New Brunswick
Residential Hospice Standards

February 2019

TableofContents

Background

The New Brunswick Department of Health signed the first residential hospice agreement with Hospice Greater Saint John in August 2010. Atlantic Canada's first residential hospice, Bobby's Hospice opened in November 2010. A second agreement was signed in 2015 with Hospice Fredericton and their residential hospice opened in April 2016.

Both Hospice Greater Saint John and Hospice Fredericton serve as centres of excellence in the delivery of residential hospice care and have served as expert consultants throughout Atlantic Canada as other organizations work to open residential hospices.

The New Brunswick Government released the Palliative Care Framework in 2018, recognizing residential hospice as an appropriate setting of care for palliative patients when home is no longer an option.

This first draft of Residential Hospice Standards was developed in February 2019 by the New Brunswick Hospice Palliative Care Association's Residential Hospice Committee. The Committee designed these Standards to support the delivery of high quality care in a residential hospice setting and help promote consistency and accountability for residential hospice care in New Brunswick.

Committee members included:

Dr. Bea Sainz, Medical Director of Hospice Fredericton, Committee Chair and Secretary of the Board of Directors of the NBHPCA
Stephanie Golding, Director of Clinical Services, Hospice Fredericton
Dr. Chris O'Brien, Medical Director of Bobby's Hospice and Family Physician, Saint John
Sandy Maxwell, Chief Executive Officer, Hospice Greater Saint John
Dr. Pamela Mansfield, Palliative Care Specialist, Moncton
Dr. Renée Turcotte, Past President NBHPCA
Shirley Vienneau, President NBHPCA
Nicole Hamming, Nurse Manager Bobby's Hospice, Saint John, NB
Wendy Ring, RN, EMP Oromocto

Acknowledgement

The Working Group used the established, evidence-based residential hospice standards from Hospice Palliative Care Ontario, Fraser Health in British Columbia and the Nova Scotia Health Authority, in addition to the actual operational experience of both Bobby's Hospice and Hospice Fredericton over 12 years to develop these Residential Hospice Standards for New Brunswick. In addition, these standards are in keeping with national guiding documents such as the Canadian Hospice Palliative Care Association's Norms of Practice and Accreditation Canada Standards for the delivery of palliative care.

A very special thank you to the Nova Scotia Health Authority for allowing us to use their evidence-based Residential Hospice Standards as a template for the development of the Residential Hospice Standards for New Brunswick.

Introduction

Patient Realities

- Over 90% of people die from cancer or chronic medical illnesses (heart, lung, kidney and neurologic diseases) and need access to palliative care.
- Over 70% of these patients need 24-hour expert in-patient care in the final weeks and months of life.
- The majority of palliative patients requiring in-patient care can be cared for in a residential hospice. Only those requiring hospital services (blood transfusions, oncology/radiation treatments, etc) need to be in an acute care hospital.

What is a Community Residential Hospice?

- A Community Residential Hospice is an acute healthcare facility in a home-like environment that provides expert, high quality palliative care for patients in the final weeks and months of life as well as comprehensive support to families.
- A residential hospice is not a special care or long term care home. Patients have extensive disease and require 24-hour expert nursing and medical care to manage the constantly changing and complex pain and symptom issues presented in the final weeks and months of life.
- Care in a Residential Hospice is provided 24 hours a day, 7 days per week by an inter-professional team with palliative care expertise, advanced training in pain and symptom management and complex care.
- Patients in a residential hospice are not transferred to hospital for advanced pain and symptom management. They remain at the Residential Hospice through the end of life. (Occasionally patients are temporarily transferred to receive a hospital service not offered in the Hospice and then returned when the procedures are complete.)
- With an average length of stay of 21 days, aresidential hospice can care for up to 150 patients per year, freeing up valuable and needed hospital beds.
- A Residential Hospice ideally has no more than 10 patient rooms and space for families.
- AllCommunityResidentialHospices must complywithrelevant building codes,legislationandregulationsthatgovernregisteredcharities and care settings.
- Residential Hospices are integrated within the health care system, collaborating with other community and health partners such as primary care, palliative care, hospitals, Extra Mural, family physicians and outreach services.

Scope of Community Residential Hospice Standards

Standards for Community Residential Hospices set the **minimum expectations** for the service delivery and operation of a residential hospice. The Standards apply to organizations that have a residential hospice agreement with and receive funding from the New Brunswick Department of Healthfor residential hospice care.

The Standardsfocusonfourfundamentalareas:

A. ClinicalCare
B. Governance
C. Operations
D. QualityAssurance

Section A: Clinical Care

Standard A1: Model of Care

Standard statement A1.1: The Community Residential Hospice has a model of care which is collaborative in nature and provides holistic palliative care by an inter-professional team with experience and expertise in palliative care.

