A Residential Care Facilities Licensing Newsletter

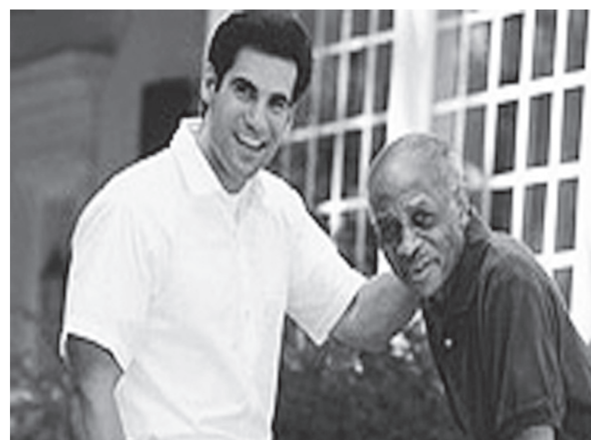
You were asking…

My friend works at a long-term care (LTC) facility where the posted menu includes breakfast, lunch and dinner, the two snacks provided, and the beverages available, but at the facility I work at, the posted menu just includes the two cooked meals served – lunch and dinner. What should the menu posted at LTC facilities include?

The Residential Care Regulation (RCR) requires the weekly menu in LTC facilities to be posted in a prominent place. There is no definition of what is meant by menu in the RCR. The Concise Canadian Oxford Dictionary defines menu as "the food served or available", which should be interpreted as meaning all the food served or available each day (breakfast, lunch and dinner), including snacks. However, Licensing staff will use their professional judgment and take a reasonable approach in assessing what facilities include their posted menu. If the foods offered for snacks are the same each snack time, the facility could post a blanket statement (or more than one, if afternoon snacks follow one pattern and bedtime snacks follow another, as applicable), such as, "all the snacks offered this week will include: a choice from a rotation of baked goods, a serving of fruit (fresh, dried or canned), etc." The same could be done for breakfast, if they too follow a pattern. We do not expect that facilities will display every item that will be served at each meal, e.g. mustard, ketchup, salt, pepper, types of beverages (milk, type of juice, coffee, tea, etc.)

At the LTC facility that I work at, snacks are provided in the afternoon and evening. At the facility across town, they provide morning and evening snacks. Why the difference? Should a LTC facility inform residents/families as to when the two snacks provided to residents are served?

Section 64(1) of the Residential Care Regulation (RCR) specifies the times that meals must be served at all adult residential care facilities (does not apply to Child and Youth Residential – refer to Section 64(2) of the RCR for the applicable requirements). In addition, this section states that "snacks are provided at times that meet the needs of the persons in care". Differences in the food service schedule for snacks between facilities and even between residents can be attributed to the needs of individual persons in care. There is nothing in the RCR indicating that facilities must post the times that meals or snacks are served. However, posting the meal and snack times, separate from or included in the posted menu, could be considered a good communication practice and ensures transparency with the residents and families. With transparency in mind, facilities might want to communicate the snack schedule to residents and families on admission, rather than by posting this information in the facility.



For more Residential Care Licensing information visit our website: *www.viha.ca/mho/licensing*

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Produced by Vancouver Island Health Authority - Child & Adult Residential Care Licensing

I am having difficulty getting the staff at my facility on board with weighing residents on a monthly basis. Staff state that they don't have enough scales in the facility to get it done. Also some staff state that they are unable to get heights and weights on admission. What is the rationale for obtaining admission height and weight, and for monthly weights thereafter? How can I work towards and then maintain compliance with this requirement?

As with all requirements set out by the provincial government in the legislation, the standards for admission heights and weights and monthly weights thereafter, have been included to ensure the health and safety of persons in care based on relevant health care research and best practices from around the globe.

The most important reason for documenting admission height and weight and monthly weights thereafter is so that a weight baseline can be created for an individual with which to gauge against future weights, when weights are monitored over time. It is one of the least intrusive tests that can be used to evaluate a person's health status.

