programs, mental health services in home, palliative care, social services related to continuing care issues and/or health promotion, wellness and fitness education.

- Eligibility Exclusions
 - Community members who are not First Nations or Inuit, unless community leadership decides otherwise (people who may be eligible may include teachers, RCMP, and non-community members married to community members)
 - First Nations and Inuit who do not reside on a First Nations reserve, Inuit settlement or First Nations community North of 60
 - Community members who require a level of service not provided through the **First Nations and Inuit Home and Community Care Program**, such as institutional long term care for clients requiring 24 hour care
 - Community members who require services, but where the services cannot be provided with reasonable assurance of the safety of the client, the caregiver, and Program staff

Process Guidelines

The **First Nations and Inuit Home and Community Care Program** has a well-defined process in place to ensure all staff and clients of the Program fully understand the services provided and the appropriate procedure for accessing the required services. This process includes:

- An education program directed to the entire community that provides information on:
 - The purpose of the **First Nations and Inuit Home and Community Care Program**
 - The Program's *mission, vision, values* and beliefs
 - The essential services provided through the Program
 - The supportive service elements provided (if any) through the Program
 - The delivery model through which services will be provided
 - Entry to service information, including
 - The telephone number of the Program administration
 - The address of the administrative offices where the Program is situated



- The name of the person(s) involved in the case management/intake function
- Eligibility *criteria* and exclusions determined by the **First Nations and Inuit Home and Community Care Program** and the community
- Service priorities determined by the community

- An *orientation* for all new staff that includes information about the access to the various service components, with specific education on service eligibility and service priority.

- A pamphlet/hand-out for all clients assessed for services through the **First Nations and Inuit Home and Community Care Program** that provides detailed information on the Program, the eligibility *criteria*, the service mix offered in the community, and the appropriate access information.

Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	



Related Standards

2.2 Risk Management	
3.1 Services Delivery 3.5 Client Rights	
5.4 Education, Training and Development	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning Resource

Kit: Program Criteria, 3A, 5

Draft Liability Documents: May, sections 4.1-4.13, 6.8; June, pgs 22, 28

CCHSA AIM Standards, 1999 – Home Care Services

Professional Practice Standards

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own procedures. These procedures need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for assessing eligibility and for notification to clients assessed as ineligible.

Suggested tools:

- Written list of eligibility *criteria* and guidelines
- Client assessment tool
- Form for tracking decisions for ineligibility

2. Procedure for tracking clients eligible for services but who are refused, and the reasons for this refusal.

Suggested tools:

- Form for tracking refusals of eligible clients

3. Procedure for client appeal process, including clearly defined mechanisms, within the community and externally, for the appeal process.



<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 2: Scope of Services</p>	<p>Community Name</p>
<p>Policy: Appeal Process</p>	<p>Policy Number: 2.4</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

All community members assessed for services through the **First Nations and Inuit Home and Community Care Program** have the right to appeal any decision made by any representative of the Program with regards to:

- Their eligibility to receive services
- The level of service that they have been assessed to receive
- The type of services that they have been assessed to receive
- The urgency of the need for services
- Their ineligibility to receive services
- The mix of services provided by the **First Nations and Inuit Home and Community Care Program**

Policy Rationale

To ensure that clients and staff are aware of the processes to follow when a client feels there has been an unfair, inequitable or inappropriate *allocation* of service.



Policy Details

The **First Nations and Inuit Home and Community Care Program** makes every effort to resolve issues that clients have at the level of the direct care provider/assessor/case manager when ever possible. When resolution of issues at this level are not possible, the client is advised of the formal appeal process that may be initiated for resolution of the issue.

This process includes mechanisms both within and outside of the community. The external mechanism is used when appeals cannot be settled within the community to the satisfaction of the client.

The **First Nations and Inuit Home and Community Care Program** provides education to all staff at *orientation* and through regular training sessions on the client's right to appeal decisions made by Program staff.

The **First Nations and Inuit Home and Community Care Program** staff advise the client at the time of admission of the client's rights under the Program. These rights include the right to appeal decisions made by Program staff.

Clients are instructed on the procedure to follow when appealing a decision made by **First Nations and Inuit Home and Community Care Program** staff.

Process Guidelines

The **First Nations and Inuit Home and Community Care Program** has a well-defined appeal process, in writing and with the approval of the community leadership, which is understood by both clients and staff. This includes but is not limited to:

- An *orientation* for all new staff that includes information about the procedure to follow when a client appeals a decision about any aspect of their assessment or of the **First Nations and Inuit Home and Community Care Program**
- A client assessment process that includes education to the client about client rights, particularly the right to appeal care decisions




- All appeals are forwarded to an appeals committee that is made up of impartial and/or uninvolved members of the community/Program, or the community leadership. Should the appeal not be resolved to the satisfaction of the client, the client has the right to take the appeal outside of the community, as documented and agreed upon in the appeals process.
- All appeals are fully documented and clients are fully involved and informed through every stage of the process
- Information on appeals that are filed is documented to record *occurrences* for *quality* monitoring processes

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

2.2 Risk Management	
3.1 Services Delivery 3.5 Client Rights	
5.4 Education, Training and Development	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning Resource

Kit: Program Criteria, 3A, 5

Draft Liability Documents: May, sections 4.1-4.13, 6.8; June, pgs 22, 28

CCHSA AIM Standards, 1999 – Home Care Services

Professional Practice Standards

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own procedures. These procedures need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for assessing eligibility and for notification to clients assessed as ineligible.

Suggested tools:

- Written list of eligibility *criteria* and guidelines
- Client assessment tool
- Form for tracking decisions for ineligibility

2. Procedure for tracking clients eligible for services but who are refused, and the reasons for this refusal.

Suggested tools:

- Form for tracking refusals of eligible clients

3. Procedure for client appeal process, including clearly defined mechanisms, within the community and externally, for the appeal process.

4. Procedure for admission that includes a clear understanding, by clients and their family caregivers, of their rights, services to be provided, and the process for appeal.



<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 3: Client Services</p>	<p>Community Name</p>
<p>Policy: Client Rights</p>	<p>Policy Number: 3.1</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

The **First Nations and Inuit Home and Community Care Program** recognizes and is committed to processes and policies that respect individual and community rights of First Nations and Inuit people. Embedded in these rights are the principles of equity, access, independence and *informed client consent*. All services provided by the Program support the rights of community members to receive *holistic* and community-based care. These rights are protected and promoted by the **First Nations and Inuit Home and Community Care Program**.

Policy Rationale

To ensure that staff are educated about and respectful of client's rights when delivering services.



Policy Details

At a minimum, the **First Nations and Inuit Home and Community Care Program** expects that all Program staff will ensure that clients and their families are:

- Cared for in a manner that is respectful of their culture, traditional values and beliefs, and lifestyle
- Cared for by trained, *competent* staff
- Free from abuse, *exploitation*, discrimination and neglect
- Provided with information which supports their right to make informed decisions and personal choices
- Respected for their informed choice to refuse service and/or to live at *risk*
- Involved in all aspects of care planning and service delivery
- Guaranteed that personal information gathered by Program staff is protected as private and confidential, to the fullest extent possible. Information is not shared with providers outside of the Program unless the client has provided *informed consent*. The client is also aware that certain situations may require information to be shared without consent, including information related to criminal matters, as requested by court authorities.
- Informed about how to:
 - express concerns with the *quality* of service
 - appeal a decision made by an assessor
 - complain regarding any aspect of the service provided

Process Guidelines

The **First Nations and Inuit Home and Community Care Program** ensures that the detailed rights listed above are supported through ongoing assessment, education and *evaluation* of:

- The clients' and families' understanding of their rights
- The providers' understanding of client rights
- The ability of clients and families to exercise their rights as detailed



- The providers' understanding of the confidential nature of client information
- The clients' ability to express concerns and to make complaints and appeals
- The responsiveness of the Program

Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	

Related Standards

<p>3.1 Services Delivery 3.2 Continuity of Services 3.4 Obtaining Consent 3.5 Client Rights 3.6 Ethical Issues 3.7 Confidentiality</p>	
<p>6.4 Information Exchange</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: 3A, 5

Draft Liability Documents: May, sections 5 – 5.20; June pgs 22, 29, 35

CCHSA AIM Standards, 1999 – Home Care Services

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for communicating client rights and responsibilities.
2. Procedure for obtaining verbal and/or written *informed client consent*.
3. Procedure for assessing eligibility and for notification to clients assessed as ineligible.

Suggested tools:

- Written list of eligibility *criteria* and guidelines
- Form for tracking decisions for ineligibility



<p>First Nations and Inuit Home & Community Care Program Sample Policy Manual</p>	<p>Community Logo</p>
<p>Part 3: Client Care</p>	<p>Community Name</p>
<p>Policy: Client Confidentiality and Privacy</p>	<p>Policy Number: 3.2</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

The **First Nations and Inuit Home and Community Care Program** is respectful of, and committed to maintaining the *confidentiality* of all client information gathered by staff or sent as referral from other programs and services.

Policy Rationale

To ensure that client information is protected.

Policy Details

All staff of the **First Nations and Inuit Home and Community Care Program** must be educated regarding *confidentiality* of client information. This education is provided at the initial *orientation* and periodic training sessions on an ongoing basis.

All clients are provided with information about their rights during their admission to the **First Nations and Inuit Home and Community**



Care Program. One of these rights is the right to have their privacy protected by the staff. Clients are informed of the need to share information with other health care providers (such as hospital and long term care facilities) to ensure optimum care; however, clients also understand that they have the right not to share information.

Confidentiality of all client information is maintained through a variety of processes and procedures, which may include:

- Client information is stored in a secure location that is accessible to authorized individuals only. This storage policy applies to information that is currently being used, as well as information that is being stored
- Client information that is being transmitted for any reason must be done so in a secure manner
- When legislation allows, client information is disposed of in a secure manner
- *Informed client consent* is obtained before any information is shared with health providers who are not employed by the **First Nations and Inuit Home and Community Care Program**
- Any release of client information must be authorized by the client or their *substitute decision maker* when appropriate, except in circumstances beyond the control of the Program, such as requests of court authorities
- The client or their *substitute decision maker* must authorize, in writing, the release of client information to any other interested parties, such as the media, research facilities, and lawyers. Exceptions to this policy are only allowed when the release of information is required by an official request using Federal/Provincial/Territorial court documents.

All staff and clients are educated regarding the appropriate reporting process for any *breach* of the *confidentiality* policy.

Process Guidelines

The **First Nations and Inuit Home and Community Care Program** has a well-defined process for all aspects of the *confidentiality* of client information policy. This includes, but is not limited to:

- An *orientation* for all new staff that includes information about the importance of maintaining client *confidentiality*. Staff are



advised that some challenges they may face in maintaining *confidentiality* may be:

- Small, intimate communities
- Extended family connections between clients, or between a particular client and Program staff providing direct services to the client
- Co-workers that may be, or are related to clients receiving care
- A client assessment process which includes education to the client on their rights, including their right to have their privacy maintained
- *Incidents of breaches* in client *confidentiality*, suspected or actual, are documented as *occurrences* for *quality* purposes, are fully investigated by Program management, and, when appropriate, are addressed with the employee involved through *progressive discipline* procedures
- Detailed instructions are provided to staff and clients for reporting potential or/and actual *breach* of confidentiality situations when they occur.

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

3.5 Client Rights 3.7 Confidentiality	A colorful illustration of a house with a green roof, a red chimney, and a green door. There are small green bushes in front of the house. The background is a light blue circle.
6.2 Data Collection and Reporting 6.6 Confidentiality of Information	A colorful illustration of a clipboard with a yellow sheet of paper and a blue cover. A red pen is resting on the paper. The background is a light blue circle.



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: 1, 2, 3A, 4

Draft Liability Documents: May, sections 3.3, 3.21, 4.9, 6-6.8; June, pgs 22, 37-39

CCHSA AIM Standards, 1999 – Home Care Services

Canadian Health Record Association, *Code of Practice and Principles and Guidelines for Access to and Release of Health Information*

Professional Practice Standards

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for both staff and clients and community members to follow when reporting a *breach* of client *confidentiality* to Program management.
2. Procedure for reporting any suspected or confirmed violations of the *confidentiality* policy (to be included as part of the *occurrence* reporting procedure).
3. Procedure for *progressive discipline* of staff, when appropriate, for violations of the policy.
4. Procedure for reporting *breaches* of client *confidentiality* involving regulated health professionals, when appropriate, to professional colleges and governing bodies.
5. Procedure for obtaining *informed client consent* to share information with other providers, when necessary.



<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 3: Client Services</p>	<p>Community Name</p>
<p>Policy: Consent to Treatment</p>	<p>Policy Number: 3.3</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

All clients of the **First Nations and Inuit Home and Community Care Program** will provide *informed consent* to the treatment/service plan before any treatment or service is initiated.

Policy Rationale

To ensure that clients are aware of the *risks* and benefits of treatment and services, and the consequences of declining treatment or services.

Policy Details

All staff of the **First Nations and Inuit Home and Community Care Program** are responsible to ensure that clients are giving *informed consent* to the planned treatment/service. This includes clients that are new or returning to the **First Nations and Inuit Home and Community Care Program**, as well as those clients who are currently receiving Program services.



All staff of the **First Nations and Inuit Home and Community Care Program** are required to ensure that the client's *informed consent* is documented in the *client record*. Staff are also required to ensure *informed client consent* forms are updated as circumstances change, such as changes in the client's condition, or a change in the client's wishes.

In order to obtain *informed consent* from the client, all staff must consider:

- The capacity/ability of the client to understand the nature of the treatment/services being proposed
- Literacy challenges the client may face
- Language requirements of the client
- Cultural needs of the client

Process Guidelines

The **First Nations and Inuit Home and Community Care Program** ensures that all staff are educated about the nature of *informed consent*. Education includes the type of information that staff must provide to the client. Examples include:

- The nature of the treatment/services being proposed including potential/possible *risks* and side effects
- Possible/probable consequences should the client refuse to give *consent*
- How the proposed treatment/services will positively influence the client
- Options to the proposed treatment/services that the client may wish to consider

The **First Nations and Inuit Home and Community Care Program** educates all staff about the client's right to withdraw *consent* or to refuse *consent* to a proposed treatment/services. Staff are also educated about their responsibilities in such a circumstance. These include:

- The requirement to respect the right of the client to refuse or withdraw *consent*



- The need to immediately notify other members of the health care team of the client's decision (such as physician, clinic staff, or nurse practitioner)
- The responsibility to assist the client to explore options/community linkages/alternative treatments that are in accordance with their wishes
- The requirement to document the reasons for withdrawing consent or refusing services



All clients are provided with information about their rights during their admission to the **First Nations and Inuit Home and Community Care Program**. One of these rights is the right of clients to give, refuse, or withdraw their *informed consent*.

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

<p>3.4 Obtaining Consent 3.5 Client Rights 3.6 Ethical Issues 3.7 Confidentiality</p>	
<p>6.5 Program Changes and Improvements</p>	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning Resource Kit: 1, 4

Draft Liability Documents: May, sections 5.1-5.20; June, pgs 24, 34-37

CCHSA AIM Standards, 1999 – Home Care Services

Canadian Health Record Association, *Code of Practice and Principles and Guidelines for Access to and Release of Health Information*

Professional Practice Standards

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

<p>Review Process:</p>	<p>Dates:</p>
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for obtaining and documenting *informed client consent*.
2. Procedure for assessing the *competency* of clients to give *informed client consent*.
3. Procedure for obtaining *informed consent* from a *substitute decision maker*.



<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 3: Client Services</p>	<p>Community Name</p>
<p>Policy: Consent to Treatment</p>	<p>Policy Number: 3.3</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

All clients of the ***First Nations and Inuit Home and Community Care Program*** will provide *informed consent* to the treatment/service plan before any treatment or service is initiated.

Policy Rationale

To ensure that clients are aware of the *risks* and benefits of treatment and services, and the consequences of declining treatment or services.

Policy Details

All staff of the *First Nations and Inuit Home and Community Care Program* are responsible to ensure that clients are giving *informed consent* to the planned treatment/service. This includes clients that are new or returning to the *First Nations and Inuit Home and Community Care Program*, as well as those clients who are currently receiving Program services.



All staff of the *First Nations and Inuit Home and Community Care Program* are required to ensure that the client's *informed consent* is documented in the *client record*. Staff are also required to ensure *informed client consent* forms are updated as circumstances change, such as changes in the client's condition, or a change in the client's wishes.

In order to obtain *informed consent* from the client, all staff must consider:

- The capacity/ability of the client to understand the nature of the treatment/services being proposed
- Literacy challenges the client may face
- Language requirements of the client
- Cultural needs of the client

Process Guidelines

The ***First Nations and Inuit Home and Community Care Program*** ensures that all staff are educated about the nature of *informed consent*. Education includes the type of information that staff must provide to the client. Examples include:

- The nature of the treatment/services being proposed including potential/possible *risks* and side effects
- Possible/probable consequences should the client refuse to give *consent*
- How the proposed treatment/services will positively influence the client
- Options to the proposed treatment/services that the client may wish to consider

The ***First Nations and Inuit Home and Community Care Program*** educates all staff about the client's right to withdraw *consent* or to refuse *consent* to a proposed treatment/services. Staff are also educated about their responsibilities in such a circumstance. These include:



- The requirement to respect the right of the client to refuse or withdraw *consent*
- The need to immediately notify other members of the health care team of the client's decision (such as physician, clinic staff, or nurse practitioner)
- The responsibility to assist the client to explore options/community linkages/alternative treatments that are in accordance with their wishes
- The requirement to document the reasons for withdrawing consent or refusing services



All clients are provided with information about their rights during their admission to the **First Nations and Inuit Home and Community Care Program**. One of these rights is the right of clients to give, refuse, or withdraw their *informed consent*.

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

<p>3.4 Obtaining Consent 3.5 Client Rights 3.6 Ethical Issues 3.7 Confidentiality</p>	
<p>6.6 Program Changes and Improvements</p>	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning Resource Kit: 1, 4

Draft Liability Documents: May, sections 5.1-5.20; June, pgs 24, 34-37

CCHSA AIM Standards, 1999 – Home Care Services

Canadian Health Record Association, *Code of Practice and Principles and Guidelines for Access to and Release of Health Information*

Professional Practice Standards

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

<p>Review Process:</p>	<p>Dates:</p>
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for obtaining and documenting *informed client consent*.
2. Procedure for assessing the *competency* of clients to give *informed client consent*.
3. Procedure for obtaining *informed consent* from a *substitute decision maker*.



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 4: Human Resources	Community Name
Policy: Equal Opportunity	Policy Number: 4.1

Approval:	Date:
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Policy

The **First Nations and Inuit Home and Community Care Program** recruits and hires individuals in all positions within the Program according to well-defined *recruitment criteria* that comply with relevant Federal and/or Provincial/Territorial legislative requirements and individual community practices.

The **First Nations and Inuit Home and Community Care Program** will, however, state a preference for qualified First Nations or Inuit applicants.

Policy Rationale

To ensure a fair and equitable process for recruitment that reflects the culture and languages of the community, as well as the skills and abilities of applicants.



Policy Details

The **First Nations and Inuit Home and Community Care Program** will first attempt to recruit within the community and/or the local area for all available positions.

New staff will be recruited and hired without any consideration of the applicant's:

- race or religion
- color or ethnic origin
- gender or age
- ancestry, place of origin or citizenship
- sexual orientation
- record of offences
- marital status or family status
- physical, mental or social challenges

as defined and interpreted by the Provincial/Territorial and Federal courts, excepting the stated preference for qualified First Nations or Inuit applicants.

The statements listed above regarding equal opportunity in *recruitment* and hiring apply consistently to all decisions made about ongoing employment, training, *compensation* and promotion of staff within the **First Nations and Inuit Home and Community Care Program**.