Criteria to meet standard:

- The patient and family are engaged and involved in the care planning where possible
- Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care
- The Residential Hospice shall respect the Official Languages Act (SNB 2002) and shall make provision to provide services in the patient's language of choice.
- Patients and families are provided with information about their rights and responsibilities
- The Hospice assesses the psycho-social, physical, practical and spiritual needs of the patient and family
- TheHospicedevelopsa careplanbasedontheassessmentofthoseneeds with the aim to improve quality of life
- TheHospiceimplementsthe care plan with the support of aninterprofessionalteamofprofessionalswith experience and expertiseinhospicepalliativecare, as outlined in the Operations section, aimingtodeliversymptomcontrolandimprovequalityoflife
- TheHospiceuses the help ofvolunteersaccordingtoneeds of the facility

TheInterprofessionalTeam includes:

- The patient (the person receiving care)
- Significant others as determined by the patient (family and friends)
- Professional staff and non-staff members, *which may include*:
  - Regulated Healthcare Professionals: Nursing Leadership, Registered Nurses, Licensed Practical Nurses, Nurse Practitioners, Palliative Care Specialists and other physicians, Pharmacists, Physiotherapists, Occupational Therapists, Social Workers, Psychologists, Paramedics
  - Non-regulated Healthcare Professionals: Executive Director/Chief Executive Officer, Personal Support Workers, Music Therapists, Spiritual Care providers, Pet Therapists, nursing and medical students
- Volunteers: members of the public who have undergone specific standardized volunteer training in hospice palliative care as required by the residential hospice
- Other staff required for the operations of a residential hospice

Standard A2: Eligibility

Standard statement A2.1: The Community Residential Hospice has clearly identified eligibility criteria for admission.

Criteria to meet standard:

- The Hospice has a policy in place which describes the eligibility criteria as outlined in these Standards.
- The Hospice has a process in place for assessing ongoing eligibility of its patients to ensure that they continue to meet eligibility criteria
- In order to be eligible for hospice, and to promote consistent policies related to eligibility, individuals must at a minimum meet the following criteria:

    1) Have a New Brunswick Health Card or Canadian equivalent
    2) Be an adult living with a life-threatening progressive or terminal illness and assessed as having a life expectancy of less than 6 months
    3) Demonstrate an understanding that resuscitation and other life sustaining/prolonging interventions are not offered to hospice patients
    4) Have explored all appropriate and available home supports
    5) Confirm that the option of a home death has been considered and is not deemed feasible or desirable by the patient and/or their family
    6) Require care that can be safely provided outside of an acute care hospital

- Long Term Care patients are not eligible for admission to aresidential hospice facility.

Standard A3: Referral Process

Standard StatementA3.1: The Community Residential Hospice has a clear referral process that is integrated with the Regional Health Authority and known to local partners.

Criteria to meet the standard:

- There is a policy related to referral to hospice
- There is a process for triaging referrals and promptly responding to the referral source
- Referrals are considered from individual providers, teams or referring organizations
- There is a process to reassess eligibility as the person's needs change over time, for those who do not meet eligibility at the time of first referral

Standard A4: Consent

Standard StatementA4.1: The patient's informed consent is obtained before providing services

Criteria to meet the standard:

- Documentation is available to confirm informed consent for each patient
- Informed consent includes:

1) Reviewing service information with the patient, family, substitute decision maker (SDM) or delegate

2) Reviewing available care options which respect the patient's rights, culture and values including the right to refuse consent at any time, and recording the patient's decision in the chart - the consent process is ongoing

3) Reviewing this information with the SDM or delegate, when patients are incapable of giving informed consent

Standard A5: Information Sharing

Standard StatementA5.1: The Community Residential Hospice has an ethical and legal responsibility to maintain the confidentiality and privacy of health information of any persons in their care.

Criteria to meet the standard:

- The Hospice is considered a HealthInformationCustodians(HICs), as anorganizationthatprovidescarewithinthehealthcarecontinuum, and health information is used in accordance with the Personal Health Information Act
- Personalhealthinformation is sharedamonghealthcareteammembers, in accordance with the Personal Health Information Act for the purpose of facilitating seamlessandeffectivecare.Thehealthcareteamconsistsofallthosewhoareinvolvedinthecare
- The issue of information-sharing with family members is addressed upon admission and complies with legislation while respecting cultural preferences.
- Personalhealthinformation is keptconfidentialandsecure according to organizational policy
- Personalhealthinformationconsistsof:

    - Physical or mental health, including family health history
    - Care previously provided (including the identification of people providing care)
    - Payments or eligibility for health care

- Donation of organs and tissue
- A person's health number
- The name of the person's SDM or delegate
- Staffandvolunteers who receivehealthcareinformationareagentsof the Hospiceandcomplywithalllegislation
- The Hospice has policiesinplacerelatingtoconfidentiality
- Allstaffandvolunteersreceivetraining related to privacyandconfidentialityandsignaconfidentialityagreementwiththeHospice
- Personalhealthinformation is onlycollectedasneededtoaddresscareneedsofthe patient andusedaccordingly
- Allpatients areentitledtoreceiveacopyoftheirpersonalhealthinformation based on current policy for accessing same

Standard A6: Assessment

Standard StatementA6.1: The Community Residential Hospice staff complete a pre-admission assessment prior to admitting any patient to the Hospice.