Further rationale can be found with Health Canada, who determined that adults who have a Body Mass Index (BMI) within the 'normal weight' category have the least risk of developing weight-related health problems. For example, being overweight and obesity are linked to an increased risk of Type 2 diabetes, dyslipidemia, hypertension, coronary heart disease, gallbladder disease, obstructive sleep apnea and certain cancers. Being underweight is linked to under-nutrition, osteoporosis and impaired immunocompetence.

It's important to remember that the BMI is a tool that measures body weight at one point in time. A marked weight change, either weight gain or weight loss, may place a person at risk even if they remain within the same BMI category. Using unhealthy practices such as restrictive eating habits to manage body weight can also increase a person's risk of health problems, even if they are within the 'normal weight' category.

A Registered Dietitian, as part of the professional health care team for your residents, can make sense of the heights and weights that you have collected. They can provide a more complete health assessment of individual circumstances and risk factors, such as weight history prior to living in a care facility (i.e. patterns of weight gain and/or weight loss).

To determine whether the weight of a person in care is within the normal weight range, dietitians generally use "The Masters Table for the Elderly" (found in Audits & More), or the Body Mass Index (BMI). Note that the BMI range for the elderly is between 24 and 29, which is considerably higher than the normal weight range for persons 20 to 65 years of age (between 18.5 and 24.99).
Therefore, caregivers need to understand both BMI and individual normal weight ranges, so that they can report anything out of the ordinary at the monthly weigh-in.

It is not safe for either staff or persons in care to teeter on and around a regular bathroom scale when they have mobility issues; a wheelchair scale is necessary to ensure safety during weighing. Obtaining a sufficient number of and the appropriate type of scales to meet the needs of your residents is essential to support care staff in getting both the admission and monthly weights completed, and in ensuring that your facility comes into and maintains compliance with the legislation.

Health Canada website: http://www.hc-sc.gc.ca/index-eng.php
Audits and More is a publication available from the BC Community Care Licensing Branch website: http://www.health.gov.bc.ca/ccf/publications/index.html

Residential Care Fall and Fall Related Injury Prevention Toolkit

Residents of long term care (LTC) facilities are not only more susceptible to falls, but they are also more susceptible to injury. Studies show that the average rate of falls among residents of long term care facilities is 1.7 fall per person/year (Rubinstein, 2006). Compared to older adults who live in the community, residents of LTC facilities fall two to four times more often, and are twice as likely to injure themselves (Lord et al., 2003). Hip fractures occur almost four times more often in residential settings compared to the private home environment (Norton et al., 1998), and less than 15% of facility residents who sustain a hip fracture regain pre-injury ambulation status (Folman, Gepstein, Assaraf, & Liberty, 1994). In addition, approximately 20% of all fall related deaths among older adults occur among the less than 8% of older adults living in residential care settings (Public Health Agency of Canada, 2005; Rubenstein, 1997). In addition to these worrisome statistics, studies have shown that elderly individuals now enter residential care facilities with a more complex clinical profile marked by the presence of multiple coexisting fall risk factors (Evans et al., 1995) that predispose them to even higher rates of falls and related injuries. The purpose of this toolkit is to describe an approach to prevention planning needed to enact effective fall and injury prevention programs and to provide examples of tools and resources to aid in the development of fall prevention plans.

The Toolkit Approach is modeled on a Public Health Framework that is evidence–based, relying on a careful analysis of the problem and its causes in order to develop practical and effective solutions that are integrated into routine care. This approach is described in detail in the Canadian Falls Prevention Curriculum (Scott et al., 2009; Scott et al., 2007) – a course that is recommended for all those responsible for the design and implementation of long term care fall prevention planning. The Toolkit consists of five program planning steps that build upon each other in a dynamic process:

- Defining the Problem
- Identifying Risk Factors
- Examining Best Practices
- Implementing the Program
- Evaluating the Program.

Through the application of all five program planning steps of the Public Health Approach, long term care facilities will be able to address the following Residential Care Regulation requirements for licensees of long term care residences (BC Ministry of Health, 2009):

1. Fall prevention care plans for persons who receive long term care or who may be prone to falling that must address:
   - an assessment of the nature of the risk of falling presented by the person in care,
   - a plan for preventing the person in care from falling, and
   - a plan for following up on any fall suffered by a person in care.