Process Guidelines

The **First Nations and Inuit Home and Community Care Program** will ensure that the processes in place for *recruitment* and hiring of new staff to the Program meet the legislative requirements through:

- The use of a standard application form that
 - gathers information relevant to the position and
 - details the education and experience of the applicant as is relevant to the position
- Standardized interview questions that evaluate the knowledge and training of the applicant relevant to the position
- Standardized weighting method of all interview questions






Part 4 - Human Resources – Policies Manual

- The ongoing, annual *evaluation* of staff against well developed, written *job descriptions*
- Ongoing *evaluation* of all procedures related to hiring, training and promotion of Program staff to ensure that the procedures comply with the relevant legislation
- *Documentation* related to any violation of this policy and the resulting actions

Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	

Related Standards

<p>1.3 Capacity Building</p>	
<p>3.6 Ethical Issues</p>	
<p>5.2 Recruitment and Retention 5.5 Quality of Work Life</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 3A, 4

Draft Liability Documents:

CCHSA AIM Standards, 1999

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Recommended Procedures

1. Procedure for the hiring request and authorization to be used in the creation of new positions and replacement of staff who have left the Program

Suggested tools:

- Hiring request with *cost analysis*

2. Procedure for *recruitment* that details the steps in the process, including posting of the position within the community, as well as to the broader, local area

Suggested tools:

- Application form
- Standardized interview questionnaire
- Skills checklist (for direct care staff)
- Reference check form
- Hiring notice



<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 4: Human Resources</p>	<p>Community Name</p>
<p>Policy: Human Rights</p>	<p>Policy Number: 4.2</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

The **First Nations and Inuit Home and Community Care Program** policies, procedures and standards comply with all of the legislation pertaining to *human rights*.

Policy Rationale

To ensure processes are in place to deal with issues of *discrimination, harassment and equal treatment*.

Policy Details

The **First Nations and Inuit Home and Community Care Program** monitors behaviours of staff/clients/community members for prohibited practices that include:

- *Discrimination* based on:
 - race or religion
 - colour or ethnic origin
 - gender or age



- ancestry, place of origin or citizenship
 - sexual orientation
 - record of offences
 - marital status or family status
 - physical, mental or social challenges
 - medical history/condition
- *Harassment* of staff/clients/community members by staff/clients/community members based on:
 - race or religion
 - colour or ethnic origin
 - gender or age
 - ancestry, place of origin or citizenship
 - sexual orientation
 - record of offences
 - marital status or family status
 - physical, mental or social challenges
 - medical history/condition
 - *Harassment* of staff/clients/community members by staff/clients/community members which is sexual in nature, including verbal and physical *sexual intimidation*, requests for sexual acts and sexually specific comments and advances

When the ***First Nations and Inuit Home and Community Care Program*** discovers behaviour that suggests *discrimination* or *harassment*, the Management of the Program will take immediate steps to investigate and correct the behaviour, as required.

Process Guidelines

The ***First Nations and Inuit Home and Community Care Program*** will ensure that all employees/clients/community members are educated about the principles contained in the relevant *human rights* legislation through:

- A detailed *orientation* process for new staff and volunteers that provides information about *human rights*
- A client hand-out and verbal explanation during the initial client contact which details the client's rights and responsibilities



Part 4 - Human Resources – Policies Manual

- A process for investigating individual complaints of *discrimination* and *harassment* which includes corrective action planning
- A process for monitoring complaints and corrective actions to identify issues, improvements and trends
- Annual training and education sessions for staff/clients/community members about the principles, goals and practical application of *human rights* legislation

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	

Related Standards

3.6 Ethical Issues	A colorful illustration of a house with a green roof, a chimney, and a red door, set against a light blue background.
5.2 Recruitment and Retention 5.5 Quality of Work Life	The logo from the top of the page, showing a stylized human figure on a globe.



Some Suggested References

***The First Nations and Inuit Home and Community Care Planning
Resource Kit: 1, 3A, 4***

Draft Liability Documents:

CCHSA AIM Standards, 1999

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Recommended Procedures

1. Procedure for the investigation and resolution of *harassment* and/or *discrimination* complaints

Suggested tools:

- Occurrence report with section for *harassment/discrimination*



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 4: Human Resources	Community Name
Policy: Ethics	Policy Number: 4.3

Approval:	Date:
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Policy

The ***First Nations and Inuit Home and Community Care Program*** will have a well-developed code of *ethics* that is understood and practiced by all staff.

Clients will be provided with full information about the code of ethics and how to report violations of the code.

Policy Rationale

To ensure the respect of client's rights. To ensure client's rights are reflective of the culture of the community and supported by the appropriate professional bodies. To ensure the respect of staff rights.

Policy Details

The code of *ethics*, developed with input from the community, will provide clients and staff with guidelines to follow when dealing with ethical issues. Some examples of ethical issues may include, but are not limited to:



- clients' right to choose to live at *risk*
- clients' right to refuse services
- clients' offering of gifts to service providers
- violations of the rights of clients
- *discrimination*
- *harassment*
- unprofessional actions (i.e. making personal telephone calls when at a clients' home, discussing other clients, borrowing money from clients)
- staff's right to refuse to provide services when at *risk*
- Conflict of interest guidelines
- Appropriate dress
- Use of alcohol or drugs or other illegal substances

Process Guidelines

The code of ethics will be reflective of the culture and values of the **First Nations and Inuit Home and Community Care Program** and of the community. Each community must therefore:

- invite community participation in the development of the code of *ethics* through formal and informal gatherings
- ensure that elders are consulted
- review regularly the code of *ethics* and make updates as necessary to reflect changing community values

All staff and clients must clearly understand the code of *ethics*, its importance to the community and its relationship to the delivery of services under the First **Nations and Inuit Home and Community Care Program** policies. Management of the Program must therefore:

- educate all new staff at *orientation* about the importance of the code of *ethics* and its relationship to the culture and values of the community
- regularly review the code of *ethics* with staff through training and educating sessions
- regularly evaluate all staff during *performance appraisals* about how well they respect and work within the code of *ethics*



- investigate, document and take immediate corrective actions for any complaints of violations of the code of *ethics*
- report violations of the code of *ethics* as an *occurrence*, which then forms part of the ongoing *quality improvement* process

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	

Related Standards

3.5 Client Rights 3.6 Ethical Issues	
5.2 Recruitment and Retention 5.5 Quality of Work Life	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 1, 2, 3A, 4

Draft Liability Documents:

CCHSA AIM Standards, 1999

Canadian Health Record Association, Code of Practice and Principles and Guidelines for Access to and Release of Health Information

Professional Practice Standards

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Recommended Procedures

1. Development of a written code of ethics

Suggested tools:

- Written code of ethics

2. Procedure for reporting violations of the code of ethics (to be incorporated into the *occurrence reporting* procedure)

Suggested tools:

- *Occurrence report*

3. Procedure for assessing *risk*

Suggested tools:

- *Risk assessment* form

4. Annual review and revision, as required, of the code of *ethics*, with input from the community and staff



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 4: Human Resources	Community Name
Policy: Harassment	Policy Number: 4.4

Approval:	Date:
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Policy

The ***First Nations and Inuit Home and Community Care Program*** has *zero tolerance* for any form of *harassment* of clients and/or staff.

Harassment includes but is not limited to:

- Physical threats, bullying and/or aggressive actions or pressures
- Verbal cruelty and/or threats
- Sexually inappropriate actions and suggestions
- Financial abuse and manipulation
- Discriminatory actions based on:
 - Race or religion
 - Colour or ethnic origin
 - Gender or age
 - Ancestry, place of origin or citizenship
 - Sexual orientation
 - Record of offences
 - Marital or family status
 - Physical, mental or social challenges



Policy Rationale

To ensure the protection of *human rights* for clients and staff.

Policy Details

The ***First Nations and Inuit Home and Community Care Program*** educates all staff about the *harassment* policy.

The ***First Nations and Inuit Home and Community Care Program*** educates all clients about the *harassment* policy.

Staff and clients are educated about how to report violations to the *harassment* policy.

Process Guidelines

The ***First Nations and Inuit Home and Community Care Program*** has a well-defined process for all aspects of the *harassment* policy. This includes, but is not limited to:

- An *orientation* program that includes information about the *harassment* policy for all new staff
- An initial *client assessment* process that includes education of the client on their rights, including their right to have harassment-free service
- An *occurrence reporting* system that includes *documentation* of *harassment* as an inappropriate *incident*
- Directions for clients and staff to follow when reporting *harassment*, including reassurance that they will not be punished for coming forward



Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	

Related Standards

<p>3.6 Ethical Issues</p>	
<p>5.2 Recruitment and Retention 5.5 Quality of Work Life</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: 3A, 4

Draft Liability Documents:

CCHSA AIM Standards, 1999

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Recommended Procedures

1. Procedure for reporting violations of the *harassment* policy as part of the *occurrence reporting* process

Suggested tools:

- a. *Occurrence report*
2. Procedure for linking with *appropriate* services (i.e. police, *counselling*) when *harassment* of clients and/or staff occurs
3. Procedure for discipline of staff, as *appropriate*, when violations of the *harassment* policy occur
4. Procedure for stopping and/or changing services to clients when violations of the *harassment* policy occur



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 4: Human Resources	Community Name
Policy: Recruitment	Policy Number: 4.5

Approval:	Date:
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Policy

The ***First Nations and Inuit Home and Community Care Program***, through a formal and periodic *community needs assessment* process, evaluates regularly the on-going ability of the Program to respond to changing needs and trends in the community. This dynamic assessment process, and the analysis of the findings, provides the Program management with guidance in the area of *staff recruitment*.

The ***First Nations and Inuit Home and Community Care Program*** has a planned approach to effectively attract qualified, *appropriate* candidates for *staff recruitment* to meet the needs of the Program now, and as it is expected to develop in the future.

Policy Rationale

To ensure the availability of qualified, trained staff to meet the needs of clients.



Policy Details

The *community needs assessment* gathers information from clients, family members, Program staff and the wider community. This information is assembled and analyzed to provide the management of the **First Nations and Inuit Home and Community Care Program** with current information on service delivery, changing needs and developing trends. Using this information, the Program management examines the current *staffing mix*, with a specific focus on staff's experience, training and education. This review is then used to determine the *appropriateness* of the current staff for current and future Program needs.

When gaps in staffing are identified, the management of the **First Nations and Inuit Home and Community Care Program** will immediately submit a *recruitment* request to the community leadership, if required. The request will detail the identified need/trend/gap and the number and qualifications of new staff required to be recruited.

When authorized, the management of the **First Nations and Inuit Home and Community Care Program** will proceed to recruit appropriate candidates and hire the required staff.

Process Guidelines

A formal *community needs assessment* is completed regularly, at a minimum, by the management of the **First Nations and Inuit Home and Community Care Program**. All personal client information gathered by the *community needs assessment* is considered confidential, and is used only for the purposes of identifying community needs, developing trends and determining required staffing levels.

All *recruitment* requests and decisions are based on *quantitative data* and are related to community needs.

The *recruitment* process should include the following:

- Identifying staffing gaps through a *community needs assessment*



- Completing a request for staff form which details:
 - The number of staff required
 - The qualifications of these staff
 - The specific needs to be met with these staff
- Upon approval of the request, determining how to best meet the need. Factors to consider in this decision include:
 - The availability of qualified, appropriate candidates for recruitment
 - Funding considerations
 - Extensiveness of the need
- Promoting the new staff opportunities in a way that is likely to attract appropriate candidates

Some options the ***First Nations and Inuit Home and Community Care Program*** has are to:

- Hire direct to the Program
- Develop a co-operative program relationship with another First Nations/Inuit community or communities
- Contract with an existing provider in the broader community

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

<p>1.3 Capacity Building 1.4 Resource Management</p>	
<p>5.1 Planning 5.2 Recruitment and Retention 5.4 Education, Training and Development 5.5 Quality of Work Life</p>	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning Resource Kit: Program Criteria, 2, 3A, 4
Draft Liability Documents:

CCHSA AIM Standards, 1999
Provincial/Territorial and Federal Legislation
DIAND/FNIHB Home and Community Care Directives

<p>Review Process:</p>	<p>Dates:</p>
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Recommended Procedures

1. Procedure for completing a *community needs assessment* with a focus on staffing requirements and staff qualifications
2. Procedure for determining the appropriate *staff mix*
3. Procedure for determining the appropriate response to identified gaps in staffing
4. Procedure for contracting with existing service providers, if required

Suggested tools:

- Sample contract for service provision

5. Procedure for co-operative service agreements with other First Nations/Inuit communities, if required

Suggested tools:

- Sample service agreement

6. Procedure for advertising/posting authorized new positions

Suggested tools:

- Sample advertisement/notice



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 4: Human Resources	Community Name
Policy: Hiring	Policy Number: 4.6

Approval:	Date:
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Policy

The ***First Nations and Inuit Home and Community Care Program*** attempts to hire qualified individuals for all positions within the Program according to well-developed *job descriptions*.

The *recruitment* and hiring processes meet the terms of all relevant Federal and/or Provincial/Territorial legislative requirements for *human rights*, equal opportunity and criminal checks.

The ***First Nations and Inuit Home and Community Care Program*** prefers to hire qualified First Nations or Inuit applicants to all positions within the Program.

Policy Rationale

To ensure a fair, equitable and consistent practice throughout the organization in relation to *recruitment* and reduce the *risk* of hiring unqualified staff.



Policy Details

The **First Nations and Inuit Home and Community Care Program** will develop *job descriptions* for all positions within the Program. All *job descriptions* will include the following headings:

- General Overview of the Position
- Specific Duties including:
 - Reporting structure
 - Responsibilities
 - *Accountabilities*
 - Authority
- Qualifications including:
 - Related experience
 - Relevant education and training
 - Specific clinical training/*certification* when required

Process Guidelines

The **First Nations and Inuit Home and Community Care Program** will ensure that *job descriptions* for all positions are relevant and current through an annual review and revision process.

All new positions created through growth in, or expansion of, the essential and/or other services provided by the **First Nations and Inuit Home and Community Care Program** will have a formal *job description* created before hiring is undertaken.

Successful new employees to the **First Nations and Inuit Home and Community Care Program** will be *oriented* to the Program only when management has completed the hiring process. This hiring process includes:

- Completion by the applicant of a detailed application form that gathers information related to the *job description*. This information includes the applicant's:
 - Previous related experience
 - Relevant basic education
 - On-going specialized training received



- Relevant professional *references*
 - Signature of applicant for permission to check references
 - Availability for work (ie start-date, days, hours)
 - Specific skills, including clinical skills, as appropriate
 - Available transportation
- A formal interview with the management of the ***First Nations and Inuit Home and Community Care Program***. This interview is designed to gather information on the knowledge and training of the applicant relevant to the *job description*.
 - A review by management of all *references* with specific attention to the ability of the applicant to meet the specified responsibilities and *accountabilities* of the position
 - A formal, written offer of employment to the applicant who has successfully completed the first three parts of the process. The offer of employment contains information (not necessarily complete information) about:
 - The position title
 - The hours of work (full-time/part-time/casual)
 - The reporting structure
 - The salary and benefits expected
 - Standard *deductions*
 - Start date
 - The *probationary period*
 - Occupational health requirements (vaccinations/medical certificates)
 - The return of the signed offer of employment by the applicant.



Performance Measurement Suggestions

Indicator	Formula
Proportion of staff hired from First Nations or Inuit Communities	$\frac{\# \text{ of First Nations or Inuit staff hired in the year}}{\text{Total \# of staff hired in the year}}$
Staff turnover rates	$\frac{\# \text{ of staff terminated in the year}}{\text{Total \# of staff}}$ <p><i>* Exclude retirement if analyzing turnover rates based on performance and quality of work life</i></p>
Completeness of the personnel file	$\frac{\# \text{ of incomplete staff files}}{\text{Total \# of files audited}}$ <p><i>* For example, look for signed application, two references, interview documentation, etc.</i></p>
Accuracy of the job description	$\frac{\# \text{ of staff who think that their job description is accurate}}{\text{Total \# of staff surveyed}}$

Related Standards

1.3 Capacity Building 1.4 Resource Management	
5.1 Planning 5.2 Recruitment and Retention 5.4 Education, Training and Development 5.5 Quality of Work Life	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 2, 3A, 4

Draft Liability Documents:

CCHSA AIM Standards, 1999

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Recommended Procedures

1. Procedure for *recruitment*

Suggested tools:

- Staffing needs analysis
- *Recruitment* strategy

2. Procedure for hiring

Suggested tools:

- Application form
- Interview guide
- Reference check guide
- Written offer template
- Occupational Health Requirements list

3. Development of *job descriptions* for all positions

Suggested tools:

- Job description template

4. Annual review and revision of *job descriptions*



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 4: Human Resources	Community Name
Policy: Employment Relationship	Policy Number: 4.7

Approval:	Date:
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Policy

The **First Nations and Inuit Home and Community Care Program** has a written statement of employment with each employee. This statement is signed by the employee and outlines the conditions of employment.

Policy Rationale

To ensure an understanding of the employee of the terms under which the employee has accepted a position and to reduce the risk of misunderstanding of conditions of employment.

Policy Details

The **First Nations and Inuit Home and Community Care Program** management staff will determine the number and type of employees required to deliver home care services.

Employees will be classified as:
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- Full-time
- Part-time
- Casual
- Contract workers

Where applicable employees may be part of a *collective bargaining unit* and the terms and conditions of employment are clearly outlined through joint management/staff/union negotiations.

The number and type of staff required will be based on:

- The type of programs/services offered
- The budgeted amount of money allocated to staffing
- The ability to recruit staff to the program
- The number of projected client referrals per year
- Projected volume of visits per month

Labour code legislation is used to determine hours of work of employees.

The Program agrees to provide work to the employees.

The employees will be available to work as per the conditions at the time of hiring.

The Program has a duty to pay the agreed upon wages and salary to each employee.

The Program management is responsible for the health and safety of employees.

The employee agrees to perform the job to the best of his/her capability, knowledge and skill.

Process Guidelines

- The ***First Nations and Inuit Home and Community Care Program*** will recruit staff according to the identified number and type of staff required to provide the services.
- There will be a written procedure defining the hours of work for each classification of employee.
- There will a written procedure listing the requirements for the position at the time of hiring.
- Full-time employees will be required to make a commitment to



Part 4 - Human Resources – Policies Manual

work approximately 37.5-40 hours per week.



- Part-time employees will be required to make a commitment to work on a pre-determined basis (less than full-time hours).
- Casual employees will provide for relief of full-time and part-time staff.
- Contract employees will work for a specific period of time.
- Each employee will receive a contract that outlines the terms and conditions of employment which includes:
 - Rate of pay
 - Hours of work based on status, ie full-time, part-time, casual
 - Holiday and sick time benefits
 - Parental rights
 - Optional benefits
 - Legislated deductions
 - Any guaranteed work agreements
 - Maximum hours to work in one week
 - The rights of the Program to give due notice to the employee for termination of employment, and the associated pay in lieu of work at termination.

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

<p>4.1 Health and Safety</p>	
<p>5.1 Planning 5.2 Recruitment and Retention 5.3 Evaluating Performance 5.5 Quality of Work Life</p>	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning Resource Kit: 3A, 4

Draft Liability Documents:

CCHSA AIM Standards, 1999

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

<p>Review Process:</p>	<p>Dates:</p>
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Recommended Procedures

1. Procedure to determine the hours of work per employment category.
2. Procedure to determine the staffing required to perform various jobs/functions.

Suggested tools:

- A tool to calculate the number and type of full-time equivalent staff required to perform each job/function

3. Procedure for identifying the requirements for the position at the time of hiring.
4. Procedure for developing and reviewing of each staff member's employment contract at the time of hiring, to be sure the new staff member is clear about the conditions of employment.

Suggested tools:

- Sample employment contract

5. Procedure for reviewing the employment contracts on a regular basis to ensure they are accurate, up-to-date and reflect any changes to employment conditions and requirements.



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 4: Human Resources	Community Name
Policy: Performance Management	Policy Number: 4.8

Approval:	Date:
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Policy

The ***First Nations and Inuit Home and Community Care Program*** will have an organized way of:

- setting expectations and goals
- monitoring performance
- assessing performance of individuals and groups
- providing positive feedback

The Program will look at what tasks and activities need to be done, why they need to be done and how well they should be done. The Program will clearly outline the *accountability* and *responsibility* of individual employees and groups.

Policy Rationale

To ensure clinical competence, that the standards of the Program are being met and that there is a forum to identify professional development needs and opportunities for staff.