Criteria to meet the standard:

- The Hospice has a documented pre-admission assessment for each patient which demonstrates that the patient meets the eligibility criteria and that their needs can be met in a residential hospice setting
- When the needs of the person exceed resources available in the hospice setting they are referred to appropriate service/s
- A consistent assessment tool will be used

Criteria to meet the standard:

- An assessment is completed upon admission, which includes medication reconciliation, and the information is used to develop a care plan in partnership with the patient and family, SDM or delegate
- Through a standardized assessment process, the patient's pain and symptoms are comprehensively assessed
- Assessments are completed at regular intervals by Hospice clinical staff using a variety of evidence based tools and techniques to assess all domains of issues/care, including:
    - Physical
    - Psychosocial
    - Social
    - Spirituality/Religion
    - Practical
    - Endoflifecare

- Grief/bereavement

- All assessments are documented according to Hospice policy/procedures, where applicable

Standard A7: Care Planning

Standard Statement A7.1: The Community Residential Hospice has a plan of care for each patient and family.

Criteria to meet the standard:

- Patient and family goals of care are reviewed on admission
- Each patient or SDM or delegate receives the necessary information to make informed decisions about care options, goals of care and expected outcomes
- Patients are asked about advance directives to guide decisions
- The team verifies that the patient, family, SDM or delegate understand the information provided
- There is visible documentation about the availability of interpretation services in the hospice and staff document when translation and interpretation services are offered to patients and families (when needed)
- The Hospice has access to assistive services when there is a barrier to communication (as identified by either the patient or the professional staff) in order to provide information which is understood by the patient and/or their SDM
- The care plan is monitored, updated and evaluated regularly to reflect changes in the patient's status

Standard A8: Care Delivery

Standard Statement A8.1: The Community Residential Hospice provides care by Hospice staff 24 hours a day, 7 days a week to meet the patient's needs.

Criteria to meet the standard:

- Individualized care, based on the goals of care and expected outcomes, is delivered by an inter-professional team
- Medical care at the residential hospice is done under the direction of a Medical Director with palliative care expertise and a plan to ensure access to a physician 24 hours per day, 7 days per week
- The Hospice has (as supported by best practice), at a minimum, a nurse manager and 2 licensed nurses on site 24 hours a day 7 days a week – either RN and/or LPN.

- Other staff include Personal Support Workers
- Staffing ratios will meet labour regulations for the setting.
- The Hospice may have access to Nurse Practitioner support
- Psychosocial support by a licensed clinician (Social Worker) is made available to patients and families
- The Hospice refers to external care providers when necessary to meet the needs of the patient i.e.:spiritual care provider, respiratory therapist, wound care specialist, etc.
- The Hospice has access to appropriate supplies and medical equipment, including but not limited to:
    - Suction machine
    - Portable Oxygen
    - Therapeutic beds and mattresses for maintenance of skin integrity
    - Movingandhandlingequipmentsuchasmechanicalliftandaids
    - Ambulatoryinfusiondevices
    - Dressings
    - Syringes and sharps disposal
    - Other equipment as required.
- Careisdeliveredinawaytooptimizeinfectioncontrol and preventionbestpractices
- Support for the family and team members is provided from admission through the bereavement period
- The Hospice honours the dying by ensuring family have adequate time to spend with their loved one after death has occurred
- The effectiveness of team collaboration and functioning is evaluated and opportunities for improvements are identified

Standard StatementA8.2: The Community Residential Hospice develops partnerships with health care providers to support seamless care and meet the holistic needs of the patient as well as incorporating the needs of families.

Criteria to meet the standard:

- The Hospice demonstrates collaborative practices (i.e.: interdisciplinary rounds, joint assessments, transition planning) with providers from inside and outside of the hospice setting as appropriate
- Standardized communication tools are used to share information about a patient's care within and between teams

Section B: Governance

Residential Hospices in New Brunswick are independently owned non-profit charities.

Standard B1: Board of Directors

Standard StatementB1.1: The Community Residential Hospice is operated by a non-profit entity governed by a Board of Directors and operated in accordance with good governance principles and practices.

Criteria to meet the standard:

- TheBoardensurestheculture oftheHospicealignswiththemission,visionandvaluesoftheorganizatio n
- The Board is responsible for the overall stewardship of the organization and employment of the senior staff – an Executive Director or Chief Executive Officer and Medical Director (as supported by best practice) who serve as ex-officios on the Board and report to the Board on business and care outcomes.
- The Board membership reflects/is sensitive to the diversity of the community it serves
- TheBoardensurestheorganizationcomplieswithitsowngoverningdocumentsandallapplicablefeder al,provincialandmunicipallawsandregulations
- TheBoardhas a manual and/or policieswhichgoverntheirpractice,identifiestheirresponsibilities/accountabilitiesandoutlinesthesp ecificrolesofofficersoftheBoard
- The Board establishes bylaws which guides the day-to-day operating procedures of the business
- The Board shall have full legal power and authority to enter into a Service Agreement with the Department of Health and to observe, perform and comply with its terms and conditions.
- TheBoardensuresastrategicplanisinplace
- TheBoardholdssufficientnumberofmeetingsannuallytofulfillitsduties,includinganAnnualGeneral Meeting
- The Board is accountable for the recruitment and orientation of the most senior staff person. The process is open, fair and transparent.
- TheBoardisaccountableforensuringthemostseniorstaffpersonhasacomprehensivejobdescription,a nnualperformanceobjectivesandreview.Thecompensationofthemostseniorpersonisapprovedbyth eBoard
- EachnewBoardmemberisgivenanorientationtoboththeoperationsand governanceoftheorganization
- TheBoardreviewstheinsurancepoliciesoftheHospiceannually
- TheBoardhasaBoard-approvedcodeofethics/conductwithwhichallofitsdirectors,staffandvolunteer sarefamiliarwithandtowhichtheyadhere
- ThereisaBoard-approvedconflictofinterestpolicythatappliestoBoard,staff,andvolunteersandprovi desdisclosure,reviewanddecisiononactualorperceivedconflictsofinterest