2. Written policies and procedures must include:
   - an assessment of the nature of risks that may result in persons in care falling in the community care facility,
   - a plan for preventing persons in care from falling, and
   - a plan for responding to a fall suffered by a person in care, including steps to be taken to ensure the health and safety of the person in care who has fallen and to prevent subsequent falls by the person in care.

3. Licensee must keep a record of:
   - minor accidents, illnesses and medication errors involving persons in care that do not require medical attention and are not reportable incidents;
   - unexpected events involving a person in care;
   - reportable incidents involving a person in care (BC Ministry of Health, 2009).

A fall is defined in the Residential Care Regulation as: "a fall of such seriousness, experienced by a person in care, as to require emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital." (BC Ministry of Health, 2009).

The Fall Prevention Toolkit for Residential Care is designed for Long Term Care facilities, defined as, "residential care for persons with chronic or progressive conditions, primarily due to the aging process." (BC Ministry of Health, 2009). The intended audience for the Toolkit are those who operate or manage Residential Care facilities, those who design policies that guide the operation of Residential Care facilities, and for the staff, family and residents of Residential Care. The tools included in this Toolkit are examples of strategies that have been developed for clinical relevance and can be adapted to each setting in order to facilitate integration.
Tools include:

- Data sources,
- Assessment tools,
- Best practice tools and guidelines,
- Program examples, and
- Evaluation tools.

To access the Residential Care Fall and Fall Related Injury Prevention Toolkit, go to the BC Injury Research and Prevention Unit website:
http://www.injuryresearch.bc.ca - click on Injury Topics and then click on Falls Prevention Residential care.

Canadian Falls Prevention Curriculum (CFPC) – An E-Learning Course

Those working with older adults in long-term care, acute care and home care will acquire the knowledge and skills needed to apply an evidence-based approach to the prevention of falls and fall-related injuries. Learn how to design, implement and evaluate a falls prevention program. Facilitated instruction leads you through a process to develop strategies and interventions; to apply current programs; and to understand the reliability and validity of existing resources and tools for screening and assessing fall risk. Upon course completion participants should be able to: define the scope and nature of the problem of falls; provide falls risk identification and assessment; provide a selection of prevention interventions reflecting evidence-based strategies; understand social and policy context; provide application of a program planning model; and evaluate the effectiveness of a falls prevention program. A project will be created throughout the course as you work through modules specific to a population of most interest (i.e., well community, frail community, acute care and long-term care). This four-week distance course begins with an online workshop on how to access online components of the course, locate website resources and communicate with the instructor and other students using online discussion tools to participate in interactive activities throughout this course.
The CFPC is an evaluated course, developed by a team of experts in fall prevention, adult education and clinical practice under the leadership of Dr. Vicky Scott and Dr. Elaine Gallagher, with funding provided by the Public Health Agency of Canada, Population Health Fund.

Date: October 14 to November 12, 2011: 4 weeks
Contact University of Victoria Continuing Studies for more information or to register:
www.continuingstudies.uvic.ca/health/courses/professionals or call 250-472-4747

For VIHA Region-wide Updates:

South Island
#201-771 Vernon Ave, Victoria, BC V8X 5A7, **New: PH: 250-519-3401, FAX: 250-519-3402**
Training: Orientation to Licensing for New and Pending Managers of Residential Care Facilities
Dates: Call for information on dates for fall 2011.
Space is limited to 15 participants.
What's New in Nutrition: Considerations for Menu Planning
Dates: Call for information on dates for fall 2011.
Call 250-475-2235 for more information or to register for these sessions.

Central Island
#29 - 1925 Bowen Road, Nanaimo BC, V9S 1H1, PH: 250-739-5800, FAX: 250-751-1118
Training: ***Call 250-739-5800 for more information on upcoming Manager Orientation sessions and What's New in Nutrition: Considerations for Menu Planning sessions or to register.***

North Island
#200-1100 Island Highway, Campbell River, BC V9W 8C6, PH: 250-850-2110, FAX: 250-286-3486