Policy Details

The performance management processes will:

- Use written *job descriptions* that identify expectations, goals, and responsibilities
- Use *performance assessment* tools
- Select *indicators* to measure performance
- Monitor *indicators* continuously
- Compare performance to the *standards* and *policies* set
- Provide *feedback* to individuals and groups
- Conduct a *performance assessment* prior to the completion of each employee's *probationary period*
- Annually assess performance
- Increase capacity building through ongoing training and staff development
- Respond to changes to the **First Nations and Inuit Home and Community Care Program** by adjusting the performance management processes and the tools that are used on a timely basis

Process Guidelines

The **First Nations and Inuit Home and Community Care Program** will ensure that the processes are in place to measure and enhance performance and comply with legislative and professional requirements through:



- Development of written *job descriptions* for each position
- Implementation of a *performance assessment* system
- Assessment of performance by the senior person and other appropriate methods, such as self evaluation and peer *evaluation*
- Assessment of performance based on the *job description*
- *Documentation* and signing of the assessment form by the supervisor and employee at the time of assessment
- Improving the way the work is completed based on *feedback*
- Providing positive *feedback* to individuals and groups for work that contributes to the *mission* and *vision* of the Program



Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	

Related Standards

<p>1.2 Development of the Vision 1.3 Capacity Building</p>	
<p>5.2 Recruitment and Retention 5.3 Evaluating Performance 5.4 Education, Training and Development 5.5 Quality of Work Life</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 3A, 4

Draft Liability Documents:

CCHSA AIM Standards, 1999

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Recommended Procedures

1. Procedure for ongoing training and development of individuals and groups

Suggested tools:

- *Orientation* checklist
- Record for ongoing training and development

2. Procedure for evaluation of performance which includes:
 - Assessment at key times during *probationary period*
 - Assessment at one year of employment as legislated

Suggested tools:

- *Written job descriptions*
- Evaluation forms to match *job descriptions*

3. Procedure for monitoring, documenting and recording of *indicators*.

Suggested tools:

- tools to monitor *indicators*



<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 4: Human Resources</p>	<p>Community Name</p>
<p>Policy: Disciplinary Process</p>	<p>Policy Number: 4.9</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

The **First Nations and Inuit Home and Community Care Program** will immediately investigate all concerns of:

- Professional misconduct
- *Negligence*
- Unethical behaviour
- Violation of confidentiality
- Performance issues, ie false reporting

The disciplinary process will be implemented where appropriate until investigation of the incident is completed.

Policy Rationale

To ensure a fair and equitable process that protects the clients, supports the staff, and reduces the *risk* to the Program.



Policy Details

- Program management is responsible and accountable for the liability protection related to delivery of care in the program.
- All high-risk situations will be reported immediately to the appropriate authorities.
- Program management will investigate immediately all high-risk concerns identified.
- All high-risk situations will be recorded and tracked by Program management.
- Program management will assess the level of *risk* and will determine if discipline is appropriate to the situation.
- Professional standards of practice will be used to guide disciplinary actions where appropriate.
- All steps of the disciplinary process will be outlined in a written procedure and may include:
 - Verbal criticism
 - Written warning, with the warning placed in the employee's file
 - Suspension from work, with or without pay as determined in advance, until investigation of the incident is completed
 - Suspension following investigation, as deemed appropriate, with or without pay as determined in advance
 - Discharge for sound reason
- The discipline will be implemented
 - Immediately
 - Without warning
 - Consistently
 - Impersonally
- Legal consult will be requested where appropriate.
- When discharge is the course of action, the appropriate professional authorities will be notified.

Process Guidelines

- The ***First Nations and Inuit Home and Community Care Program*** will have a written procedure that outlines the steps to be taken in progressive discipline which include:






- Informal discussion to be held with staff member regarding behaviour and expectations
- Formal interview that identifies further expectations
- The course of action to be taken
- Review of behaviour and performance expectations
- The *incident* will be recorded and reported on an incident form.
- Where appropriate, discussion about the *incident* will occur with all appropriate community team members while maintaining confidentiality of the employee.
- A record of all discussions will be completed by Program management and will be kept on file for future reference. The staff person involved must be aware of everything that is documented and that the information will appear in the personnel file. All incidents and anecdotes are to be dated and signed by Program management and the staff person involved, and the staff person has the right to add written comments.
- Discipline implemented will relate to the potential level of harm caused to the client, family, other staff, the community and the Program.
- The past record of the employee will be reviewed to ensure that the discipline is appropriate to the situation.
- All staff will be oriented to the expected behaviour and job requirements at the time of hiring.

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

<p>3.6 Ethical Issues 3.7 Confidentiality</p>	
<p>5.4 Education, Training and Development 5.5 Quality of Work Life</p>	
<p>6.6 Confidentiality of Information</p>	

Some Suggested References

***The First Nations and Inuit Home and Community Care Planning Resource Kit: 4
Draft Liability Documents:***

*CCHSA AIM Standards, 1999
Provincial/Territorial and Federal Legislation
DIAND/FNIHB Home and Community Care Directives*

<p>Review Process:</p>	<p>Dates:</p>
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Recommended Procedures

1. Procedure for progressive discipline, including monitoring and reviewing the progress of the employee on a timely basis.

Suggested tools:

- Form outlining progressive discipline and dates for implementation, review and decision as to next steps
- Sample letter of warning

2. Procedure for tracking incidents and appropriate discipline.

Suggested tools:

- Tool to record and track the response to each incident, including disciplinary actions taken

3. Procedure for identifying situations for suspension with and without pay to be used as reference when *incidents* occur.



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 4: Human Resources	Community Name
Policy: Confidentiality	Policy Number: 4.10

Approval:	Date:
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Policy

The **First Nations and Inuit Home and Community Care Program** will respect and maintain the *confidentiality* of all staff information. Any *breach* of staff confidentiality may result in serious action, up to and including termination from employment.

Policy Rationale

To ensure the security of staff information regarding salary, medical information, licensing, insurance and performance.

Policy Details

The **First Nations and Inuit Home and Community Care Program** insures *confidentiality* of staff information by practising the following:

- Information on staff personnel records must be kept confidential
- Information must be protected from loss or *accidental destruction*



- All staff information will be kept in a secure location with restricted access
- Care and caution must be used to protect printed or written information from *unauthorized use or abuse*
- All staff information must be shredded and discarded in a secure manner
- All staff information sent by fax or email must be sent through a secure/confidential site
- Written *consent* must be obtained prior to the release of confidential information
- A clear process exists for the release of confidential information to people and organizations, i.e. release of information to lawyers, banks, media, etc.

Process Guidelines

All staff must be oriented to the legal requirements of *confidentiality*.

Professional standards of practice will be used as a guideline where applicable.

Education of staff will include:




- Policy on *confidentiality*
- Examples of situations where *confidentiality* must be maintained
- Examples of situations where information may be shared when verbal *consent* of the staff is obtained
- Examples of situations where information may be shared when written *consent* of the staff is obtained
- Examples of situations where information may be shared with management without consent of the staff
- Procedure to discard confidential information
- Procedure to maintain *security* and *confidentiality* of information when faxing or emailing sensitive information
- Consequences of *breach of confidentiality*



Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	

Related Standards

<p>3.6 Ethical Issues 3.7 Confidentiality</p>	
<p>5.2 Recruitment and Retention 5.3 Evaluating Performance 5.5 Quality of Work Life</p>	
<p>6.2 Data Collection and Reporting 6.4 Information Exchange 6.6 Confidentiality of Information</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 2, 4, 5

Draft Liability Documents:

CCHSA AIM Standards, 1999

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Recommended Procedures

1. Procedure for release of information.
2. Procedure for obtaining *informed consent*.

Suggested tools:

- Consent form for *informed consent* release of information
3. Procedure for discarding confidential information.
 4. Procedure for faxing and emailing confidential information.
 5. Procedure for storing confidential staff information.



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 4: Human Resources	Community Name
Policy: Orientation	Policy Number: 4.11

Approval:	Date:
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Policy

All employees working with the **First Nations and Inuit Home and Community Care Program** will complete a formal *orientation* to the organization, the Program and the services offered.

Policy Rationale

To ensure staff are knowledgeable about the organization and the Program, with consistent application of standards, policies and procedures.

Policy Details

The **First Nations and Inuit Home and Community Care Program** will provide a formal *orientation* to all new staff within the first week of hire to ensure that staff are aware of the following:

- The organization and the Program, including:
 - *Mission and vision*
 - Values and beliefs
 - Goals and objectives
 - Organizational structure



- Roles and responsibilities of clients and families, providers, the community and First Nations and Inuit Health Branch
- Scope and services of the Program
- Client care policies, including *confidentiality* of information, continuity of services
- Human resources policies
- *Quality management* policies
- Standards and expectations of the Program
- Standards of practice
- *Job description*, role and responsibilities
- Relevant legislation requirements
- Community health and safety measures
- Community resources and linkages to other programs available to support the Program

Process Guidelines

- All staff will attend a formal *orientation* program within one week of hire.
- There will be a formal written *orientation* program.
- An orientation package will be developed to include *certification* packages for special skills and knowledge.
- Dates and times of orientation will be documented and kept on the employee's file.
- All staff will complete an *orientation checklist*.
- There will be an annual review and update of the *orientation* program.
- Changes will be made to *orientation* based on evaluation of the *orientation* program.
- Ongoing education, training and development will be provided for staff.








Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

<p>1.2 Development of the Vision 1.3 Capacity Building 1.4 Resource Management</p>	
<p>3.1 Services Delivery 3.2 Continuity of Services 3.5 Client Rights 3.6 Ethical Issues 3.7 Confidentiality</p>	
<p>4.1 Health and Safety 4.2 Equipment and Materials 4.5 Emergency and Disaster Planning</p>	
<p>5.1 Planning 5.2 Recruitment and Retention 5.4 Education, Training and Development 5.5 Quality of Work Life</p>	
<p>6.1 Information Needs 6.2 Data Collection and Reporting 6.6 Confidentiality of Information</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: 3A, 4, 5

Draft Liability Documents:

CCHSA AIM Standards, 1999

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Recommended Procedures

1. Develop a formal written program of *orientation*.

Suggested tools:

- *Orientation checklist*
- Orientation program outline

2. Procedure to regularly evaluate the *orientation* program.

Suggested tools:

- Evaluation tool

3. Use other tools as practical examples during *orientation*, i.e. *job description*, policy manual, standards manual, and the **First Nations and Inuit Home and Community Care Program** Planning Resource Kit.



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 4: Human Resources	Community Name
Policy: Training and Development	Policy Number: 4.12

Approval:	Date:
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Policy

The ***First Nations and Inuit Home and Community Care Program*** recognizes and values that learning is life long. The Program ensures that ongoing training and development of staff occurs. The Program recognizes that training and staff development are an integral part of capacity building.

Ongoing training and development may include:

- Formal programs provided by colleges, universities and other certified training organizations
- Distance education programs
- Short term programs
- *Certification* programs
- Individual learning
- Committee participation
- Workshops
- Seminars
- *Mentorship/preceptorship* programs



Policy Rationale

To ensure resources are allocated to the development of staff to enhance services to clients. These resources include allocation for orientation, ongoing training as identified, and support for performance management.

Policy Details

Ongoing training and development of staff in the **First Nations and Inuit Home and Community Care Program** is supported to:

- Improve and upgrade the knowledge and skills of staff
- Educate staff about:
 - Changes in the way care is to be delivered
 - Changes in policy/procedure
 - Changes to the program and services provided based on *community needs assessment*
 - Legislation changes that affect the program
 - Management of information
- Build staff clinical, management, interpersonal, problem solving and decision making skills through ongoing *coaching and counselling*
- Carry out *quality improvement* activities
- Observe practice to ensure safety of care delivered
- Improve *work satisfaction* of staff and *client satisfaction*

Process Guidelines

Ongoing training and development of staff will include:

- Holding formal meetings with staff to provide updates of information about the Program/services/legislation requirements. Appropriate written materials will be provided to support this information sharing.
- Developing a package of educational materials to support skill and knowledge development.
- Identifying courses and seminars that will meet educational needs.
- Developing and implementing individual staff training and development plans.





- Annually assessing staff learning needs and using these to develop and revise individual staff training and development plans.
- Encouraging staff to document ongoing training and education.
- Observing clinical practice to ensure safety, *work satisfaction*, and *client and family satisfaction*.
- Documentation of assessments of clinical practice.
- Demonstrating skills that require *certification*.

Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	



Related Standards

<p>1.3 Capacity Building 1.4 Resource Management</p>	
<p>3.1 Services Delivery</p>	
<p>4.1 Health and Safety 4.2 Equipment and Materials 4.5 Emergency and Disaster Planning</p>	
<p>5.1 Planning 5.2 Recruitment and Retention 5.3 Evaluating Performance 5.4 Education, Training and Development 5.5 Quality of Work Life</p>	
<p>6.1 Information Needs 6.2 Data Collection and Reporting</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: 3A, 4, 5

Draft Liability Documents:

CCHSA AIM Standards, 1999

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Recommended Procedures

1. Process to annually assess learning needs of the staff at a group level and at an individual level.

Suggested tools:

- Staff learning needs assessment tool

2. Process to design, implement, evaluate and revise individual staff training and development plans.

Suggested tools:

- Training and development plan template
- Training and education record to be used for individual staff (and retained in staff personnel files)

3. Process to ensure periodic, timely information sharing with staff and to arrange for training sessions to address the group learning needs.

4. Development of checklists and self-tests for use with the *certification* packages.



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 4: Human Resources	Community Name
Policy: Employee Relations	Policy Number: 4.13

Approval:	Date:
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Policy

The **First Nations and Inuit Home and Community Care Program** management team agrees that staff will be valued and respected. The organization believes in a positive, sharing environment that is free from unwelcome comments or *harassment*.

Policy Rationale

To ensure consistent, open communication that enhances quality of work life, supports staff development, and facilitates improvement activities in the Program.

Policy Details

- The *Human Rights Code of Canada* will be used to guide human resource practices.
- The staff are a valuable resource to the **First Nations and Inuit Home and Community Care Program** and the delivery of its services.
- The culture and traditions of staff will be respected.



Process Guidelines


- Human Resource policies and practices will be reviewed and explained during *orientation*, ongoing evaluations, and other appropriate training and staff development sessions. The Human Resource policies and practices include:
 - Respect of the individual and for one another
 - Open, honest communication
 - An environment that uses humor, when appropriate
 - Freedom from *harassment*
- All new staff will participate in a formal *orientation* process.
- Culture and traditions of staff will be shared at *orientation* and at appropriate staff development sessions. Respect for these cultures and traditions will be demonstrated in all interactions with staff. There will be an understanding that client needs must be met even when community cultural and traditional events occur. This may mean that not all staff may be given the time off to take part.
- All staff will be encouraged to freely voice their opinions and beliefs to management.
- There will be a procedure for staff to use when *employee relations* are not effective.
- The procedure will be discussed with staff to ensure it is understood.

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

<p>5.1 Planning 5.2 Recruitment and Retention 5.3 Evaluating Performance 5.4 Education, Training and Development 5.6 Quality of Work Life</p>	
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Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: 3A, 4

Draft Liability Documents:

CCHSA AIM Standards, 1999

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

<p>Review Process:</p>	<p>Dates:</p>
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Recommended Procedures

1. Procedure for the steps to be taken when *employee relations* are not effective.
2. Procedure for the steps to take if *harassment* occurs.



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 4: Human Resources	Community Name
Policy: Grievances	Policy Number: 4.14

Approval:	Date:
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Policy

Staff working with the **First Nations and Inuit Home and Community Care Program** will have a process to address differences in understanding, importance, direction and *breach* of practice. The management team and staff will work together to resolve concerns.

Policy Rationale

To ensure processes are in place to prevent staff *discrimination, harassment* and unfair practice.

Policy Details

- The **First Nations and Inuit Home and Community Care Program** believes that:
 - Working together in harmony to discuss concerns and develop solutions is essential to the effective functioning of the program
 - *Staff satisfaction* with the organization is important to the success of care delivery



Part 4 - Human Resources – Policies Manual

- Staff are a valuable resource
- Individuals have rights, including the right to complain, which are identified and protected under Federal and Provincial/Territorial legislation.
- When agreement cannot be reached a procedure is needed for staff to follow to address and resolve concerns.

Process Guidelines


- Staff will have a forum to address concerns, for example, staff meetings.
- All concerns/differences will be verbally discussed with the management staff in a timely way.
- Unresolved differences will be noted in writing and a copy will be given to the management staff within a clearly defined time period.
- Management staff will have a clearly defined time period in which to respond to the concern.
- If unresolved to the satisfaction of the employee, the written concern will be submitted to the Program/community leadership. If necessary, there is a process in place to go outside of the community for appeal.
- The Program/community leadership will respond to the written concern within a clearly defined time period.
- The Program/community leadership will discuss the concern with the staff and management team and will *mediate* a solution where possible.
- Documentation about all *grievances* will be maintained
- Staff will have access to an *appeal process* if he/she disagrees with the proposed solution.
- During *orientation*, the policy on *grievances* will be explained and ensure that it is understood by all new staff.
- There will be a written *grievance* procedure.
- Clearly defined time frames must be strictly followed.



Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	

Related Standards

<p>5.2 Recruitment and Retention 5.3 Evaluating Performance 5.4 Education, Training and Development 5.5 Quality of Work Life</p>	
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Some Suggested References

***The First Nations and Inuit Home and Community Care Planning
Resource Kit: 4***

Draft Liability Documents:

CCHSA AIM Standards, 1999

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Recommended Procedures

1. Procedure for the handling of *grievances*.

Suggested tools:

- Form to track responses to concerns identified by staff to ensure time frames are being followed
2. Procedure for the appeal process, including a mechanism for going outside of the community, should resolution not be achieved at the community level.
 3. Procedure for monitoring *grievances*, the process, and the satisfaction of staff with the process and outcomes.



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 4: Human Resources	Community Name
Policy: Conflict of Interest	Policy Number: 4.15

Approval:	Date:
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Policy

All employees of the **First Nations and Inuit Home and Community Care Program** are responsible to their clients, the Program and their co-workers to perform their duties at all times in a professional and ethical manner which is at all times sensitive to potential conflict of interest issues.

Policy Rationale

To prevent the taking advantage of clients, and to reduce the *risk* to the Program in relation to contract management, human resources management and services delivery.

Policy Details

The **First Nations and Inuit Home and Community Care Program** provides education to all staff at *orientation* and through regular staff training and development sessions on conflict of interest.



The **First Nations and Inuit Home and Community Care Program** staff advise the client at admission of their rights under the program. These rights include the right to receive qualified health care that is free from conflict of interest behaviours and behaviours that take advantage of situations and clients.

Staff are advised that some, but not all, of the issues which may be considered to be in conflict of interest are:

- Taking advantage of the professional relationship with any client in any manner which results in personal gain for the employee or their family/friends
- Entering into an employment relationship with another health services provider which infringes on the employment relationship with the **First Nations and Inuit Home and Community Care Program** unless such a relationship has been disclosed and authorized by the Program
- Agreeing to provide qualified health services to any client where there is a personal/familial relationship, unless such a relationship has been disclosed to the **First Nations and Inuit Home and Community Care Program** and has been reviewed and authorized

Staff and clients are provided with information on how to report potential/actual conflict of interest situations.

Process Guidelines

The **First Nations and Inuit Home and Community Care Program** has a well-defined process for all aspects of the conflict of interest policy. This includes but is not limited to:

- The *orientation* of new staff includes information about conflict of interest situations. A variety of methods are used to demonstrate potential conflict of interest. These methods may include case study and role-play scenarios.
- A client assessment process which includes education to the client on their rights, including their right to qualified and ethical care.



- *Incidents* of conflict of interest issues are documented as occurrences or quality purposes, and are fully investigated by the Management of the **First Nations and Inuit Home and Community Care Program**. When appropriate, these occurrences are addressed with the employee through progressive discipline procedures.
- Detailed instructions for staff and clients are provided for reporting potential conflict of interest situations.