- The Board makes an effort to reflect the cultural diversity of the community to enhance inclusiveness
- The board practices under established By-Laws.

Standard B2: Financial

Standard StatementB2.1: The fiduciary accountability of the Board of Directors of the Community Residential Hospice is clear and understood.

Criteria to meet the standard:

- TheBoardisaccountableforthefinancial sustainabilityoftheCommunityResidentialHospice.
- The Hospicecompletesannual audited financialstatementsinaccordancewithaccountingstandards
- TheHospice'saudited financialstatementsareavailabletothepublic
- TheBoardapprovestheannualoperatingbudget,hasaprocesstoidentifyfinancialriskandmanagesuch risks
- Thefollowinginformationisavailableinpublicdocuments:
  - Mostrecentannualreports
  - Mostrecentaudited financialstatements
  - NameofBoardmembers
  - RegisteredCharityNumber.
- TheHospicehasavailableforthepublicthetotalfundraisingrevenues,totalfundraisingexpensesandto talexpenditureoncharitableactivities
- CharitablereturniscompletedandreturnedontimetoCanadaRevenueAgency
- Allstatutoryremittancesaremade
- There will be policy and process by which the staff or Board will hire external contractors

Standard B3: Fundraising

Standard StatementB3.1: All donations to the Community Residential Hospice are used to support the Hospice's objectives as registered with Canada Revenue Agency.

Criteria to meet the standard:

- TheHospiceperformsallitsfundraisingactivitiesinaccordancewithfederal,provincialandmunicipall egislationandregulations
- The Hospice provides official tax receipts for monetary gifts and in compliance with all regulatory requirements
- TheHospicehonoursprivacylegislationandrequestsforprivacyinrelationtodonationsmade
- Donorrecords are maintainedbytheHospiceandkeptconfidentialtothegreatestextentpossible.Donorshavethe right to see their owndonorrecordandtochallengeitsaccuracy
- TheHospicerespectstherightsofdonorsandpotentialdonorstoberemovedfromsolicitations,changet hefrequencyofsolicitationsandhowsuchsolicitationsaremade

- Fundraisingpoliciesareinplaceincludingbutnotexhaustiveof:
    - Taxreceipting
    - Giftsinkind
    - DonorRecognition
    - Privacy

- TheHospicedisclosesallitscostsrelatingtofundraisingactivities
- TheBoardreviewscostsrelatingtofundraisingactivitiesannuallyensuringnomoreisspentonfundraising andadministrationthanisrequiredtoensureeffectivemanagementandresourcedevelopment
- VolunteerswhosolicitorreceivefundsonbehalfoftheHospicemust:
    - Actwithfairness,integrityandinaccordancewithallapplicablelaws
    - Ceasesolicitationofaprospectivedonorwhoidentifiesthesolicitationasunwanted
    - DiscloseimmediatelytotheHospiceanyactualorapparentconflictofinterest
    - NotacceptdonationsforthepurposesthatareinconsistentwiththeHospice’smission

Section C: Operations

Standard C1: Facility Design and Risk Management

Standard StatementC1.1: The Community Residential Hospice is a home-like setting of care which provides specialized hospice palliative care for the patients and families it serves.

Criteria to meet the standard:

- Comfort,safetyandsecurityofallpatientsasawholeprecedeanindividual'swishes
- Designcriteriaarebasedontheprinciplesofprivacy,security, safetyandaccessibility
- Thedesign must complywithallfederal,provincialandmunicipallawsandregulations
- TheHospiceisdesignedtoprovideahome-likeandcomfortableenvironmentforeachpatient andtheirsignificantothers.
- Design specifications will be home-like and comfortable must include:
    1. Allowing for individual expressions of self
    2. Optimally having no more than 10 individual bedrooms
    3. Having a non-intrusive communication system
    4. Ensuring24houraccessforsignificantothersasidentifiedbytheperson
    5. Having a comprehensive fire safety system.
    6. Having an automatic generator to ensure electrical power during outages.
- See Appendix A "Hospice Design" for a proposed list to be considered.
- The Hospice design incorporates local cultural elements that reflect the historical and current cultural context of the community, creating a welcoming and inclusive environment for all potential patients and their families
- TheHospiceisdesignedtoprovideandmaintainprivacyforeachpatientandfamilymemberandcomply withanylegislationrelatingtoprivacy.Privacycaninclude:
    1. Havingaprivatesingleroom
    2. Individualwashroomsspecificallyfor patients
    3. Havingpoliciesandproceduresrelatingtomaintainingpatients'personalprivacyandpersonali nformationprivacy
    4. Ensuringdesignatedspaceforprivateandconfidentialinteractions
- Tomeetthecomplexmulti-dimensionalneedsofeachpatient,eachpatientmusthaveaccessto:
    1. Atherapeuticsurfaceinordertomaintainskinintegrity
    2. Medicalsuppliesrelevanttothedemographicpopulationthehospiceserves
    3. Movingandhandlingequipment
    4. Sharpsdisposal
    5. Communicationsysteminorderto"call"forprofessionalassistance
    6. Quiet space suitable for prayer or meditation

Standard StatementC1.2: The Community Residential Hospice ensures facility associated risk is minimized.