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	

Related Standards

1.5 Contract Management	
3.5 Client Rights 3.6 Ethical Issues	
5.2 Recruitment and Retention 5.5 Quality of Work Life	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, 4

Draft Liability Documents:

CCHSA AIM Standards, 1999

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Recommended Procedures

1. Procedure for staff to follow when declaring a potential conflict of interest to Program management.
2. Procedure for reporting any suspected or confirmed violations of the conflict of interest policy (to be included in the *occurrence* reporting procedure).
3. Procedure for progressive discipline of staff, when appropriate, for violations of the policy.
4. Procedure for reporting conflict of interest involving regulated health providers to professional colleges or other appropriate organizations, when appropriate.



<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 4: Human Resources</p>	<p>Community Name</p>
<p>Policy: Compensation</p>	<p>Policy Number: 4.16</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

The **First Nations and Inuit Home and Community Care Program** will provide to employees a competitive compensation package that supports the:

- *Mission statement*
- *Vision statement*
- *Values of the Program*
- *Program organizational chart*
- *Job descriptions*
- *Human resources policies*
- *Number of people employed by the Program*

The compensation package will be designed to improve morale, retain employees, and link pay to performance and it will provide a complete compensation package.



Policy Rationale

To ensure consistent application of compensation packages that support recruitment and retention issues, professional development, and skills, education and performance of staff.

Policy Details

- The person responsible for human resources in the Program will oversee the compensation package.
- Program management will review the financial costs of the compensation package with Program leadership and/or community leadership, as appropriate, on a regular basis.
- The appropriate authorities will give approval of the compensation package.
- The compensation package will be fair to all staff within the Program and competitive with other programs and similar opportunities within the community.
- Salaries will be assessed and determined by the:
 - *Job description*
 - Job function
 - Program organizational chart
 - Skill and knowledge required for the job
 - Completion of an assessment of similar jobs and the rate of pay externally
 - Performance management system
- The compensation package will include options for:
 - Additional benefits
- The compensation package will be reassessed annually.
- Employment contracts will be given to employees outlining the details of the compensation package.
- A signed copy of the contract will be kept on the employee's file.
- Program management will track, monitor and evaluate the compensation package on a regular basis.
- Program management will develop *job descriptions* for each category of worker.
- Employees will be paid on a regular basis (ie every two weeks) and the pay schedule will be strictly followed.
- Only deductions required by law will be made from the payroll, ie Canada Pension Plan, Unemployment Insurance, Income Tax.



Process Guidelines

- The **First Nations and Inuit Home and Community Care Program** management will provide a list of compensation options to the Program leadership and/or community leadership for approval. The list includes:
 - Base pay rates for all categories of workers
 - The option of annual incentives based on pay for performance, if the Program so chooses
 - Other benefits options including
 - Health and dental benefits
 - Life and accidental death
 - Disability benefits
 - Group pension plan
 - Registered retirement savings plan
 - Life insurance
 - Vision coverage
 - Mileage reimbursement, with the rate of pay per kilometre to be set by the Program
- Predetermined rates for staff to pay to participate in the above optional benefit plans, if offered by the Program, will be established.
- The Program's contribution to the benefit packages it offers will be identified.
- There will be set dates for employees to decide whether or not to participate in the optional benefits package, if offered by the Program.
- Other compensation options available to employees will be identified and may include:
 - Flexible work hours
 - Job sharing
 - Wellness programs
 - Child and Elder care
 - Educational assistance plans
 - Conditions where meals will be paid
 - Payment of professional memberships
 - Individual and team cash incentives
 - Bonuses in the form of cash
 - Non cash incentives available to staff for recognition of excellence, ie gift certificates





- Conditions of work will be detailed in a procedure which includes:
 - Hours of work
 - Scheduling of work
 - Payment of overtime hours for all staff except Program management
 - Pay rate differences for hours worked during the evening or night.
 - Unpaid lunches and paid coffee breaks
- All staff will be made aware of optional benefits and how to request these benefits at *orientation*.
- A performance management system will be implemented and explained to all staff at the time they are hired.

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	

Related Standards

1.2 Development of the Vision	
5.1 Planning 5.2 Recruitment and Retention 5.5 Quality of Work Life	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: 3A, 4

Draft Liability Documents:

CCHSA AIM Standards, 1999

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Recommended Procedures

1. Procedure for determining base rates of pay.

Suggested tools:

- *Job descriptions*
- Form listing all jobs and pay ranges for each

2. Procedure for detailing optional benefit plans, length of service required to enter plans, and costs to employees and the Program.

Suggested tools:

- Form outlining the benefits, requirements and costs, with noted review dates and signatures of approval

3. Procedure for outlining the conditions of work.

Suggested tools:

- Sample employee contract that includes all conditions of work

4. Procedure for mileage reimbursement.

Suggested tools:

- Form for recording mileage request for reimbursement

5. Procedure for regularly tracking, monitoring and evaluating the costs of the compensation package.



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 4: Human Resources	Community Name
Policy: Benefits	Policy Number: 4.17

Approval:	Date:
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Policy

The **First Nations and Inuit Home and Community Care Program** will Provide a benefit package to management and staff employees' that meets the minimum Federal/Provincial/Territorial labour legislative requirements.

Policy Rationale

To ensure that there are consistent practices across the Program regarding benefits and that staff are aware of this entitlement.

Policy Details

- There are mandatory minimum requirements for employers to provide to employees as benefits of their employment, as listed below:
 - Vacation
 - Statutory holidays
 - Sick leave
 - Bereavement leave



- Pregnancy leave
- Paternity leave

Additional benefits, such as fasting leave, ceremonial days, and court leave, may be provided as determined by the Program and the community.

- There will be written procedures outlining the benefit package available to employees and the length of service required prior to receiving benefits.
- All staff will be provided with a written contract outlining the benefit package.
- All staff will be provided with *orientation* to the benefit package at the time they are hired.
- The human resource staff/management staff will be responsible for regularly reviewing the mandatory benefit requirements.

Process Guidelines

- The ***First Nations and Inuit Home and Community Care Program*** will provide staff with a copy of the benefits provided by the Program at the time they are hired.
- Discussion of the benefit plan will be covered in *orientation* and will include review of mandatory entitlements, as set out by legislation, including the following:

Vacation Pay Entitlements:

- Vacation pay will be 2 weeks after one year of service or 4% in lieu of vacation time.
- Vacation pay will be 3 weeks after six years of service or 6% in lieu of vacation time.
- Vacation time accumulated must be taken within 10 months after the year of service.

Statutory Holiday Entitlement

- All employees will be entitled to the following statutory holidays:
 - New Years Day
 - Good Friday
 - Easter Monday
 - Victoria Day
 - Canada Day



- Labour Day
 - Thanksgiving Day
 - Remembrance Day
 - Christmas Day
 - Boxing Day
 - Civic Holiday
 - Tribal Day(s)
-
- When an employee works on a statutory holiday the employee will be paid time and one half for all hours worked.
 - Community leadership will determine tribal/ceremonial day(s).
 - When the holiday falls on a weekend the following Monday will be observed as the statutory holiday.

Sick Leave Benefits

- All full time employees will be entitled to sick leave pay at a predetermined rate per month, usually 1 day.
- Part time employees will be entitled to sick leave as a percentage in lieu of hours worked.
- Sick leave will be equal to 7.5 hours.
- Leave without pay may be granted when sick days have been used.
- Illness must be reported immediately to the management staff.
- Staff will bring in a medical certificate when illness is for more than 3 consecutive days.
- Employment insurance benefits can be used to supplement pay when longer-term illness occurs.
- Sick leave benefits will not be paid on resignation of the employee.
- Sick leave will not exceed a predetermined number of days per year.

Compassionate Leave Benefits

- Employees who have worked 10 days will be eligible for *compassionate leave*.
- Leaves of absence without pay will be supported.
- Program management will approve leaves of absence.
- *Compassionate leave* will not exceed a predetermined number of days per year.



Bereavement Leave Requests

- Employees who have completed 3 months of service will be entitled to a minimum of 3 days of bereavement leave immediately following the death of an immediate family member.
- Immediate family member includes father in law and mother in law, and any other relative with whom the employee resides.
- Bereavement leave will be granted to staff when death of an immediate next of kin occurs.
- Discretion can be used by the Program to grant unpaid bereavement days for employees who have not completed 3 months of service, or for those who claim to have a close relationship with the deceased.

Maternity/Paternity Leave Requests

- An employee must work 6 months with the Program prior to being entitled to maternity leave.
- Maternity leave after 6 months of service is 17 weeks.
- The total combined time granted by law for maternity/paternity leave is 24 weeks.
- The Program may decide to extend the request for leave on an individual basis however, consistency in management practice must occur.
- The employee must give a written application for leave of absence and 4 weeks prior to maternity leave.
- the employee will provide a medical note stating that the employee is pregnant and the estimated date of delivery.
- Maternity leave can occur 11 weeks prior to delivery and no longer than 17 weeks after the birth of the child.
- Up to 2 weeks of sick leave time can be used prior to maternity leave.

Optional Benefits:

- All other benefits listed below may be individually offered by the Program through an independent insurance company as part of the compensation package and may include:
 - Health and dental coverage
 - Life and accidental death coverage
 - Disability coverage



- Group pension plans Employee Assistance Plans
- Registered Retirement Savings plans
- Life insurance
- Vision care

Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	

Related Standards

<p>5.2 Recruitment and Retention 5.5 Quality of Work Life</p>	
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Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: 3A, 4

Draft Liability Documents:

CCHSA AIM Standards, 1999

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Recommended Procedures

1. Procedure to detail each employee benefit.
2. Procedure to monitor and track length of service of employees.
3. Procedure to track hours of service, to determine benefit entitlements.

Suggested tools:

- Form to record hours of service and keep track of total hours to date of employment

4. Procedure to monitor and track sick days.
5. Procedure to monitor requests, approvals and use of vacation time.

Suggested tools:

- Vacation request form

6. Procedure to monitor requests and approvals for leaves of absence.

Suggested tools:

- Request for leave of absence form



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 4: Human Resources	Community Name
Policy: Termination	Policy Number: 4.18

Approval:	Date:
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Policy

The **First Nations and Inuit Home and Community Care Program** has a formal and fair process for terminations, both voluntary and involuntary, that is understood by all staff, and followed by all Program management.

Policy Rationale

To ensure that all legislative requirements are met with respect to voluntary and involuntary terminations and to reduce the *risk of grievance and litigation*.

Policy Details

There are four separate categories of termination that Program management will be required to address. They are:

1. Voluntary Termination (resignation)
 - The **First Nations and Inuit Home and Community Care**



Program will require a specified notice of resignation, prepared in writing

- In cases where the employee fails to resign, and the Program has not been in contact with the employee for a specified period of time, the employee shall be considered as having resigned

2. Retirement

- The **First Nations and Inuit Home and Community Care Program** adheres to all relevant Federal and Provincial/Territorial legislative requirements regarding retirement
- The **First Nations and Inuit Home and Community Care Program** will have a stated retirement age
- All employees approaching retirement will be notified of their status in a timely fashion
- Program management and the employee will determine the date for retirement. The appropriate termination notice and government documentation will be completed in a timely way

3. Reduction in the workforce (layoff)

- Employees of the **First Nations and Inuit Home and Community Care Program** will be subject to layoff provisions when there is a reduction in the demand for services, or/and a reduction in funding available
- Employees who will be subject to layoff will be notified of their status in a timely manner, preferably one month, so that they are able to begin the search for alternate employment
- Program management will ensure that all employees who are laid off are provided with a current evaluation of their performance and are offered references where applicable
- Employees laid off will receive severance pay in accordance with federal and provincial/territorial legislation

4. Dismissal (involuntary termination)

- Employees of the **First Nations and Inuit Home and Community Care Program** will be dismissed under the following categories:



- i. During the probationary period
 - When there is documented reason to believe that the employee will be unable to fulfill the responsibilities of the position
- ii. As the final stage in the disciplinary process
 - Termination can occur after verbal and/or written warnings, or as a first step in serious violations of the policies and standards of the **First Nations and Inuit Home and Community Care Program**
 - Employees who are dismissed by Program management will be notified in writing of their status and severance will be paid to the employee according to the relevant federal and provincial/territorial legislation
 - Termination decisions will be made solely with regard to the employee's job performance and not with regard to any factors which are prohibited by human rights legislation

In each of the categories, it is essential that a notice of termination and appropriate Government notification be completed.

In all cases, **First Nations and Inuit Home and Community Care Program** property and supplies must be returned to the Program before final payments in salary, severance and travel expenses will be made to the employee.

Process Guidelines

- All employees will be informed of the termination policy and the requirement for written notice of resignation
- All employees will be informed of the *progressive discipline* policy
- Any employee who is disciplined, either verbally or in writing, by Program management will be advised that further violations of policies and standards may progress to termination and will have the termination policy provided to them
- All employees who are involuntarily terminated have the right to appeal their termination to the Program and/or community

leadership and have the right to have the decision of the



Program and/or community leadership on the appeal explained to them. As well, they have the right to go outside the community, using the external appeal mechanism that is in place for grievances and appeals, should the matter not be resolved to their satisfaction or understanding.




- All terminations are to be handled confidentially; however, employees who are dismissed must be advised that future requests for references will be responded to with information about the termination
- Terminations for cause will/may be reported to the respective professional college or other regulatory body
- Termination interviews may be conducted following voluntary termination to identify areas for Program improvement

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

<p>3.6 Ethical Issues 3.7 Confidentiality</p>	
<p>5.2 Recruitment and Retention 5.5 Quality of Work Life</p>	
<p>6.6 Confidentiality of Information</p>	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning Resource Kit: 4

Draft Liability Documents:

CCHSA AIM Standards, 1999

Canadian Health Record Association, Code of Practice and Principles and Guidelines for Access to and Release of Health Information

Professional Practice Standards

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

<p>Review Process:</p>	<p>Dates:</p>
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Recommended Procedures

1. Procedure for *progressive discipline*, including suspension with and without pay

Suggested tools:

- Progressive discipline form

2. Procedure for appeal

3. Procedure for return of equipment, supplies and any other Program property

4. Documentation procedure

Suggested tools:

- Termination form
- No contact letter



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 5: Quality	Community Name
Policy: Quality Planning	Policy Number: 5.1

Approval:	Date:
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Policy

The **First Nations and Inuit Home and Community Care Program** has a *quality* program that is used for strategic and operational planning of the Program. The *quality* program includes:

- Assigning a senior person to the role of quality leader (a role that may be shared with other programs in the community)
- Developing of a philosophy of continuous *quality improvement*
- Allocating resources to the development of the *quality* program
- Developing *quality* program *goals*, objectives, and scope that fit with the Program's *mission* and *vision*
- Reviewing the literature and research about other *quality* program models, *benchmarks* and *best practices*
- Education of staff



Policy Rationale

To ensure that processes are in place to monitor performance indicators and evaluate the efficiency and effectiveness of Program services and processes.

Policy Details

Assessing the level of consistency in *quality* across the Program's activities is very important to future strategic and operational planning. *Quality* information is used to plan future services and for appropriate budget development and *resource allocation*. Resources are used efficiently and effectively to improve the *quality* of services delivered by the Program. Removing barriers allows improvement in the Program's performance.

Quality improvement activities of all aspects of the Program are coordinated with the monitoring of performance *indicators*.

Relationships developed with other local service providers are important to address community needs and to coordinate care delivery. Advocating on behalf of clients for program development and identifying the potential of such development in other health and social services are effective ways to improve clients' quality of life.

Standards of practice are used as the minimum practice requirements for delivery of Program services, where appropriate. Training and development of staff is an integral component of the *quality* program.

Process Guidelines

Processes for *quality* planning should include, but not be limited to:

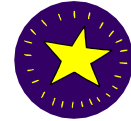
- Implementing a continuous *quality improvement* program
- Involving key stakeholders in the *quality* planning process
- Assessing high *risk*, high volume and potential problem situations regularly



- Providing all staff with an *orientation* and ongoing training and education about the *quality* program, and the role of all staff in achieving the *quality* goals
- Developing an annual *quality* improvement plan
- Maintaining relevant *quality* improvement resource materials
- Developing policies, processes and procedures for Program services to achieve *quality* objectives
- Evaluating the *quality* program regularly
- Involving clients and families in the *evaluation* of care and services
- Regularly reviewing and analyzing quality reports and trends by Program management
- Communicating results of reports and trends in *quality* to staff, clients, families, community leadership and authorities, as appropriate
- Involving staff in *quality improvement* initiatives
- Demonstrating a customer-focused behaviour and attitude by all Program staff
- Demonstrating the outcome of continuous *quality improvements* through implementation of new services and Program improvements
- Responding to Program development in a timely way
- Developing tools to assist with measurement of *quality indicators*

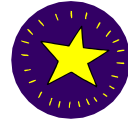
Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

<p>1.1 Community Needs Assessment 1.2 Development and Achievement of the Vision</p>	
<p>2.1 Program Management 2.2 Risk Management</p>	
<p>3.1 Services Delivery 3.3 Health Promotion, Disease Prevention and Protection Services</p>	
<p>4.1 Health and Safety 4.4 Partnerships/Community Linkages 4.5 Emergency and Disaster Planning</p>	
<p>5.1 Planning 5.5 Quality of Work Life</p>	
<p>6.1 Information Needs 6.2 Data Collection and Reporting 6.5 Program Changes and Improvements</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: All sections

Draft Liability Documents: May, section 2.2

Occupational Health and Safety Act

CCHSA AIM Standards, 1999 – All Standards

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for developing and enhancing the Program plan, mission, vision and values.
2. Procedure for developing and enhancing the quality improvement plan.
3. Procedure for establishing accountability for quality planning.
4. Procedure for obtaining client, family and staff input on the Program's services and their delivery, processes, and satisfaction with the Program.
5. Procedure for identifying, monitoring, and recording key *indicators* and reporting on the changes that have occurred from one year to another, and, as appropriate, from one quarter to another.

Suggested tools:

- List of key *indicators* in clinical, financial, human resources and quality areas
- Tool to measure *indicators* on a regular basis for comparison purposes over time



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 5: Quality	Community Name
Policy: Quality Monitoring	Policy Number: 5.2

Approval:	Date:
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Policy

The ***First Nations and Inuit Home and Community Care Program staff*** are accountable and responsible for monitoring performance *indicators* that measure both clinical and administrative structures, processes and outcomes.

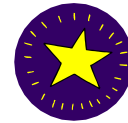
Policy Rationale

To ensure that continuous quality improvement activities are regularly conducted for ongoing Program development.

Policy Details

Clinical services and processes promote positive client outcomes and *client satisfaction* with Program services and their delivery. These services and processes meet contract obligations, legislation, *standards of practice* and *best practices*.

Administrative programs and processes support the Program services and their delivery, and meet legislative and reporting



requirements. Research and best practices are used to improve services and processes.

Program staff will participate in the analysis and evaluation of services and processes. Management staff are responsible for implementing quality monitoring and tracking trends in quality reports, as well as implementing a process to monitor incidents and track concerns. Changes in services and processes are communicated to all staff.

Process Guidelines

Clinical indicators to monitor process, structure and outcomes include:

- Measurement of outcomes of service delivery according to *standards of practice*
- *Client satisfaction* with services
- Evaluation of clinical practice, policies and procedures
- Evaluation of Program scope, goals, objectives

Clinical indicators are measured using some or all of the following methods:

- *Client satisfaction* tools
- *Client surveys*
- Informal interviews with clients, families, staff, other providers and community members
- *Incident* monitoring
- Manual chart *audits*
- Electronic data *audits*, if applicable
- Direct observation of clinical practice

Administrative indicators to monitor process, structure and outcomes of program delivery include:

- Financial indicators such as:
 - Overtime, paid hours, comparison of direct service hours to indirect service hours
- Human resource indicators such as:
 - *Orientation* and training costs, *recruitment* costs, *competency* training costs
 - Evaluation of each programs goals and objectives



All staff receive an *orientation* and ongoing training and education regarding the quality monitoring process. Particularly, changes that occur in services, policies, processes and procedures are highlighted during these sessions.

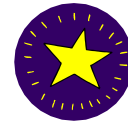
There is a process for monitoring successes on a regular, timely basis. The quality report system tracks trends in indicators. These indicators are selected to measure the performance of each specific service and process. Quality monitoring reports are submitted regularly to the appropriate authorities as required.

Investigation of all problems, issues or concerns identified through the incident monitoring process occurs immediately. Timeliness of response to concerns is closely monitored to ensure appropriate responses and response times. Documentation of quality monitoring activities is kept on file for a specified period of time.







Program services and processes are reviewed and evaluated regularly, from both clinical and administrative views.

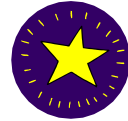
Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

<p>1.4 Resource Management 1.5 Contract Management</p>	
<p>2.1 Program Management 2.2 Risk Management</p>	
<p>3.1 Services Delivery 3.2 Continuity of Services 3.3 Health Promotion, Disease Prevention and Protection Services 3.4 Obtaining Consent 3.5 Client Rights 3.7 Confidentiality</p>	
<p>4.1 Health and Safety 4.2 Equipment and Materials 4.3 Building/Physical Space 4.4 Partnerships/Community Linkages</p>	
<p>5.1 Planning 5.2 Recruitment and Retention 5.4 Education, Training and Development 5.5 Quality of Work Life</p>	
<p>All of Section 6: Information Management</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: All sections

Draft Liability Documents: May, sections 2.2, 2.6, 3.4, 3.13, 3.18, 4 to 4.14

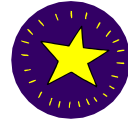
Occupational Health and Safety Act

CCHSA AIM Standards, 1999 – All Standards

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:



Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for outlining the type and frequency of quality monitoring activities and reports.
2. Procedure for *incident* monitoring.
3. Procedure for obtaining client, family and staff input on the Program's services and their delivery, processes, and satisfaction with the Program.
4. Procedure for identifying, monitoring, and recording key *indicators* and reporting on the changes that have occurred from one year to another, and, as appropriate, from one quarter to another.

Suggested tools:

- List of key *indicators* in clinical, financial, human resources and quality areas
- Tool to measure *indicators* on a regular basis for comparison purposes over time



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 5: Quality	Community Name
Policy: Quality Improvement	Policy Number: 5.3

Approval:	Date:
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Policy

The ***First Nations and Inuit Home and Community Care Program*** promotes a philosophy of continuous *quality improvement* throughout the organization.

Policy Rationale

To ensure that continuous *quality improvement* activities are conducted for ongoing Program development, process improvement and the reduction of *risk* to clients, families, staff, and the Program.

Policy Details

The Program's vision and activities promote a culture of continuous *quality improvement*. Program management is accountable to establish a quality improvement program with identified goals, objectives, and scope. *Quality improvement* to programs/processes is achieved by using *benchmarks, best practices* and reviews of the literature. Regular analysis and evaluation of quality improvements occurs. *Quality improvement* activities can assist in *reallocation of resources*.



At the time of hiring, staff receive orientation regarding the philosophy of continuous *quality improvement* and are involved in *quality improvement* activities. Education and training of staff about continuous *quality improvement* activities is provided regularly to promote the philosophy.

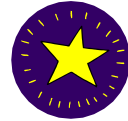
Quality improvement activities are coordinated with other service providers, programs and services in the community and other First Nations and Inuit Home and Community Care Programs.

Communication of *quality improvement* initiatives to staff, other community-based programs and services, community leadership and funders is the responsibility of Program management.

Process Guidelines

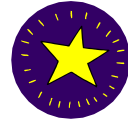
Quality improvement processes will be guided by the following:

- Coaching, counseling, mentoring and development of staff about continuous quality improvement activities is a key activity of Program management
- *Benchmarks* and *best practices* are adapted into Program practices and processes
- Clients, families, the community and staff are involved in decision making about *quality improvement* activities
- Identification of areas for improvement in services and processes occurs regularly
- Analysis of changes and improvements occurs
- *Evaluation* of the effectiveness of *quality improvement* activities regularly occurs
- Communication about changes to services and processes is timely







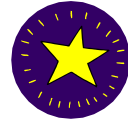
Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

<p>1.3 Capacity Building</p>	
<p>2.1 Program Management 2.2 Risk Management</p>	
<p>3.1 Services Delivery 3.5 Client Rights 3.7 Confidentiality</p>	
<p>4.1 Health and Safety 4.4 Partnerships/Community Linkages</p>	
<p>All of Section 6: Information Management</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: All sections

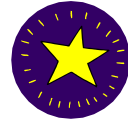
Draft Liability Documents: May, sections 2.2, 2.4, 2.5, 4.1 to 4.19;
June, pgs 4-12, 30-31

CCHSA AIM Standards, 1999 – All Standards

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for outlining and monitoring *quality improvement* monitoring activities and results.

Suggested tools:

- Tracking tool for *quality improvement* activities
- *Evaluation* tool for *quality improvement* activities

2. Procedure for monitoring Program and Program services results.
3. Procedure for communicating *quality improvement* activities and results.

Suggested tools:

- Communication tool for *quality improvement* activities (ie newsletter, information sheet)

4. Procedure to detail *accountability* of *quality improvement* activities.



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 5: Quality	Community Name
Policy: Risk Management	Policy Number: 5.4

Approval:	Date:
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Policy

The **First Nations and Inuit Home and Community Care Program** has a clearly defined, coordinated system of incident monitoring that is used to assess, analyze, report, evaluate and improve *quality*.

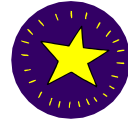
Policy Rationale

To ensure that *risk* issues related to clients, families, staff and Program liability are addressed in a timely and effective way.

Policy Details

At a minimum, the **First Nations and Inuit Home and Community Care Program** has clear processes and procedures for reporting *incidents* and ensures that:

- The responsibilities of Program management and staff are clearly defined in writing



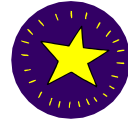
- All staff receive ongoing education and training about *incident* monitoring
- All staff are involved in *incident* monitoring
- Potential hazards and *risks* are minimized wherever the client receives service
- All *incidents* are reported within 24 hours from the time they occur
- Response to *incidents* and undesirable events occur in a timely way
- Ongoing monitoring, analysis and *evaluation* of *incidents* are important activities within the Program
- Results of improvements are communicated effectively

Process Requirements

The First Nations and Inuit Home and Community Care Program

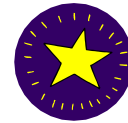
ensures that there is:

- Completion of an *incident* monitoring form within 24 hours of the event
- Investigation and identification of the cause of *incidents* and undesirable events
- Recording of *incidents* and undesirable events on the client's record, including the management of each *incident* or event
- Ongoing monitoring and evaluation of *incidents*
- Ongoing collection and analysis of data over time
- Ongoing identification of high-risk clients and client groups and areas of potential *risk* in processes and practices









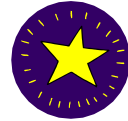
Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

<p>1.4 Resource Management 1.5 Contract Management</p>	
<p>2.1 Program Management 2.2 Risk Management</p>	
<p>3.1 Services Delivery 3.3 Health Promotion, Disease Prevention and Protection Services</p>	
<p>4.1 Health and Safety 4.2 Equipment and Materials 4.3 Building/Physical Space 4.5 Emergency and Disaster Planning</p>	
<p>5.3 Evaluating Performance 5.4 Education, Training and Development</p>	
<p>6.1 Information Needs 6.2 Data Collection and Reporting 6.4 Information Exchange 6.5 Program Changes and Improvements 6.6 Confidentiality and Security</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: All sections

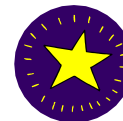
Draft Liability Documents: Entire May document and entire June document

CCHSA AIM Standards, 1999 – All Standards

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:



Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for reporting, recording and handling *incidents* and complaints, with a specific procedure for high-risk complaints.

Suggested tools:

- *Incident* report form

2. Procedure for identifying and classifying low, medium and high *risk* situations.

Suggested tools:

- Guidelines for low, medium and high *risk* situations

3. Procedure for investigating *risk* issues, including the course of action to be taken by the Program and the staff and Program management roles in that action.

4. Procedure for communication of *risk* issues.

5. Procedure for tracking incidents and appropriate discipline.

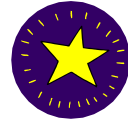
Suggested tools:

- Tool to record and track the response to each incident, including disciplinary actions taken

6. Procedure for progressive discipline, including monitoring and reviewing the progress of the employee on a timely basis.

Suggested tools:

- Form outlining progressive discipline and dates for implementation, review and decision as to next steps
- Sample letter of warning



7. Procedure for forwarding incident reports to appropriate people.
8. Procedure for securing and keeping incident reports for a specified period of time.



<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 6: Operations</p>	<p>Community Name</p>
<p>Policy: Program Management</p>	<p>Policy Number: 6.1</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

The **First Nations and Inuit Home and Community Care Program** has a management system for the Program that ensures that the services delivered to the community:

- Are approved of and supported by the community leadership
- Are responsive to changing needs and demographics
- Support the *mission, vision* and goals identified by the community and **First Nations and Inuit Home and Community Care Program** staff
- Are equal to those received by other Canadians
- Are fiscally responsible and financially sustainable
- Meet the standards for service delivery and quality programming
- Do not duplicate services that were available in the community prior to the establishment of the **First Nations and Inuit Home and Community Care Program**
- Achieve a *continuum of care* with other services offered in the local area, with other First Nations and Inuit communities, and with non-Aboriginal communities, as appropriate



Policy Rationale

To ensure that the Program and its services are regularly evaluated in order to provide *quality* care that meets the health needs of the community.

Policy Details

Management of the ***First Nations and Inuit Home and Community Care Program*** involves:

- Internal management processes/systems
 - Financial management
 - Fiscal efficiency analysis
 - Financial reporting
 - Funding/resource allocation applications and analysis
 - Annual reports
 - Human resource management
 - Staffing needs analysis
 - *Recruitment* and *retention* strategies
 - *Compensation* and *benefit* decisions
 - Ongoing training and development planning
 - *Quality management*
 - *Risk* management
 - *Occurrence/Incident* reporting and analysis
 - *Quality improvement* activities/planning for ongoing Program and services changes and improvements
 - Resource/capacity management
 - Management of funding allotments
 - Capacity building analysis
 - Service delivery management
 - Management of the essential service elements of the Program:
 - Case Management
 - Client Assessment
 - Home Care Nursing
 - Home Support Services
 - In-Home Respite
 - Medical Supplies and Equipment
 - Data/Information Systems and Records Management



- Physical space/equipment/materials management
 - Examination of the physical location of the Program offices
 - Regular maintenance of equipment and materials
 - Tracking and analysis of safety *audits*
- Information management

- Management of external relationships, partnerships and contracts, including:
 - Linkages with health and social services outside of the **First Nations and Inuit Home and Community Care Program**
 - Contract management, as required, for communities that choose to purchase services and for the purchase of equipment, supplies, etc.
 - Management of partnerships with other First Nations and Inuit communities
 - Management of relationships with funding agencies

Process Guidelines

The **First Nations and Inuit Home and Community Care Program** has a well-defined process in place for the management of internal and external relationships that will ensure the responsiveness and success of the Program. This process includes but is not limited to:

- Clear and specific job descriptions for managers within the **First Nations and Inuit Home and Community Care Program**. These job descriptions outline responsibilities, authority and *accountabilities* associated with each position.
- The development of an organizational chart that is specific to the community and its **First Nations and Inuit Home and Community Care Program**. This chart defines the individuals who are accountable for the Management function within the Program and has the approval of the community leadership.
- A planning process, which prepares the community for the implementation and ongoing management of the **First Nations and Inuit Home and Community Care Program** that includes:
 - Identification of community leadership responsibility
 - Development, with community input, of the *mission, vision, values and goals* of the **First Nations and Inuit Home and Community Care Program**
 - Community needs assessment







- *Evaluation* of the Program's delivery of services to examine:
 - Appropriateness
 - Effectiveness
 - Efficiency
 - Timeliness
 - Ability to address identified community needs
- Financial planning
- Development of *evaluation* criteria
- Regular reporting process
- Identification of potential partners and referral sources
- Identification and listing of existing services, including other community resources and programs, and programs and services provided outside of the community
- A formal review process of all contract agreements and partnerships
- A process for annual evaluation of the **First Nations and Inuit Home and Community Care Program**

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

<p>1.1 Community Needs Assessment 1.3 Capacity Building 1.4 Resource Management</p>	
<p>3.1 Services Delivery 3.2 Continuity of Services 3.7 Confidentiality</p>	
<p>4.2 Equipment and Materials 4.3 Building/Physical Space 4.4 Partnerships/Community Linkages</p>	
<p>5.2 Recruitment and Retention 5.3 Evaluating Performance</p>	
<p>6.1 Information Needs 6.2 Data Collection and Reporting 6.3 Analysis and Evaluation 6.5 Program Changes and Improvements</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: All sections

Draft Liability Documents: May, sections 2 to 2.9; June, pgs 6-12

CCHSA AIM Standards, 1999 – Leadership and Partnerships, Home Care Services

Professional Practice Standards

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for reporting, recording and handling incidents and complaints, with a specific procedure for high-risk complaints.

Suggested tools:

- *Incident* report form

2. Procedure for conducting a Program evaluation each year.

Suggested tools:

- Information guide, to ensure the necessary information is collected
- Report guide, to ensure the most important aspects of the Program, its strengths and its weaknesses, are considered

3. Procedure for identifying, monitoring, and recording key *indicators* and reporting on the changes that have occurred from one year to another, and, as appropriate, from one quarter to another.

Suggested tools:

- List of key indicators in clinical, financial, human resources, and quality areas
- Tool to measure indicators on a regular basis for comparison purposes

4. Procedure for completing a *community needs assessment* and annually reviewing this assessment to identify any changes that suggest a need to adjust the Program to be more responsive.

5. Procedure for managing contracts for services, equipment and materials.

Suggested tools:

- Sample contracts for service provision and for equipment and materials purchases



6. Procedures for interviewing and discussing client, family, community and staff satisfaction with the Program.

Suggested tools:

- Objective questions regarding the program, service delivery, staff competency and attitude, and other key aspects of the Program



<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 6: Operations</p>	<p>Community Name</p>
<p>Policy: Record Management</p>	<p>Policy Number: 6.2</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

The **First Nations and Inuit Home and Community Care Program** has a record management system that:

- Protects client and staff information
- Assists *quality monitoring* activities
- Provides data for planning activities
- Conforms to relevant Federal/Provincial/Territorial legislation

Policy Rationale

To ensure that all records, including client information, staff information and financial information, are confidentially maintained and stored.

Policy Details

The **First Nations and Inuit Home and Community Care Program** management of records ensures the security, efficient use and appropriateness of:

- Client care records, including:
 - Client assessments
 - Case management files



- Ongoing client information and notes written by staff providing direct services, which may be kept in the home and/or in the Program office
- Financial records, including:
 - Income and expense records
 - Program funding applications/approvals/allotments
 - Data pertaining to annual reporting
- Inventory records for medical supplies, equipment and medications
- Human resource records, including:
 - Income and expense records
 - Payroll records
 - Staff files
 - Active
 - Terminated
- Contracts/partnership agreements/cooperative service delivery agreements
- Quality management records
 - Client satisfaction data
 - Community needs assessment data
 - Occurrence reporting and tracking

Process Guidelines

All ***First Nations and Inuit Home and Community Care Program*** services have a process that ensures the security, efficient use and appropriateness of all records relating to the Program through:

- Recruiting appropriately trained and experienced staff to Program management positions
- Educating all staff in the responsibilities of their positions as they pertain to record management
- Educating all staff to procedures regarding the release of information, storage of files, destruction of files, use of *quality monitoring* data, and data gathered through the *community needs assessment* process
- Monitoring legislative requirements for records management to determine the need for changes in policy or direction



- Documenting any *incidents* of inappropriate use/release/destruction/loss of records for *quality monitoring* purpose
- Storing all records listed above in secure locations with access available only to approved staff

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	

Related Standards

1.1 Community Needs Assessment	An icon showing two hands shaking, symbolizing agreement or partnership.
3.7 Confidentiality	An icon of a small red house with a green roof and a chimney, symbolizing a home or community.
6.1 Information Needs 6.2 Data Collection and Reporting 6,4 Information Exchange 6.4 Program Changes and Improvements	An icon of a clipboard with a yellow sheet of paper and a blue pen, symbolizing documentation or reporting.



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria and sections 1, 2, 3A, 4, and 5

Draft Liability Documents: May, sections 6 to 6.8; June, pgs 7-10, 37-39

CCHSA AIM Standards, 1999 – Information Management,

Leadership and Partnerships

Professional Practice Standards

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for the release of information.

Suggested tools:

- Consent form for *informed consent* release of information
2. Procedure for storing confidential client, staff, contract and financial information.
 3. Procedure for discarding confidential information.
 4. Procedure for determining access to information.
 5. Procedure for gathering, recording, and reporting *quality monitoring* data.
 6. Procedure for the use of data gathered through the community needs assessment process.
 7. Procedure for development and distribution of reports about the Program.

Suggested tools:

- Sample report outline to ensure the most useful information is collected, analyzed and shared appropriately
8. Procedure for faxing and e-mailing confidential information.



<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 6: Operations</p>	<p>Community Name</p>
<p>Policy: Communications</p>	<p>Policy Number: 6.3</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

The **First Nations and Inuit Home and Community Care Program** ensures that all communications (verbal and written, within the Program, to other programs and services, the community, the media, government, and others) are:

- Delivered by the appropriate Program manager or community leader
- Accurate
- Consistent with the goals of the **First Nations and Inuit Home and Community Care Program**
- Consistent with policies regarding confidentiality of client and staff information
- Respectful of community values and traditions

Policy Rationale

To ensure that there is senior *accountability* for all information shared inside and outside the Program, and that all information fits with the *mission, vision, values* and goals of the Program.



Policy Details

The **First Nations and Inuit Home and Community Care Program** appoints either the Program manager or another senior person as the Program spokesperson. This individual will be responsible for:

- Ensuring that staff are informed of all Program, policy and process changes relevant to their responsibilities in the Program
- Ensuring that community members are informed about the Program and the services available
- Ensuring that all information being supplied to the media, government, community partners and other First Nations and Inuit communities is accurate and current
- Ensuring that only appropriate information is released
- Ensuring that information shared or released does not violate confidentiality policies for client and/or staff information
- Receiving all incoming requests for information
- Responding to all media requests for information or, when appropriate, referring the media to the others, either within the Program or to other programs, services or the community leadership
- Preparing for and assisting in the delivery of the Program's annual report, by:
 - Ensuring that the community is involved
 - Ensuring that information included in the annual report is accurate
 - Ensuring that appropriate government, media, community partners, and others are included in the distribution of the report and any other related activities
- Monitoring information prepared and delivered by other communities delivering **First Nation and Inuit Home and Community Care Program** services and partnering with them, when appropriate, to explore shared trends in data analysis and *quality improvement*

Process Guidelines

The **First Nations and Inuit Home and Community Care Program** has a well-defined process for handling information that may include but is not limited to:

- All internal information that is being prepared for delivery to



staff or/and clients is checked for its accuracy by at least two other Program staff (senior staff if possible) before release

- All requests for information from external sources are documented in a communication record and forwarded to the Program spokesperson for response
- All information being prepared for external release, including written reports and updates for government funding agencies, is checked for accuracy by at least one other Program staff and a member of the community leadership
- Information released to the general community is approved by the community leadership and the **First Nations and Inuit Home and Community Care Program** management before release
- The annual report is checked for accuracy and relevance by the community leadership and the **First Nations and Inuit Home and Community Care Program** management

All staff is fully aware of the communications policy of the Program and refers all information requests to the Program spokesperson. This understanding begins during orientation and is reinforced during ongoing training sessions. Staff are also fully aware of any information released to media and other external sources in a timely way.

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

<p>1.1 Community Needs Assessment</p>	
<p>3.7 Confidentiality</p>	
<p>6.4I Information Exchange 6.5 Program Changes and Improvements 6.6 Confidentiality of Information</p>	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program criteria, sections 1, 2, 3A and 4

Draft Liability Documents: May, sections 3.2.1, 4.9, 6.5; June, pgs 7-13, 22, and 28

CCHSA *AIM Standards*, 1999 – Leadership and Partnerships,
Information Management
Provincial/Territorial and Federal Legislation
DIAND/FNIHB Home and Community Care Directives

<p>Review Process:</p>	<p>Dates:</p>
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for the release of information (including client, staff or Program information).