Criteria to meet the standard:

- The Hospice complies with all required federal, provincial and municipal regulations and legislation
- TheHospicehasemergencyandsecuritysystemsandaprocessforregularinspectionandtesting
- There are written fire, safety and evacuation plans which are easily accessible to all Hospice staff and volunteers
- All Hospice staff andvolunteershaveongoingtrainingonthefire,safetyandevacuationplans
- There is an automatic generator to ensure electrical power during outages.
- Policies,processesandtrainingareinplaceinrelationto:
    1. Safefoodhandling
    2. Infectionscreeningandcontrol
    3. Personal protective equipment for staff
    4. Storage, safe handling and routinepreventivemaintenanceofequipment
    5. Safehandlinganddisposalofsharpsandotherpotentiallyhazardousmaterialsandsubstances
    6. Accessibility-nonobstructivehallwaysandexits
    7. Safeandsecurestorageofmedicationsaccordingtoregulatoryrequirements
    8. Incidentand/oroccurrencereporting
    9. Safeandcomfortableairandwatertemperature
    10. Emergency Preparedness
    11. Violence Risk Assessment and non-violent crisis intervention
    12. OccupationalHealthandSafety
    13. WHMIStraining
    14. WCBreporting
- Thereisaprovisiontoaccommodatetheneedsofsmokersintheuseofoutdoorspaceincompliancewithlegislation and Hospice policy
- The Hospice obtains appropriate building liability and property insurance annually
- TheHospiceisdesignedformaximumaccessibilityfor patients andtheirfamilies

Standard C2: Human Resources

Standard StatementC2.1: Hospice staff are valued and empowered in the workplace and human resources policies support a diverse, safe and respectful workplace.

Criteria to meet the standard:

- The Hospicehas comprehensivehumanresource(HR)policiesinplace
- HRpoliciescomplywithemployment,workplacehealthandsafetyandallotherhuman resource related legislation applicable in the jurisdiction of the Hospice
- HR policies are reviewed regularly and available to all staff
- Jobdescriptionsthat ensure minimum competencies and professional requirements

areinplaceforallpositionswithin the organization/facility

- Recruitmentisthroughanobjective,consistentprocessthatcomplieswithhumanrights legislation and employment equity standards
- All potential employees provide a criminal record check.
- All individuals external to theHospicewhoareofferedapositionofemploymentreceive a letteroutlining the termsandconditionsof employment, including an overview of the employee benefit package
- Staffevaluation/satisfactionandfeedbackmechanismsareinplace
- ThereisapersonnelrecordforeachprofessionalstaffwhoisemployedbytheHospice
- PoliciesandprocessesareinplacetomanageperformanceissuesorconcernsStaffinglevelsandneedsoftheHospicearereviewedregularlyincluding

    1. Identifyingofcriticalpositionsandpotentialsuccessionplanning
    2. Staffingintheeventof an emergency
    3. Training/educationneedsandbudgetallocationfortraining

- Allrecordsaremaintainedinaccordancewithapplicablelawsandregulations
- TheHospiceappointsataminimumonepersonwhoisresponsibleforthemanagementoftheclinicalstaff,ensuringregulatedstaffhavemaintainedtheirregistrationwiththeappropriatecollege,insuranceisobtainedasneededandstaffhavethenecessaryqualifications/certificationstoperform their role

Criteria to meet the standard:

- Anorientationfornewemployeesisinplace
- Allemployeesaregivenexpectations/performanceobjectivesandhave regular performancereviews
- There is a policy that guides team members to bring forward complaints and concerns
- Asafeworkenvironmentisprovidedincludingphysicalsafety andemotionalsafety
- There is an infection and prevention control policy which includes immunization, safe handling of hazardous material and wellness
- The Hospice has policies and processes in place to deal with conflict management
- Cultural safety is prioritized and there are opportunities to review the setting of care from a diversity lens
- Organizational support is available to staff and volunteers to cope with the dying or grieving experience and the effects of cumulative deaths
- Education and training on occupational health and safety regulations and organizational policies on workplace safety are provided to team members and volunteers, including how to manage and report workplace violence, abuse, aggression and threats

Standard C3: Volunteer Involvement

Standard StatementC3.1: The Community Residential Hospice values and utilizes volunteers throughout the organization.