Suggested tools:

- Consent form for *informed consent* for release of information

2. Procedure for processing communication requests from outside sources, including the recording of the request, the response and any follow-up required. A specific procedure that is more detailed exists for processing media requests.

Suggested tools:

- Communication log

3. Procedure for communication of *mission, vision, values* and goals to community and staff.
4. Procedure for preparing and sharing the Program annual report.



<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 6: Operations</p>	<p>Community Name</p>
<p>Policy: Annual Program Summary</p>	<p>Policy Number: 6.4</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

The **First Nations and Inuit Home and Community Care Program** prepares an annual report and submits this report, as required, to the community leadership and the appropriate government agency.

Policy Rationale

To ensure that Program services are regularly evaluated and carefully planned, based on the trending of data, and that there are *quality improvement* activities concerning service delivery, resource management, fiscal management, and other activities of the Program.

Policy Details

The **First Nations and Inuit Home and Community Care Program** prepares the annual summary of activities throughout the year. Information is collected on a monthly basis, and is pulled together at the end of the year to provide the annual summary of activities.

The annual summary provides the community leadership and the government funding agency with an analysis of:



- The previous year's activities
- The strengths and weaknesses of the Program
- Recommendations for on-going development of the Program

Information appearing in the annual report may include but is not limited to:

- *Data* related to community needs assessment activities
- Trending of *incidents* and related actions
- *Quality improvement* activities
- Educational opportunities for staff
- *Data* related to community complaints
- Any pending legal issues
- Evaluation of the confidentiality of client and staff information
- Human resources statistics including:
 - Turnover
 - *Recruitment* and retention challenges/successes
 - Specific training gaps
 - Workforce data, such as RN/LPN ratio, supportive care qualifications, rehabilitation staff (if applicable), administrative and management needs
- Service delivery information
 - Service volumes provided
 - Efficiency of service
 - Costs of services provided
 - Services required and not provided
 - Waiting lists
 - Linkages with other services, providers and agencies required to deliver continuum of care to community
- Accreditation progress and/or activities, if applicable
- Recommendations for further development and/or the contracting of current services provided, and for the addition of any new services

Process Guidelines

The ***First Nations and Inuit Home and Community Care Program*** prepares for the annual Program summary throughout the year by ensuring that there is a process for the collection of relevant data and information.

The ***First Nations and Inuit Home and Community Care Program*** regularly evaluates community response to services provided through the Program. This evaluation is achieved through:



- Community needs assessment activities
- Client satisfaction analysis
- Complaints analysis
- *Incident* analysis
- Review of the Program's *mission and vision* statements

The *data* gathered through this process forms the basis for recommendations for further development of the **First Nations and Inuit Home and Community Care Program**.

The **First Nations and Inuit Home and Community Care Program** designates, within the Program, an individual/position that is responsible for the collection, summarizing and reporting of relevant information. This individual ensures the accuracy of all information prior to the release of the annual summary.

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

1.1 Community Needs Assessment 1.2 Development and Achievement of the Vision	An illustration of two hands shaking, symbolizing agreement or partnership.
2.2 Risk Management	A yellow star inside a purple circle with radiating lines, symbolizing risk or focus.
3.7 Confidentiality	A colorful illustration of a house with a chimney, symbolizing home or confidentiality.
5.1 Planning 5.2 Recruitment and Retention 5.4 Education, Training and Development	An illustration of a person standing on a globe, symbolizing global impact or development.
6.2 Data Collection and Reporting 6.3 Analysis and Evaluation 6.4 Information Exchange 6.5 Program Changes and Improvements	An illustration of a clipboard with a pen, symbolizing data collection or reporting.



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, Sections 2, 3A, 4 and 5

Draft Liability Documents: May, sections 1.3.1, 1.3.2, 1.3.3, 2.2; June, pgs 6-12, 27

CCHSA AIM Standards, 1999 – Leadership and Partnerships

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for identifying, monitoring, and recording key *indicators* and reporting on the changes that have occurred from one year to another, and, as appropriate, from one quarter to another.

Suggested tools:

- List of key *indicators* in clinical, financial, human resources and quality areas
 - Tool to measure *indicators* on a regular basis for comparison purposes over time
2. Procedure for completing a *community needs assessment* and annually reviewing this assessment to identify any changes that suggest a need to adjust the Program to be more responsive.
 3. Procedure for preparing the annual report, including an outline of the report information, a review process, and a time line to ensure it is ready and can be reviewed before it is shared.
 4. Procedure for the communication of the Program summary results.



<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 6: Operations</p>	<p>Community Name</p>
<p>Policy: Financial Management</p>	<p>Policy Number: 6.5</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

The **First Nations and Inuit Home and Community Care Program** has a financial management system that ensures all aspects of the Program are fiscally responsible and financially sustainable.

Policy Rationale

To ensure fiscal accountability in the delivery of all Program services.

Policy Details

Responsible financial management of the **First Nations and Inuit Home and Community Care Program** includes but is not limited to:

- An annual budget and financial forecasting report which outline projected expenses and funding expectations
- An analysis of key Program costs and recommendations for cost reductions (i.e. human resources, medical and office supplies, communications equipment, overhead, etc.)
- An analysis of financial *indicators* and recommendations for overall expense reductions (i.e. travel time expenses, training and in-service expenses, *recruitment* expenses, etc.)



- Monthly reports to community leadership and government funders on financial status of the **First Nations and Inuit Home and Community Care Program**
- Capacity building requirements and associated funding applications and cost outlines
- Written contracts are in place and regularly reviewed for the purchase of services and equipment

Process Guidelines

The **First Nations and Inuit Home and Community Care Program** has a well-defined process in place for the financial management of the Program. This includes but is not limited to:

- A clearly defined position within the Program that is assigned overall responsibility for the financial management of the Program, to the extent that this activity is managed within the Program. The individual with this accountability must have experience in financial analysis and budgeting.
- Clear and specific *job descriptions* that detail all positions with *accountability* for financial *data* analysis and spending authority.
- A budgeting process that involves the staff, management and community leadership associated with the **First Nations and Inuit Home and Community Care Program**
- Compiling an annual report for the community leadership and appropriate government agency

Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	



Related Standards

<p>1.1 Community Needs Assessment 1.3 Capacity Building 1.4 Resource Management 1.5 Contract Management</p>	
<p>4.3 Building/Physical Space 4.4 Partnerships/Community Linkages</p>	
<p>6.1 Information Needs 6.3 Analysis and Evaluation 6.4 Information Exchange 6.6 Program Changes and Improvements</p>	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria and sections 2, 3A, and 4

Draft Liability Documents: May, sections 2.2 to 2.15; June, pgs 6-13

CCHSA *AIM Standards*, 1999 – Leadership and Partnerships

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

<p>Review Process:</p>	<p>Dates:</p>
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for preparing payroll on a regular, timely basis.
2. Procedure for managing accounts receivable and accounts payable.
3. Procedure for reconciling bank statements.
4. Procedure for preparing the annual capital budget.

Suggested tools:

- Capital budget outline

5. Procedure for preparing the annual operating budget.

Suggested tools:

- Operating budget outline

6. Procedure for the submission and reimbursement of expenses incurred by staff.

Suggested tools:

- List of expenses and guidelines for reimbursement
- Expense reimbursement form

7. Procedure for monitoring variances in the budget to actual financial performance.

8. Procedure to ensure the confidentiality of information.



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 7: Health and Safety	Community Name
Policy: Hazardous Waste Management	Policy Number: 7.1

Approval:	Date:
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Policy

The **First Nations and Inuit Home and Community Care Program** will ensure safe handling, storage, use and disposal of hazardous wastes and materials according to government legislation and/or community regulations. Hazardous wastes and materials include:

- Body fluids and blood
- Blood products
- Sharps disposal including blades, syringes, needles
- Equipment
- Solutions commonly used in the home

Policy Rationale

To provide a healthy environment for clients and staff, and ensure measures are in place for the safe use, storage and disposal of hazardous wastes and materials.



Policy Details

All hazardous wastes and materials will be handled, stored, used and disposed of safely according to relevant government policies and relevant provincial, federal and territorial legislation. The standards set by the Occupational Health Safety Act and the Environmental Health and Safety Act of Canada will be used as key references for determining the handling, storage, use and disposal of hazardous waste materials and products.

Staff of the **First Nations and Inuit Home and Community Care Program** will not transport hazardous wastes or materials.

All staff will be familiar with the Occupational Health and Safety Act (including *WHMIS* guidelines) and a copy of the Act is readily available to them at all times.

Process Guidelines

The **First Nations and Inuit Home and Community Care Program** will have written procedures for safe handling, storage, use and disposal of hazardous wastes and materials.

All staff will receive orientation, education and training on:

- Occupational Health and Safety Act guidelines
- *WHMIS* guidelines and labels
- Universal precautions
- Proper cleaning of contaminated equipment
- Proper handling, storage, use and disposal of hazardous wastes and materials

Employees will protect the safety of themselves, their clients and families through:

- Use of *universal precautions*
- Proper handling, storage, use and disposal of hazardous wastes and materials
- Adequate amounts of protective supplies, ie gloves, masks, sharps disposal containers



Employees will teach clients and families about proper methods of handling, storing, using and disposing of hazardous wastes and materials and will ensure that they have adequate supplies for same.

Employees will assess the client's home environment for safety hazards.

There will be an information package developed for *WHMIS* education for staff to be used during *orientation* and ongoing training sessions.

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	

Related Standards

3.1 Services Delivery 3.3 Health Promotion, Disease Prevention and Protection Services	
4.1 Health and Safety 4.2 Equipment and Materials 4.3 Building/Physical Space	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, Sections 2, 4 and 5

Draft Liability Documents: May, section 4; June, pgs 9-10, 27-28

Environmental Health and Safety Act

Occupational Health and Safety Act

CCHSA AIM Standards, 1999: Environment

WHMIS

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedures for safe handling, storage, use and disposal of specific hazardous wastes and materials.

Suggested tools:

- Checklist on *WHMIS* guidelines to be used during *orientation* and also in ongoing training sessions, as required

2. Procedure on *Universal Precautions*.

3. Procedure for proper cleaning of contaminated equipment.

Suggested tools:

- Checklist of various steps for proper cleaning of specific kinds of equipment



<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 7: Health and Safety</p>	<p>Community Name</p>
<p>Policy: Disaster Response</p>	<p>Policy Number: 7.2</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

The **First Nations and Inuit Home and Community Care Program** has a clear plan, in writing, which outlines the responses of the Program and its staff to disasters that may occur in the community. This plan is part of the community's disaster plan and is complementary to it.

Types of disasters may include:

- Fires
- Natural disasters
- Threats of violence
- Chemical spills
- Power failures
- Bomb threats

Policy Rationale

To ensure there is a coordinated plan to deal calmly, effectively and quickly with emergencies and disasters.



Policy Details

The plan promotes the protection and safety of Program clients, families and staff. The Occupational Health and Safety Act of Canada is used as a reference for the development of the plan.

The plan:

- Identifies who is responsible to initiate and coordinate a disaster response for the Program
- Outlines the policies, processes and procedures to be followed for various types of disasters
- Includes the Program's role in working with community leadership and others in the community on activities related to disaster response
- Identifies the *orientation*, education and training required by staff to ensure they are able to effectively respond in disaster situations
- Outlines how to access client lists in a disaster situation
- Explains how to set priorities regarding the care needs of clients and families during a disaster
- Identifies ways of protecting and transporting client records during a disaster
- Clearly describes a process to quickly access properly qualified staff in response to a disaster
- Identifies ways to communicate with clients, with staff and with others in the community, should a disaster occur
- Identifies physical space requirements for an emergency response situation

Process Guidelines

There are written processes and procedures to guide staff in their response to each type of disaster listed above.

Processes and procedures related to the types of disaster that may occur and the roles and responsibilities of staff during any disaster are reviewed and explained during *orientation* and other training sessions.

A process that details each staff responsibility outlines the process for contacting one another and clients of the Program, in the event



of a disaster. This process utilizes a fan-out approach, in which each staff member contacts a certain number of people who, in turn,

contact another certain number of people, so that the contact is multiplying in its impact.

Planned disaster exercises are carried out by the Program and the community on a regular basis. These exercises provide an opportunity to test and evaluate the effectiveness of the written policies, processes and procedures related to disaster planning. Key information regarding these exercises is documented, including an evaluation of the response. This material is kept on file for purposes of *accreditation* and feedback concerning areas for improvement is provided to staff.

Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	



Related Standards

<p>3.1 Services Delivery 3.2 Health Promotion, Disease Prevention and Protection Services</p>	
<p>4.1 Health and Safety 4.3 Building/Physical Space 4.4 Partnerships/Community Linkages 4.5 Emergency and Disaster Planning</p>	

Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Sections 2 and 4

Draft Liability Documents: May, sections 1.3.6, 2.4, 2.5, 3.3, and 4 to 4.15; June, pgs 9-10, 22, 25, and 28

Occupational Health and Safety Act
CCHSA AIM Standards, 1999 – Environment
Provincial/Territorial and Federal Legislation
DIAND/FNIHB Home and Community Care Directives

<p>Review Process:</p>	<p>Dates:</p>
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Specific procedures to guide staff in responding to fires, natural disasters, threats of violence, chemical spills, power failures, and bomb threats.

Suggested tools:

- Checklists outlining the steps and tasks to consider for each specific type of disaster

2. Procedure for identifying clients at risk, and setting priorities regarding clients and their needs for service during a disaster.

Suggested tools:

- Form for listing priority clients and their care needs during a disaster

3. Procedures for security and transportation of client records during a disaster.
4. Procedure for communication with staff and clients, including call lists for each staff.

5. Procedure for recording and evaluating disaster practice exercises.

Suggested tools:

- Report format to record necessary information and notes on effectiveness of the plan in practice

6. Procedure for evacuation of clients who are at risk and, if necessary, for staff.



7. Procedure for identifying community resources that can be shared during times of disaster.

Suggested tools:

- List of community resources



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
<i>Part 7: Health and Safety</i>	Community Name
Policy: Fire and Evacuation	Policy Number: 7.3

Approval:	Date:
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Policy

The **First Nations and Inuit Home and Community Care Program** has a written fire and evacuation plan that outlines the steps to be taken by staff in the event of a fire and/or evacuation.

Policy Rationale

To ensure there is a coordinated plan to deal quickly and effectively in the event of the need for evacuation.

Policy Details

The safety of clients, families and staff will be promoted through use of a written fire and evacuation plan. The plan will be coordinated with the local community fire authority. In fact, the authority may assist in the development of the plan and related processes and procedures. Program management will ensure compliance of the plan with any fire codes and regulations.

All fire safety concerns identified by staff will be reported immediately to Program management. All concerns will be documented.



The fire and evacuation plan will identify the following and should be developed with input from the community fire authority:

- Frequency and documentation of workplace safety inspections
- Frequency and documentation of inspection of the physical structure where the Program staff are located
- Frequency and documentation of inspection of fire extinguisher equipment used on the premises
- Frequency and documentation of fire and/or evacuation drills
- Who is responsible to initiate the fire and evacuation plan
- Education and training of staff about their responsibilities in the event of a fire and/or evacuation
- Floor plan of the office space
- List of the items kept at the First Aid Station and its location
- Who is in charge of inspecting the First Aid Station
- List of hazardous products that are kept in the office space

Process Guidelines

During *orientation*, all staff will be made fully aware of the fire and evacuation plan. This *orientation* will include an explanation of:

- The procedure to be followed in the event of a fire and/or evacuation occurring in a client's home, a school, or the Program office
- How practice drills and exercises will be reported and recorded
- How fire safety concerns will be reported, recorded and monitored for any *trends*
- Staff responsibility in initiating a fire and/or evacuation response
- Use of fire extinguishing equipment
- Types of fire extinguishing equipment located in the Program office
- Identification of hazardous products, including the use of *WHMIS* labels and *MSDS* sheets

Regular fire and evacuation practice exercises will be carried out in partnership with the community fire authority. In fact, the authority may assist in the development of the plan and related processes and procedures.



Reports will be completed to record these activities and they will be reviewed on a regular basis to identify any changes that should be made to the fire and evacuation plan.

Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	

Related Standards

<p>3.1 Services Delivery 3.3 Health Promotion, Disease Prevention and Protection Services</p>	
<p>4.1 Health and Safety 4.3 Building/Physical Space 4.4 Partnerships/Community Linkages 4.5 Emergency and Disaster Planning</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Sections 2 and 4

Draft Liability Documents: May, sections 2.3-2.6; June, pgs 7-10

CCHSA AIM Standards, 1999 – *Environment*

Fire and Safety Act

Hazardous Products Act of Canada

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for evacuation of clients, family members and staff.
There may be two specific procedures for clients: one for those at *risk* and another for those who are not at *risk*.

2. Procedure for fire drills and evacuation practice exercises.

Suggested tools:

- Report for recording fire drills and evacuation exercises
- Tool for tracking trends of fire drills and evacuation exercises

3. Procedure for safety inspections.

Suggested tools:

- Form for completing safety inspections and monitoring their frequency

4. Procedure for communication with staff and clients, including contact lists for each staff.

5. Procedure for identifying clients at *risk*.

Suggested tools:

- Form for listing priority clients who may be at *risk*

6. Procedure for identifying community resources that can be shared during times of fire and evacuation.

Suggested tools:

- List of community resources



7. Procedure for security of client records during a fire and/or evacuation.
8. Procedure to define access to client records in the event of a fire and/or evacuation.



<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 7: Health and Safety</p>	<p>Community Name</p>
<p>Policy: Incident Reporting</p>	<p>Policy Number: 7.4</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

All **First Nations and Inuit Home and Community Care Program** staff *incidents* will be reported, recorded and investigated promptly.

Policy Rationale

To ensure appropriate attention to staff *incidents* and the identification of *risk* issues for staff; to identify areas for improvement by monitoring, tracking and evaluating these *incidents*.

Policy Details

All employees working with the **First Nations and Inuit Home and Community Care Program** will receive prompt medical treatment for an injury or *incident*.

Employees are required to notify Program management of any *incident* within 24 hours.



Program management will investigate the *incident* and report it to the Worker's Compensation Board within the designated time guidelines and using the appropriate forms. Where appropriate, a course of action will be identified as per legislative requirements. Program management may face legal and financial consequences for *incidents* that are not reported.

Program management will collect information on the types of *incidents* and trends. All *incidents* will be reviewed on a regular basis or at least quarterly.

Process Guidelines

During orientation, all staff will be made aware of:

- The processes and procedures related to incidents and incident reporting, as well as health and safety monitoring
- Types of incidents that should be reported
- The time frames in which incidents must be reported
- Any protective devices that are required for specific tasks

On going training programs will be held for staff to review incident reporting practices/changes in legislation.

All incidents are reported and recorded using an *incident* reporting form. These forms are always completed in ink. Permanent records of any *incidents* will be kept on each staff person's file.

All employees who experience an incident will be assessed for early return to work. Modified work programs will be offered to staff who are injured on the job.



Program management staff should establish a committee to oversee health and safety issues as per legislative requirements. It may be most effective to establish this committee in partnership with other health and social services programs.



Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	

Related Standards

<p>3.3 Health Promotion, Disease Prevention and Protection Services</p>	
<p>4.1 Health and Safety 4.2 Equipment and Materials 4.5 Emergency and Disaster Planning</p>	
<p>6.4 Information Exchange</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Sections 3A, 4 and 5

Draft Liability Documents: May, section 6.2, 6.3; June, pgs 9-10, 38

Canada Labour Code

Occupational Health and Safety Act

CCHSA AIM Standards, 1999 – Environment

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for reporting *incidents* to Program management
2. Procedure for recording and monitoring *incidents*.

Suggested tools:

- *Incident* reporting form
- Tool to track *incidents* by type and degree of seriousness

3. Procedure for reporting *incidents* to appropriate legislative bodies.

Suggested tools:

- *Incident* reporting form, with space to record reporting and follow-up

4. Procedure for *quality improvement* and *risk* prevention as a result of monitoring and reviewing *incidents*.

5. Procedure for qualifying for a leave of absence.

Suggested tools:

- Form for recording leaves of absence, including reason, length of leave, and any modified work arrangements upon return

6. Procedure for qualifying for and establishing a modified work program, in case of injury.

Suggested tools:

- Form for recording details of the modified work program, including reason, length of time modified program should be in place, and progress achieved in returning to a full work program



<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 7: Health and Safety</p>	<p>Community Name</p>
<p>Policy: Liability Protection</p>	<p>Policy Number: 7.5</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

The ***First Nations and Inuit Home and Community Care Program*** carries the required amount of liability insurance and has a written liability protection plan that identifies when formal written contracts are required.