Criteria to meet the standard:

- TheHospicehasVolunteer policiesandproceduresinplacerelatingtothe integrationanduseofvolunteerswithintheorganizationand the volunteer's responsibilities to the organization.
- TheHospicehasatleastonepersonwhoisresponsible,and has theappropriateskills,forvolunteermanagement
- Volunteerassignmentsreflect themissionand purpose of theHospice and ensurevolunteersareengagedinmeaningfulwaysthatreflectstheir competencies, skillsetandbackgrounds
- Volunteer recruitment is performed in a fair, transparent and consistent way across the organization resulting in competent diverse volunteers
- Recruitment includes:
    1. Interviews
    2. Criminal Record check
    3. Reference checks
- Volunteerpersonalinformationistreatedlikeanyotherpersonnelfileandkeptconfidentialandsecurein accordancewithallapplicablelaws
- Volunteers are given training and an orientation to the organization and their roles and responsibilities
- Volunteers sign a code of conduct and confidentiality agreements
- Policiesandprocessesareinplacetomanageperformanceissuesorconcerns
- The Hospice has a volunteer recognition strategy in place to thank volunteers and recognize their contributions

Standard StatementC3.2: New Volunteers are orientated to the organization, informed of the role and conduct expectations, given the appropriate training they require to perform the job/tasks/assignment and have a probation period to meet the desired expectations.

Criteria to meet the standard:

- Relevant hospice policies are reviewed with volunteers
- Newvolunteersareorientatedtotheorganization,informedoftheroleand conduct expectations,giventheappropriatetrainingtheyrequiretoperformthejob/task/assignmentandaperiodofprobationtomeetthedesiredexpectation
- New volunteers are informed of the value placed on diversity and inclusion for staff, patients and families
- Education and training on occupational health and safety regulations and organizational policies on workplace safety, including how to manage and report workplace violence, abuse

aggression, threats and cultural safety

- Volunteers receive education and training on the safe use of equipment, devices and supplies used in service delivery
- Volunteers receive education on privacy and confidentiality relevant to patient care
- Volunteersreceivealevelofsupervisionappropriatetothetaskandaregivenregularopportunitiestoof ferandreceivefeedback
- Volunteersarewelcomedandtreatedasanintegralpartoftheteamandthuscomplywith relevant policies, i.e.: confidentiality,infectioncontrol.

Section D: Quality Assurance

Standard D1: Operations

Standard StatementD1: The Community Residential Hospice has a quality monitoring process to regularly review and revise as necessary, all aspects of the organization's activities, resources, functions and quality outcomes.

Criteria to meet the standard:

- The Hospice maintains policies and procedures to ensure compliance with the Hospice Standards. See **Appendix B** for minimum list of "Policies and Procedures to Comply with Hospice Standards"
- Operationsandpracticeincorporateanevidence-based, best practiceapproach
- The Hospice will report as required (quarterly/annually) on established key performance indicators to the Department of Health. See **Appendix C** for "Sample Quality and Performance Reporting Templates"
- Theorganizationhasaqualitymonitoringandimprovementstrategythatinvolvesmanagementstaff and familiesandisreportedonaregularbasis usinganumberoftechniques, i.e.: feedbackquestionnaires,audits, cards of thanks, complaints, etc.
- The Hospice adheres to Accreditation Canada's Required Organizational Practices (ROPs), i.e.:
    1. Medication Reconciliation
    2. Falls Prevention monitoring documentation
- Patient, family representatives and staff are regularly engaged to provide input for the purposes of improving care
- Guidelines and protocols are regularly reviewed including input from patients, staff and other Residential Hospices, to ensure they reflect current research and best practice information
- A Quality Care Committee led by the Medical Director and including the Nurse Manager, Executive Director/CEO, select clinical nursing staff and practicing physicians and others meet regularly to oversee care and establish policies to ensure high quality, safe, personalized care.

Standard D2: Sustainability

Standard StatementD1: The Community Residential Hospice has a comprehensive strategy to optimize resources and maintain operational and financial sustainability.

Criteria to meet the standard:

- The Community Residential Hospice has a communication and fundraising strategy
- The Community Residential Hospice has mechanisms in place to monitor statistics as per Hospice MOU's.
- Reviews and remits financial statements as per Hospice MOU's.

Standard D3: Research and Education

Standard StatementD1: The Community Residential Hospice has a policy that addresses its involvement in ethical research and education.

Criteria to meet the standard:

- TheHospicehaspoliciesandprocessesinplacetoaccommodatestudentplacementsfromavarietyofeducationalprograms and diverse backgrounds
- The Hospice maximizes opportunities to participate in research related to hospice palliative care
- TheHospicehaspoliciesandproceduresinplacetoencourageandaccommodateconferencepresenting/attendance,furthereducationandmentorship
- The Hospice encourages a learning environment for staff and volunteers and provides opportunities to attend education sessions
- The Hospice has access to an ethics committee and research department through the Regional Health Authority.

Summary of Standards

SectionA–CLINICALCARE

A1:ModelofCare

1. The Community Residential Hospice has a model of care which is collaborative in nature and provides holistic palliative care by an inter-professional team with experience and expertise in palliative care.

A2: Eligibility

1. The Community Residential Hospice has clearly identified eligibility criteria for admission to residential hospice care.

A3: Referral Process

1. The Community Residential Hospice has a clear referral process that is integrated with the Regional Health Authority and known to local partners.