All staff employed with the ***First Nations and Inuit Home and Community Care Program*** and who are required to drive their own vehicle carry vehicle liability coverage in the amount of \$1,000,000, Or more, and must also have a current, valid driver's licence

Policy Rationale

To ensure that processes are in place for ethical and legally sound contract management, including financial protection for Unforeseen or inappropriate conduct staff, which may result in legal action.

Policy Details



Program management is legally responsible and accountable for the liability of all contracted services and the financial security of the Program. Program management provides a safe physical environment for the Program.

Formal written contracts outlining all terms and conditions are prepared for:

- Any services provided to other programs and organizations
- Student placements
- All research activities
- All employees of the Program
- All consultant services and any other purchased services related to the Program

The liability protection plan details who is responsible to initiate written contracts for **the First Nations and Inuit Home and Community Care Program**. All contracts are regularly reviewed to ensure compliance with legislation requirements. Legal consult will be obtained as necessary to review contracts.

The liability protection plan outlines the types of liability protection provided to:

- The Program
- Employees
- Partner organizations and programs
- The client, in the event of violation of legislation, practice, and client care, and from individual employees

All incidents of concern will be immediately documented and assessed and a plan of action will be identified. Legal consult may be necessary when *incidents* of concern are identified.

Process Guidelines

All staff receive an individual contract of employment that outlines the details of the requirements of the Program.



Program contracts and agreements include a clear detailing of the:

- Responsibility of the Program
- Requirements of the contract
- Definition of contracted services
- Obligations to the Program
- Basis of payment

All staff are provided with an *orientation* that includes an explanation and clear understanding of:

- Reporting and recording of liability concerns
- Recognition of potential liability problems
- The consequences of no action when liability problems are identified
- The responsibility to provide the Program with annual proof of vehicle liability coverage in the amount of \$ 1,000,000, or more, if required to use one's own vehicle to provide services
- A copy of valid, current driver's licences must be on file for all staff required to drive in order to deliver services

Ongoing education and training of staff are provided when changes in practice are necessary.

The **First Nations and Inuit Home and Community Care Program** reports and records liability concerns.



Program management communicates to staff regarding changes of practice that may result from investigation of a liability concern.

Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	



Related Standards

1.5 Contract Management	
3.1 Services Delivery 3.2 Health Promotion, Disease Prevention and Protection Services	
4.1 Health and Safety 4.2 Equipment and Materials 4.3 Building/Physical Space	
5.1 Planning 5.5 Quality of Work Life	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria, Sections 2, 3A, 4 and 5

Draft Liability Documents: May, sections 2.13, 2.14, 3.4, 3.11, 3.17 and 4.12 – 4.15; June, pgs 7-12, 16-17, 21, 25, 30-34

CCHSA AIM Standards, 1999 – Leadership and Partnerships

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure to guide the content of written contracts and service agreements.

Suggested tools:

- Sample contracts and service agreements for standard wording and layout

2. Procedure for reporting and recording of liability concerns.

Suggested tools:

- Form for reporting liability concerns, including follow-up activity

3. Procedure for validating staff vehicle liability.

Suggested tools:

- Personnel record that includes recording of vehicle liability, if required, and annual updating to ensure liability information is still valid

4. Procedure for conducting criminal reference checks.

5. Procedure for the regular review of insurance coverage.



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 7: Health and Safety	Community Name
Policy: Negligence	Policy Number: 7.6

Approval:	Date:
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Policy

The ***First Nations and Inuit Home and Community Care Program*** accepts responsibility to ensure that the *competence* of all management and staff involved with the Program has been assessed and, where appropriate, additional skills and training have been provided.

Policy Rationale

To ensure the delivery of safe client care through the effective *recruitment* and training of *competent* human resources.

Policy Details

The ***First Nations and Inuit Home and Community Care Program*** strives to protect clients, families and staff through detailed hiring practices and appropriate education and training. Program management is responsible to ensure that the public will be protected from any violation of conduct, including false reporting.



Program management has proven skills and training to supervise staff.

All employees are required to show proof of their education and training, including *certification* where appropriate, at the time they are hired.

References of all staff are checked prior to hire. When appropriate, criminal records may be obtained for staff working with the program.

The conduct of all staff is professional at all times. Any violation of conduct and the course of action to be taken is documented and reported to the appropriate authorities immediately. All complaints will be investigated thoroughly.

Due diligence is demonstrated when a question of negligence occurs. Legal consult will be requested, where appropriate, to review and advise Program management on necessary actions when a situation of negligence occurs.

Process Guidelines

Orientation of staff includes an explanation of:

- Expectations regarding the staff's code of conduct
- Certification requirements for specific skills
- Responsibility of staff to practice competently
- Requirements to maintain *competence* and/or *certification* in skills
- *Performance review* expectations
- The process for reporting, recording and handling a violation of conduct
- Consequences that may result of a violation of conduct

Ongoing training and development is provided for staff who require *certification* of skills. Professional standards of practice are discussed, as appropriate.

Regular reviews of staff performance and practice occur and training and development plans are discussed at that time.






The Human Rights Code will be followed at all times.

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

3.1 Services Delivery 3.3 Health Promotion, Disease Prevention and Protection Services	 A colorful illustration of a house with a green roof, a chimney, and a red door, set against a light blue background.
4.1 Health and Safety	 A simple illustration of a tree with a brown trunk and green leaves, growing on a small patch of grass.
5.2 Recruitment and Retention	 An illustration of a stylized human figure in blue, standing on a green and blue globe representing Earth.
6.4 Information Exchange	 An illustration of a yellow clipboard with a blue pen resting on it, set against a light blue background.



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Program Criteria and Sections 2, 3A, 4 and 5

Draft Liability Documents: May, section 4 to 4.15; June, pgs 7-12, 28-29.

CCHSA AIM Standards, 1999 – Leadership and Partnerships, Human Resources

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:



Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for conducting checks of *references*, *certifications*, and education and training, as well as criminal checks, as required

Suggested tools:

- Checklist for obtaining information about and checking *references*, *certifications*, education and training and conducting criminal checks, as required

2. Procedure for annually reviewing *certifications*, education and training, and any other updates of information for personnel files.

Suggested tools:

- Update checklist for information about *references*, *certifications*, education and training, and criminal checks, as required, to be kept in individual personnel files

3. Procedure for annually completing staff performance reviews.

Suggested tools:

- Performance review process guideline

4. Procedure for securing personnel files and access to personnel files.

5. Procedure for identifying ongoing education, training and development required and for tracking the progress of training plans and staff training sessions.

Suggested tools:

- Update checklist to record information about current individual staff education and training, to be kept in individual personnel files



6. Procedure for reporting, recording and handling complaints, with a specific procedure for high-risk complaints.

Suggested tools:

- *Incident* report form

7. Procedure to guide Program management when violation of conduct occurs.

Suggested tool:

- Form to record information about the violation, consequences and follow-up required



First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 7: Health and Safety	Community Name
7Policy: Client Abuse	Policy Number: 7.7

Approval:	Date:
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Policy

The **First Nations and Inuit Home and Community Care Program** has a strict policy of *zero tolerance* for *client abuse* by health care workers. The Program accepts *accountability* and responsibility for Recording and reporting situations of suspected *client abuse*.

Policy Rationale

To ensure staff have a clear understanding of the seriousness of any *client abuse* caused by the staff and the consequences that may result. These consequences may range from limited measures with the start of the disciplinary process to more severe actions, up to and including termination.

Policy Details

Program management has a moral responsibility to protect clients at all times from any form of *client abuse*. The **First Nations and Inuit Home and Community Care Program** uses professional *standards of practice* where appropriate to guide client/provider relationships.



All cases of suspected *client abuse* by Program staff are to be reported immediately to Program management and to the appropriate authorities. Reporting of *client abuse* follows legislative standards. All cases of suspected *client abuse* are to be investigated immediately. Program management is responsible for recording, monitoring and tracking all cases of *client abuse* by Program staff.

Education is provided to all staff on the client/ provider relationship to ensure that they know about proper conduct and the consequences of a violation of that relationship.

Process Guidelines

During *orientation* and ongoing training sessions, the **First Nations and Inuit Home and Community Care Program** educates and trains all staff about:

- The types of *client abuse*, how to detect *client abuse* and how to assess the suspected degree of *client abuse*
- The legal requirements to record and report *client abuse* and the steps to take when a situation of *client abuse* is suspected
- Treatment for the various types of *client abuse*
- Consequences of a violation of the client/provider relationship related to client abuse

A team approach will be used to assess suspected cases of client abuse by Program staff. Other community services may be used to assist with management of client abuse and to provide a social network for the client where appropriate.

Where appropriate, a written, *informed consent* from the client will be obtained to report the suspected case of abuse.




The Program is reviewed on a regular basis and changes are made, as required, to reflect changes to legislation or health care practices.



Performance Measurement Suggestions

Indicator	Formula
<p>This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.</p>	

Related Standards

<p>3.1 Services Delivery 3.2 Health Promotion, Disease Prevention and Protection Services 3.5 Client Rights 3.6 Ethical Issues 3.7 Confidentiality</p>	
<p>4.1 Health and Safety</p>	
<p>6.2 Data Collection and Reporting</p>	



Some Suggested References

The First Nations and Inuit Home and Community Care Planning Resource Kit: 4

Draft Liability Documents: May, section 3, 3.1, 3.3, 3.11, 3.13, 3.17, 3.20; June, pgs 15, 22.

CCHSA AIM Standards, 1999 – Human Resources
Provincial/Territorial and Federal Legislation
DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for reporting, recording and handling complaints, with a specific procedure for high-risk complaints.

Suggested tools:

- *Incident* report form

2. Procedure for reporting, recording and handling suspected client abuse.

Suggested tools:

- *Incident* report form
- Client consent form

3. Procedure to guide Program management when *client abuse* occurs.

Suggested tools:

- Form to record information about the situation, consequences, and follow-up required, as well as the process for reporting the occurrence to the appropriate authorities

4. Procedure to determine and implement disciplinary processes.

Suggested tools:

- Form for individual personnel records that indicates the reason for discipline, the disciplinary plan, and any follow-up required

5. Procedure for handling gifts and donations that clients wish to make to individual staff and to the Program.



<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 7: Health and Safety</p>	<p>Community Name</p>
<p>Policy: Infection Control</p>	<p>Policy Number: 7.8</p>

<p>Approval:</p>	<p>Date:</p>
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Policy

The **First Nations and Inuit Home and Community Care Program** uses infection control principles and practices in care delivery in order to reduce the *risk* of infection to clients, families, staff, and the entire community.

Policy Rationale

To ensure that staff and clients are protected against infectious diseases and infections.

Policy Details

Hiring practices are designed to reduce the risk of infection and the spread of disease. All staff provide a record of current immunization status at the time of hiring. Written reports of medical examinations of staff must be provided within a period of time after being hired.



Immunization of staff is required where exposure to high-risk infections exist, such as Hepatitis B and Tuberculosis. Consents forms are obtained from staff prior to any immunization. All staff exposed to high risk infections and communicable diseases are screened immediately.

Program management complete an investigation of any incidents. All cases of exposure to high-risk infections and communicable diseases are reported to the appropriate health authorities, and, if necessary, to community leadership. Incidents will be reviewed and analyzed by Program management to identify ways to improve care delivery and reduce risk of infection to clients, families and staff.

Process Guidelines

Orientation of ***First Nations and Inuit Home and Community Care Program*** staff includes an explanation of:

- Infection control principles and practices that include:
 - Hand washing techniques
 - *Aseptic* techniques
 - Use of personal protective equipment
 - Care and cleaning of equipment
 - Supplies required for *universal precautions*
 - Disposal of blood and body fluids
 - Needle use and disposal
 - Types of infections in the community
 - Accidental spills
- Identification and isolation of infectious diseases
- Care of clients with infectious diseases
- Reporting and recording of infectious diseases
- Reporting and recording of staff *incidents* of exposure to infectious diseases
- Environmental assessment of client access to safe drinking water, disposal of waste products and safe food management
- Client/family teaching about infection control

Training and education of staff about infection control practices is conducted on an ongoing basis.



All staff use *universal precautions* when providing direct care. Staff are provided with the necessary personal protective equipment to prevent exposure to infectious diseases

The health status of all staff is monitored on a regular basis. Records of any staff exposure to infectious diseases are maintained in the individual staff personnel files.

Program management follows the Occupational Health and Safety Act guidelines for infection control.

All hazardous wastes must be properly labeled, handled and discarded.




Any buildings or other physical space used for the Program meet legislated safety requirements.

Performance Measurement Suggestions

Indicator	Formula
This information is to be developed by communities as they work with their Programs. For an example of the kind of measures that should be identified, refer to the Hiring Policy template.	



Related Standards

<p>3.1 Services Delivery 3.3 Health Promotion, Disease Prevention and Protection Services</p>	 A simple cartoon illustration of a house with a brown roof, a chimney, a red door, and a window. There are some green bushes in front.
<p>4.1 Health and Safety 4.2 Equipment and Materials 4.3 Building/Physical Space 4.5 Emergency and Disaster Planning</p>	 A simple cartoon illustration of a tree with a brown trunk and several green leaves.
<p>5.5 Quality of Work Life</p>	 A simple cartoon illustration of a person in a blue silhouette standing on top of a green and blue globe representing Earth.



Some Suggested References

The First Nations and Inuit Home and Community Care Planning

Resource Kit: Sections 3A, 4

Draft Liability Documents: May, section 5.9; June, pgs 6-9, 28

CCHSA AIM Standards, 1999 – Environment

Provincial/Territorial and Federal Legislation

DIAND/FNIHB Home and Community Care Directives

Review Process:	Dates:
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Each community is responsible for developing and putting in place their own *procedures*. These *procedures* need to outline the practical steps to be taken to carry out the process guidelines for this policy.

Suggested Procedures

1. Procedure for *universal precautions*.
2. Procedures for care of specific infectious diseases (ie chickenpox, hepatitis, HIV, etc.).
3. Procedure for monitoring immunization status of staff on a regular basis.
4. Procedure for handling situations of employee exposure to infectious disease.
5. Procedure for special precautions to be taken by pregnant employees who are working in situations that may expose them to infectious diseases.
6. Procedure for handling accidental spills.
7. Procedure for handling needle stick injuries.
8. Procedure for sharps disposal.
9. Procedure for communication with local authorities regarding exposure to high-risk infections and communicable diseases.

First Nations and Inuit Home & Community Care Program Policies Template Manual	Community Logo
Part 8: Clinical/Service Delivery	Community Name
Protocol: Death in the Home	Protocol Number: PROT 8.1

Approval:	Date:
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Purpose:

To respect the client's and family wishes regarding death at home, to the fullest extent possible. To ensure appropriate protocols are in place for unexpected death in the home.

Guidelines:

When a client chooses to die at home:

- An assessment of the client's condition, the family and caregiver support, and the client's wishes regarding resuscitation and dying at home is conducted by Program staff to determine if the client's wishes can be achieved.
- Following the assessment, Program staff conduct ongoing review and discussion with the client and family to identify any changes in the client's wishes, the ability of the family to manage and support death at home, and any changes in the client's condition and care requirements. In case the family is unable to support death in the home, a contingency plan that is mutually agreeable is developed.

- The relationship with the physician needs to be strong to ensure required support is provided, including pain and symptom management, on-call availability, home visits if required, and signing of the death certificate.
- At all times, the client's and family's wishes are respected; and, should these wishes change at any time, they are acted upon immediately; communicated to the rest of the care team, including the physician; and documented in the client record.
- Program staff are aware of those situations that require notification of a coroner and act accordingly and in a manner that provides the least intrusion and upset to the family.

When an unexpected death occurs:

- The Program staff notify the attending physician to pronounce death, determine cause and issue the death certificate. Program staff are aware of correct protocol, ie ensuring that the body is not moved until cause of death has been determined.
- At all times through this process, Program staff assist the family to the fullest extent possible to ensure that they experience the least intrusion and upset possible, and to help them cope with their grief and sense of loss.

Review Process:	Dates:
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Suggested Procedures and Tools

1. Procedure for signing of medical certificate by the attending physician, other physician or coroner to minimize the impact on the family.

<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 8: Clinical/Service Delivery</p>	<p>Community Name</p>
<p>Protocol: DNR (Do Not Resuscitate)</p>	<p>Protocol Number: PROT 8.2</p>

<p>Approval:</p>	<p>Date:</p>
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Purpose:

To ensure the client's wishes, or those of a substitute decision maker, are clearly identified and documented.

Guidelines:

- If already identified by other health providers (ie prior to referral) the client's wishes regarding resuscitation are confirmed and communicated to all Program staff and other members of the care team in the community.
- During client assessment, or as appropriate, client wishes, or those of a substitute decision maker, are identified and documented in the client record.
- These wishes are revisited periodically and as a client's condition changes.

- An *informed client consent* regarding resuscitation wishes is signed and included in the client record.
- Clients and caregivers are educated to ensure they understand CPR actions and the probable outcomes.
- Any request to reverse the client's original wishes, at anytime, is immediately documented and communicated to the rest of the care team.
- When there are differences in client and family wishes, the client's wishes will be followed. Program staff will help the family to understand these wishes, as appropriate.

Review Process:	Dates:
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Suggested Procedures and Tools

1. Procedure for documenting client wishes regarding resuscitation.

Suggested tools:

- a. *Incident* report form

2. Procedure for communicating the client wishes, and any changes in these wishes, to the rest of the care team.

<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 8: Clinical/Service Delivery</p>	<p>Community Name</p>
<p>Protocol: First Dose Medication Administration</p>	<p>Protocol Number: PROT 8.3</p>

<p>Approval:</p>	<p>Date:</p>
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Purpose:

To ensure quality client care and minimize client and staff *risk* for administration of first dose medications in the home.

Guidelines:

- Medications considered safe for administration in the community setting for both clients and staff are clearly identified. Similarly, medications considered unsafe that should be excluded from administration in the community are clearly identified. These medications are frequently reviewed and the list revised to reflect latest best practice.
- Program orientation includes training related to first dose medications and treatment of adverse reactions.
- Registered nurses, who are Program staff or providing services on behalf of the Program, have the necessary skills and certifications to be administering first dose medications. They

also have the skill, equipment and supplies to detect and manage adverse reactions.

- Prior to administration of first dose medications, the client is assessed and the following client information is obtained:
 - History of reactions to medications
 - Any drug allergies
 - Current medications
 - Other pertinent client information, ie weight, vital signs
- The home environment is also assessed to determine the ease of accessing emergency services, if required (ie telephone, road access).
- Prior to administration, staff are prepared for adverse reactions and any treatment that may be required.
- Clients are monitored by Program staff during administration and for an appropriate period following administration to detect any adverse reactions.
- A family member or caregiver is available to monitor the client's condition for an appropriate period following administration and knows what to do in the event of an adverse reaction.
- Clients and caregivers understand potential adverse reactions, how to detect symptoms, and how to access Program staff and emergency services.
- Emergency services are provided in the area and available in case of an adverse reaction.
- The referring physician agrees that the client is at low risk of an adverse reaction, and is advised of any such reaction.
- Any adverse reactions and required treatment are fully documented in the client's record.

Review Process:	Dates:
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Suggested Procedures and Tools

1. Procedure for identifying and approving medications to be administered in the community.

Suggested tools:

- a. Approved medications list
- b. List of medications excluded from administration in the community

2. Procedure for client and environment assessment.

Suggested tools:

- Assessment form

3. Procedure for education of client and caregiver(s) regarding potential adverse reactions, symptoms, and appropriate action.

Suggested tools:

- *Informed client consent form*

4. Procedure for identifying equipment, supplies and medications required for adverse reactions.

<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 8: Clinical/Service Delivery</p>	<p>Community Name</p>
<p>Protocol: General Medications Administration</p>	<p>Protocol Number: PROT 8.4</p>

<p>Approval:</p>	<p>Date:</p>
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Purpose:

To ensure quality client care and the safe administration of medications in the home.