A4: Consent

1. The patient's informed consent is obtained before providing services.

A5: InformationSharing

1. TheCommunityResidentialHospicehas anethicalandlegalresponsibilitytomaintaintheconfidentialityandprivacyofhealthinformationofany personsintheircare.

A6:Assessment

1. TheCommunityResidentialHospice staff completes a pre-admission assessment prior to admitting any patient to the Hospice
2. TheCommunityResidentialHospice completes comprehensiveandongoingperson-centeredassessmentsbyprofessionalstaff on admissionand throughout the patient'sstay.

A7:CarePlanning

1. The Community Residential Hospice has a plan of care for each patient and family.

A8:CareDelivery

1. The Community Residential Hospice provides care delivery by Hospice staff which includes a Medical Director, Nurse Manager and clinical staff 24 hours a day, 7 days a week to meet the patients' needs.
2. The Community Residential Hospice develops partnerships with health care providers to support seamless care and meet the holistic needs of the patient as well as incorporating the needs of the families.

SectionB–GOVERNANCE

B1:BoardofDirectors

1. The Community Residential Hospice has a non-profit Board of Directors which includes an Executive Director/Chief Executive Officer and Medical Director and operates in accordance with good governance principles and practices.

B2: Financial

1. ThefiduciaryaccountabilityoftheBoardofDirectorsoftheCommunityResidentialHospiceisclearan dunderstood.

B3: Fundraising

1. All donations to the Community Residential Hospice are used to support the Hospice's objectives as registered with Canada Revenue Agency.

Section C – OPERATIONS

C1: Facility Design and Risk Management

1. The Community Residential Hospice is a home-like setting of care which provides specialized hospice palliative care services for the patients and families it serves.
2. The Community Residential Hospice ensures facility associated risk is minimized.

C2: Human Resources

1. Hospice staff are valued and empowered in the workplace and Human Resource policies to support a culturally diverse, safe and respectful workplace.
2. New hospice staff is orientated to the organization, informed of the role and performance expectations, given the appropriate training to perform the job/tasks/assignment and have a probation period to meet desired expectations.

C3: Volunteer Involvement

1. The Community Residential Hospice values and utilizes volunteers throughout the organization.
2. New volunteers are orientated to the organization, informed of the role and performance expectations, given the appropriate training they require to perform the job/tasks/assignment and have a probation period to meet desired expectations.

Section D – QUALITY ASSURANCE

Standard D1: Operations

1. The Community Residential Hospice has a quality monitoring process to regularly review, and revise as necessary, all aspects of the organization's activities, resources, functions and quality outcomes.

Standard D2: Sustainability

1. The Community Residential Hospice has a comprehensive strategy to optimize resources and maintain operational and financial sustainability.

Standard D3: Research and Education

1. The Community Residential Hospice has a policy that addresses its involvement in ethical research and education.

APPENDIX A:

HOSPICE DESIGN

The goal for the Residential Hospice environment is to provide a home-like environment outside of a hospital setting while meeting the ongoing physical, spiritual, and psychological needs of the patient, visiting family and friends. In an effort to avoid an "institutional" atmosphere, a Hospice should emit a sense of warmth, safety and calmness while delivering high quality care and comprehensive support.

To meet these needs every effort must be made to take advantage of natural and soft internal lighting with dimming capability and furniture, materials and finishes that are home-like throughout the building. Patients should have private rooms with a personal washroom and be encouraged to personalize their space.

Public and private areas should be accessible to families for private discussions or family occasions. All patients should have ramped access to outside areas, such as a garden, and quiet areas. Wireless technology is available throughout the building, for music, internet, cell phone as well as cable TV, are important features to enhance quality of life for patients and families.

While care in a Residential Hospice setting is focused on comfort, infection prevention and control practices are an integral part of safe patient care. Design elements need to support this principle.

The following list related to physical design of the space was developed based on the Fraser Health model description and the operations of Bobby's Hospice in Saint John, NB and Fredericton Hospice.

Physical Design	Expected Features	Desirable Features
Entrances	• Entrance to hospice is welcoming.	• Foyer/transition space between entrance door and patient rooms • Covered area at entrance to hospice
Memorial Space	• Honouring space located on site	
Nursing Station	• Includes appropriate work spaces for clinical team members and volunteers • Nurse Call system • Ability to see hallways of patient rooms visually or by monitor • Adequate storage for office supplies and equipment • Storage cabinet cupboard for	• Central area in the Residential Hospice. • Reception/office area counter tops low to enable interaction with patients in wheelchairs/eliminate physical barriers between staff and patient/families • Conference room nearby

Physical Design	Expected Features	Desirable Features
	patient valuables	
Medication Management System	• Locked medication room with locked medication cupboard, medication preparation area, sink, small fridge for meds and security as required	
All areas (patient rooms, hallways, and public areas)	• Storage cupboards in hallways and other key areas (eliminate typical linen/supply carts and other equipment of an acute care unit) • Lamps • Pictures • Comfortable, calm and quiet setting o No overhead paging o Quiet or silent call bell system- i.e. pagers or portable phones with vibrate mode or quiet, pleasant tone • Ventilation system/air conditioning	• Call bell system providing nurses the ability to speak to each other or answer outside phone call
Patient Rooms	• Private room with toilet/sink • Hospital quality bed and mattress, bedside table and overbed table • Ability to view outdoors from bed • A window in every room that opens • Space to display personal belongings and pictures • Television • Music system and internet access in each room • Extra outlets for TV, stereo, DVD player, fan, lamps, etc. • Small closet • Arm chair/family chairs	• Additional sound proofing for noise reduction • Temperature control in each room • Phone access in each room • Murphy bed/pullout couches for family members
Kitchen/Dining	• Patient Kitchen area for staff and volunteers to prep patient food.	