Guidelines:

- Medications considered safe for administration in the community setting for both clients and staff are clearly identified. Similarly, medications considered unsafe that should be excluded from administration in the community are clearly identified. These medications are frequently reviewed and the list revised to reflect latest best practice.
- Program orientation includes assessment of staff knowledge in medications and their skills in administering medications and identifying and treating adverse reactions.
- Registered nurses and registered practical nurses, who are Program staff or providing services on behalf of the Program,

have the necessary skills and certifications to be reviewing, administering or pre-pouring medications, in accordance with their scope of practice. They also have the skill, equipment and supplies to detect and manage adverse reactions.

- Prior to administration of medications, the client is assessed and the following client information is obtained:
 - History of reactions to medications
 - Any drug allergies
 - Current medications
 - Other pertinent client information, ie weight, vital signs

- Prior to administration, staff have a thorough understanding of the medication, its benefits, side effects, and potential reactions with other medications the client is taking; and are prepared for adverse reactions and any treatment that may be required.

- Concerns that staff may have regarding medication appropriateness and its administration are raised with Program management, including supervisors. Attending physicians are then consulted and the concerns are discussed. Appropriate procedures are in place for documenting any decisions that differ from those of the attending physician.

- Clients are monitored by Program staff during administration to detect any adverse reactions.

- Clients and caregivers understand all aspects of the medication, including dose, frequency, benefits, potential risks and adverse reactions, and how to access Program staff and emergency services in the event of an adverse reaction.

- All medication administration, any adverse reactions and required treatment, and any medication errors are fully documented in the client's record. Attending physicians are advised of any irregularities, including adverse reactions and medication errors.

- Clients and caregivers are educated in self-administration, and coaching and support are provided as required to promote self-administration.
- Clients provide *informed consent* to medication administration and this consent is included in the client record.
- Appropriate Program staff (ie registered nurses) evaluate the outcomes achieved by the medication.

Review Process:	Dates:
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Suggested Procedures and Tools

1. Procedure for identifying and approving medications to be administered in the community.

Suggested tools:

- a. Approved medications list
- b. List of medications excluded from administration in the community

2. Procedure for client and environment assessment.

Suggested tools:

- Assessment form

3. Procedure for education of client and caregiver(s) regarding medications, their benefits, potential adverse reactions, symptoms, and appropriate action.

Suggested tools:

- *Informed client consent form*

<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 8: Clinical/Service Delivery</p>	<p>Community Name</p>
<p>Protocol: Oxygen Management</p>	<p>Protocol Number: PROT 8.5</p>

<p>Approval:</p>	<p>Date:</p>
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Purpose:

To promote client, family and staff safety when oxygen and oxygen equipment is involved in client care.

Guidelines:

- Safe storage practices are followed within the Program, and clients and families are educated about safe storage practices and the *risks* involved if these practices are not followed.
- Safe transportation practices are followed within the Program and clients and families are educated about safe transportation practices and the *risks* involved if these practices are not followed.
- All *risks* related to the operation of oxygen in the home, including sources of heat, flame, combustion (ie aerosols), and grease, are identified, discussed with clients and families,

and reduced to the fullest extent possible. Any *risk* situations that remain are documented and Program management is notified.

- The *risks* of smoking near the oxygen and equipment or while the oxygen is on are discussed with the client and family to be sure they understand the dangers of such action.
- If clients choose to smoke in an unsafe manner (ie too close to the equipment, or while the oxygen is on), Program staff should discuss the issues with clients and families to ensure they understand the dangers. If they still choose to continue to smoke, Program staff should document the client record, leave the home for their own safety, and advise Program management of the situation.
- All equipment should be carefully checked on a regular, frequent basis to ensure that it is functioning correctly and has not been altered. If it appears to have been tampered with, or is not functioning properly, the supplier should be contacted.

Review Process:	Dates:
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Suggested Procedures and Tools

1. Procedure for monitoring maintenance of oxygen equipment on a regular basis.
2. Procedure for documenting unsafe practices, including the appropriate notification of Program management and other care team members, including the physician.

<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 8: Clinical/Service Delivery</p>	<p>Community Name</p>
<p>Protocol: Workplace Safety</p>	<p>Protocol Number: PROT 8.6</p>

<p>Approval:</p>	<p>Date:</p>
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Purpose:

To minimize *risk* to staff while at work, whether at the Program offices, in clients' homes, or traveling.

Guidelines:

- All Program staff have the right to work in a safe environment. Potential *risks* in the home and community care environment are different than those in a facility environment. Program staff should be able to identify *risk* situations and respond as safely as possible. The Program places a high priority on workplace safety and the safety of its staff.
- Program staff should be aware of and be able to address the following *risk* situations:
 - Physical threat, abuse or assault
 - Verbal abuse
 - Sexual *harassment* or assault
 - Aggressive behaviour

- Substance abuse and related behaviour
 - Physical environment *risks*, such as unsafe structures (ie stairs, floors), vicious or threatening animals, and exposure to smoke
 - Communicable diseases
- Clients and families have a responsibility to provide a safe environment for Program staff. Although they may choose to live at *risk*, their choice should not put others at risk, nor should their lives be in danger.
 - When traveling to and from clients, Program staff should practice the following:
 - Use main roads and walkways whenever possible and avoid poorly lit, seldom traveled areas
 - Check the vehicle before getting in to be sure no one is in the back seat. If the driver's seat tilted forward, it will be easier to see into the back seat area
 - Do not pick up strangers
 - If vehicle trouble is experienced, stay in the car and do not accept rides from strangers. Lock the doors and use the horn to signal for help
 - Be alert to people who may be following the vehicle. If anything appears to be suspicious, drive to the police or community office, or to other buildings that you know are occupied so that you are not alone
 - When visiting clients that may put staff at risk, the following precautions should be emphasized:
 - Make the visit with another provider
 - Make the visit with police or security personnel
 - Schedule the visit to minimize the risk as much as possible, ie visit when other family members will be there (if there is a fear of being alone with the client)
 - Stay out of the kitchen if a client or family member appears dangerous or unstable
 - If it is necessary to go upstairs, follow the client instead of going up the stairs first

- Do not confront clients; instead, negotiate and suggest as a way to resolve issues. Treat all clients with respect and in a non-judgmental manner.
 - Do not antagonize verbally abusive clients; speak softly, advise that other appointments are scheduled, staff are aware of the schedule and expected arrival times, and use common sense to find ways to leave as soon as possible
 - Immediately leave if the client or caregiver behaves in a threatening manner, is dressed inappropriately, is under the influence of a substance, or if illegal activity is suspected
 - Be sure that other Program staff know of scheduled visits and any situations that are considered risky
 - Consider providing services in a safer location, such as a health centre
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- If an incident occurs, once safe, be sure to document the incident with as much detail as possible. If an assault or threat has occurred, or if illegal activity is suspected, contact the police. Be sure to advise Program management and the immediate supervisor of any incidents or suspected *risk* to staff safety.

 - When working at the office after hours or alone, be sure that appropriate safety precautions are taken, such as notifying any security, locking exit doors, and following instincts and common sense.

Review Process:	Dates:
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Suggested Procedures and Tools

1. Procedure for reporting incidents, including workplace *risk*.
2. Procedure for withdrawal of services.

<p>First Nations and Inuit Home & Community Care Program Policies Template Manual</p>	<p>Community Logo</p>
<p>Part 8: Clinical/Service Delivery</p>	<p>Community Name</p>
<p>Protocol: Withdrawal of Services</p>	<p>Protocol Number: PROT 8.7</p>

<p>Approval:</p>	<p>Date:</p>
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Purpose:

To minimize risk to clients, families and staff when situations are considered to be unsafe and Program services should be withdrawn.

Guidelines:

- Unsafe situations include those circumstances that put clients and families at risk, or staff at risk. Examples include the following:
 - Cognitive impairment of a client that puts the client and others at risk (ie risk of a fire)
 - Physical, verbal or sexual abuse of staff
- After ensuring the client's safety to the fullest extent possible, and their own safety if they are at risk, Program staff notify Program management immediately about any unsafe situations. The attending physician and other members of the
-

care team are also notified of the situation. It may be useful to discuss the situation as a team.

- Program staff and/or management may then contact the family to determine how the situation may best be handled. Family members may help to rectify the situation, or they may be part of the cause of the situation.
- Program management may also meet with the care team, including service providers from other programs, to identify possible solutions.
- An alternative solution will be sought in order to continue to provide care to the client whenever possible. If the client or family refuse to participate in this alternative, it may be necessary to withdraw services. If withdrawal is the only choice, clients and families will be given a period of notice so that they can make alternative arrangements. Program management will notify the client, family, physician and other care team members about the withdrawal of services.
- The withdrawal notice, rationale for the action, and any steps taken prior to withdrawing services will all be documented in the client record.
- In cases where Program staff are at risk, services will be withdrawn immediately, without notice. If the situation warrants, police will be notified and legal action may be taken.

Review Process:	Dates:
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Suggested Procedures and Tools

1. Procedure for reporting *incidents*, including unsafe situations and withdrawal of services.
2. Procedure for documenting and communicating with the client and family, including the process of seeking alternative solutions and the actual withdrawal of services if this becomes necessary.

Suggested tools:

- Standard letter of agreement
- Standard letter for notification of withdrawal of services, with copy to physician

The First Nations and Inuit Home and Community Care Program Standards and Policies Template Manuals

REFERENCES

The following resources are referenced in the standards and policies and may be of value as you create and revise your own documents. The list is not exhaustive and serves as a starting point. It is also valuable to link with other Programs and communities to learn more about what they have developed.

- **The First Nations and Inuit Home and Community Care Draft Liability Documents**
- **The First Nations and Inuit Home and Community Care Planning Resource Kit**
- **The First Nations and Inuit Home and Community Care Website**
- Bill C54, Personal Information Protection and Electronic Documents Act
- Canada Labour Code
- *Canadian Council on Health Services Accreditation (CCHSA) AIM Standards, 1999*
- *CCHSA Draft Quality Dimensions & Descriptors, 1998*
- Canadian Health Records Association, *Code of Practice and Principles and Guidelines for Access to and Release of Health Information*
- Canadian Institute for Health Information
- Canadian Nurses Association, *National Code of Ethics*
- Colleges and Universities for ethics issues in data collection
- Community Workload Increase System population figures
- CQI Network Website
- DIAND Population Figures
- DIAND/FNIHB Home and Community Care Directives
- Environmental Health and Safety Act
- Fire and Safety Act
- First Nations and Inuit Regional Health Survey
- Hazardous Products Act of Canada

Part 9 – Supports for Using This Manual – Policies Manual

- Human Resources Development Canada, Labour Sector Study in Nursing, in progress; Labour Sector Study in Home Care, pending
- International Council of Nurses, *International Code of Nursing Ethics*
- National Association for Health Care Quality, www.cphq.org
- Occupational Health and Safety Act of Canada
- Professional Standards of Practice, including those of nursing and licensed practical nursing associations, home support associations, such as the Ontario Community Support Association, and other provincial and territorial associations
- Provincial/Territorial and Federal Legislation
- *Registered Nurses Act*, by jurisdiction
- Rozovsky, Lorne, *Canadian Law of Consent to Treatment*, 2nd edition
- Statistics Canada
- WHMIS

The First Nations and Inuit Home and Community Care Program Standards and Policies Template Manuals

GLOSSARY

Accountability:

- The responsibility for a particular outcome, service or program. Tasks within a service or program can be delegated but the responsibility cannot.

Advanced Directives:

- Also referred to as living wills, a written set of instructions given by a competent client in the event that the individual will not be able to communicate care and treatment wishes due to illness, injury or impaired cognition. Advanced directives can include instructions about financial affairs, health care, legal issues, etc.

Advocacy:

- Specific actions that show support for a client's or group's concerns.

Allocation of Resources:

- See ***Resource Allocation***

Anonymity:

- An unknown source of information.

Auditing:

- A systematic review of processes and documentation. Audits are most often done at year-end for financial data or conducted in an ongoing way as a quality improvement activity for client data.

Benchmarks:

- Comparing the evaluative results of organizational programs and services to other programs and services (often external to the organization) that are perceived to have achieved excellence. This comparison assumes common similarities between programs and client populations.

Benefit(s):

- Additional non-salary compensation such as paid vacation, paid sick days, pension plans, etc. Benefits also include group insurance, such as medical or dental coverage.

Best Practices:

- Processes that have been proven to be very successful in achieving desired outcomes.

Care Plan:

- A written document of the interventions required to achieve a particular goal. Care plans are developed based on client assessments and the identification of needs, and are regularly evaluated to measure their success or failure.

Capital:

- Expenditures are not associated with operating costs (such as salaries, supplies). Examples of capital expenditures include the purchase of computers or office furniture. Capital is usually associated with expenditures over a particular dollar limit, ie any expenditure over \$500 or \$1000 dollars.

Certification(s)

- A mandatory annual membership with a professional college or association that sets the standards of practice, such as the College of Nurses.
- An internal process of education for staff to ensure knowledge and competence in performing advanced skills. This process might include a learning package, self-test, lecture, demonstration and/or return demonstration, etc.

Client Assessments:

- A systematic process to evaluate the physical, emotional, social and spiritual needs of clients. The client assessment will help determine the amount and level of care required and the goals and outcomes of service.

Client Satisfaction Surveys:

- A process to gather information on the client's perceptions of the service, and whether the service has met expectations and needs. Client surveys can be done in writing or verbally, either while the client is receiving services, or after being discharged.

Clinical Outcome(s):

- The results achieved after a particular treatment or service has been provided to a client or group of clients.

Community Needs Assessment:

- A process that gathers information to identify the characteristics and potential needs of a particular population. This information will guide the development of new programs and services. Assessments are most often done through the analysis of demographic data and surveys.

Conflict of Interest:

- Examples of conflicts of interests include activities that interfere with performance or responsibilities, solicitation or acceptance of money or gifts from clients, and competing for services provided by the organization. These conflicts place an individual in a compromising position because personal and organizational interests are not aligned.

Contract Management:

- Processes to monitor the effectiveness and the ability to achieve the terms and conditions agreed to in a particular contract. This might be done through occurrence monitoring, quarterly or annual reports, or monthly variance analysis.

Compensation:

- The amount of salary and benefits paid to an employee.

Competencies:

- The skills and knowledge necessary to fulfil the requirements of a particular position within the organization. Competencies can be clinical, managerial or administrative.

Continuity of Care/Continuum of Care:

- A seamless transition of services to meet the needs of a client or group of clients. A seamless transition is achieved through internal and external service integration and coordination.

Criteria:

- Guidelines that facilitate making a decision. For example some of the criteria for admission to the program might be valid demonstrated need, the availability of physician's orders, and a safe home environment.

Demographics:

- Data used to describe a particular community or population, such as analysis based on language, age, disease trends, income levels, etc.

Determinants of Health:

- Demographic, genetic, and other environmental factors that influence the well being of people in their community. Examples of such factors include income levels, size and characteristics of the community, education, access to services, and family history.

Discrimination:

- The unfair or inequitable treatment of one individual or group of individuals. The basis for some discriminatory practices could include age, race, or religion.

Diversity:

- Characteristics that are unique to individuals or populations, such as language, culture and religion.

Ethics:

- Guides behaviour that is morally acceptable. Used as standards of conduct for most professional organizations.

Evaluation:

- Processes used to determine the degree of success or failure of a program, service or procedure. The criteria/tools used in the evaluation are usually developed prior to initiating the program, service or procedure.

Exit Interviews:

- A face-to-face meeting between the manager and the employee at the time the employment relationship ends. This meeting is to identify reasons for leaving the organization, thus providing some information regarding strengths and areas for improvement for the organization as perceived by the terminating employee.

Focus Groups:

- Meetings conducted with select groups of people (such as clients, family caregivers, staff, community members). These meetings use a framework for guiding discussion to obtain input from the various participants regarding certain issues.

Goals:

- Statements that identify the ambitions of the organization, program, service, or individual and guide activities to achieve those ambitions. An organizational goal might be “To enhance community health care through the development of new home and community services”.

Health Status:

- A measurement of the state of well being of a client, community or population that includes physical, emotional, social and spiritual needs.

Holistic:

- A philosophy of care that encompasses the physical, emotional, social and spiritual needs of clients in addition to the symptoms of a disease.

Impaired Mental Capacity:

- A predetermined condition that inhibits a person’s ability to make informed decisions. Conditions that cause impaired mental capacity might be age, Alzheimer’s disease, or mental illness.

Incidents:

- An occurrence or action that is considered out of the ordinary and may have a negative impact on the client, staff, community or organization. Incidents should always be measured in terms of the degree of risk.

Indicator(s):

- A measurement that can be used to determine the degree of success or failure in achieving desired outcomes. Indicators can be applied to all areas of the organization such as clinical (ie, is the wound smaller in size?); financial (ie, travel time, km per visit, productivity); and human resources (ie, staff turnover rate).

Informed Client Consent:

- Giving voluntary permission for a treatment or service after all details and risks of the treatment or service and the consequences of declining or refusing the treatment or service have been explained. To obtain informed consent it is assumed that the client is competent to understand the information. If the client is not competent then a substitute decision maker must be used to gain consent.

Job Descriptions:

- Detailed, written outlines of specific functions, responsibilities and reporting lines in an organization. All management, clinical and support staff require job descriptions to guide behaviour and measure performance.

Living Will:

- Also known as advanced directives, a written set of instructions given by a competent client in the event that the person becomes unable to communicate wishes due to illness, injury or impaired cognition. An example of the content of a living will might include orders not to resuscitate or use mechanical devices to prolong life.

Mission/Mission Statement:

- A written statement that identifies the customers, stakeholders and goals of the organization and guides the policy development.

Orientation:

- A process that familiarizes staff with the mission, vision, values, programs, services, policies and procedures of the organization. Orientation may include a period of time for preceptorship (the shadowing of the new employee with an experienced employee).

Performance Review/Performance Evaluation:

- A written description of the knowledge, skills and professional behaviours of the staff that includes strengths, weaknesses, and a plan for improvement. Performance reviews are most often completed annually and at the end of the probationary period.

Quality:

- The degree to which the expectations and needs of clients, staff, funders, communities, and the organization are met.

Quality Improvement:

- An organizational philosophy that guides the analysis of information to identify trends and make changes in processes/procedures. These changes enhance programs and services to meet client/community needs, reduce organizational risk, improve efficiencies and improve the work environment.

Recruitment:

- The process used to attract, inform and select qualified individuals to meet the human resource needs of the organization. Recruitment strategies include local advertising, job fairs, and referrals for existing staff and others.

Reference(s):

- A written or verbal verification of the employment and/or performance of a current or previous employee. Permission from the employee must be obtained prior to the release of any information.

Referral and Intake:

- The process of client identification and eligibility for a particular program or service.

Resource Allocation:

- The identification of the human resource needs and staff utilization. This is often stated as full time equivalents (FTEs) and includes full time and part time staff.

Retention:

- The ability of an organization to keep staff from pursuing employment elsewhere. Some retention strategies include professional development opportunities, promotions within the organization, and increased compensation related to skill level.

Risk:

- The measurement of the potential harm that may come to clients, the community, staff or the organization. Risk is most often measured as low, medium, or high.

Stewardship:

- To act on behalf of others, in this case the community, to ensure that resources, both financial and human, are used effectively and efficiently

Self-care:

- The ability of a client to safely do the tasks associated with activities of daily living and health maintenance. Such activities might be cooking, cleaning, shopping, attending appointments, as well as managing some of their own health care, such as monitoring their condition, managing their own medications, etc.

Substitute Decision Maker:

- A person identified by the client to make decisions in the event that the client lacks the ability to do this for him/herself. This process is usually confirmed in writing.

Termination:

- A process where by the employment relationship is ended due to dismissal with cause, retirement, reduction of workforce or resignation. All terminations should be done in writing.

Value/Value Statement:

- A written statement of the beliefs of an organization that guide the development of programs and services.

Variance Analysis:

- An examination of the reasons for not meeting a particular target or outcome. The results of the examination guide improvement activities.

Vision/Vision Statement:

- A written statement that provides direction for the organization and guides the development of the strategic goals.