Physical Design	Expected Features	Desirable Features
	Includes: sink, oven, fridge, freezer, sanitizer/dishwasher, cupboards and counter space • Family Kitchen area with fridge, microwave, sink, etc. for family use. • Kitchen area Dining table and chairs (to accommodate 8 – 10 people) • Ice Maker	
Lounge/Family Room	• Separate seating areas (grouping of furniture) • Music system • Children's play area with suitable toy storage and entertainment area • Bookshelves • Computer/media centre	• Fireplace
Family Bathroom	• Separate from patient rooms • Contains shower or tub shower • Shelving for supplies, counter space for toiletries, hooks for clothing, and towels	
Family Quiet Room	• Telephone for private family calls • Acoustic requirements for confidentiality • Furniture to accommodate 4 – 6 people.	• Two rooms, rather than one • Prayer space to accommodate religious practices
Patient Bathing Facilities	• Wheelchair shower • Therapeutic tub to accommodate reclining or semi-reclining stretcher • Sink and toilet in bathing room • Storage for clean supplies, including towels, warmed blankets and cleaning supplies • Design provides privacy for patient in tub/shower when bathroom door opened by staff	• Built in speaker system for music • Creative design to create spa-like environment to minimize institutional look and feel of room, while allowing for efficiency

Physical Design	Expected Features	Desirable Features
Smoking Area	• Designated area for patients outdoors • Smoking area must be 4 metres away from door	• Covered access to smoking area • Park bench seating
Generator	• Built in, automatic generator to ensure electrical power at all times	• Located outside the building
Staff/Volunteer Lounge and Washroom	• Private space with door out of sight of visitors • Locked space for personal belongings, space for coats and shoes • Unisex washroom for staff and volunteers • Sink, fridge, counter and cupboards	
Laundry Facilities for patient laundry	• Washer/dryer available for staff/volunteers to use for patient personal laundry and Hospice laundry • Shelving for supplies	
Team conference room/counselling room/offices	• Meeting space with table and chairs for 8 – 10 • Acoustic requirements for confidentiality for team conference space • Adequate office space for other Hospice staff	
Storage of Patient Care Supplies	• Adequate storage for clean and dirty patient supplies, linen and equipment (including wheelchairs, commodes, recliners, mechanical lifts, speciality mattresses, pressure reduction devices, concentrators, portable suction and oxygen equipment etc.) to eliminate clutter in hallways, patient rooms, bathing area, etc.	• Situated conveniently for staff to minimize distance from patients

Physical Design	Expected Features	Desirable Features
	• Storage rooms has cupboards to hide supplies and equipment	
Soiled Storage Area	• Includes sink, clean and dirty counter space • Disposable system for personal and hazardous waste • Sanitizer for bedpans/urinals • Storage for dirty supplies and equipment • Area for soiled linens, garbage and special wastes	
Clean Storage Area	• Shelves for clean medical supplies • Blanket warmer • Sink • Warmer for skin wipes	
Security/Safety	• Ability to prevent wandering patients from leaving unit/building (e.g. delayed egress doors touch pads) • Security system and panic buttons • Ability to safely provide 24/7 access to visitors (e.g. video cameras and buzzer for entry proxy cards key pad access) • All entrances will have closed circuit monitoring	
Food Storage	• Storage capacity that will allow for adequate supply of food supplies on site at the Residential Hospice	
Parking	• Access to parking • Safe access to the Residential Hospice from parking lot at night	

APPENDIX B

MINIMUM LIST OF POLICIES AND PROCEDURES

Section I – CLINICAL CARE

1.1 Organization Chart
1.2 Retention of Records
1.3 Residential Hospice Eligibility
1.4 Referral and Triage Process
1.5 Admission Process
1.6 Consent
1.7 Confidentiality
1.8 Diversity and Inclusive spaces
1.9 Assessment
1.10 Translation and Interpretation
1.11 Pharmacy

Section II – GOVERNANCE

2.1 By Laws
2.2 Governance Policies
2.3 Insurance
2.4 Board Code of Ethics/Conduct
2.5 Board Conflict of Interest
2.6 Public Disclosure of Finances
2.7 Tendering/Procurement Process
2.8 Donations and Tax receipts

Section III – OPERATIONS

3.1 Emergency management
3.2 Safefoodhandling
3.3 Infectionscreeningandcontrol
3.4 Personal protective equipment
3.5 Storage, safe handling and routinepreventivemaintenanceofequipment
3.6 Safehandlinganddisposal of potentiallyhazardousmaterialsandsubstances
3.7 Accessibility
3.8 Safeandsecurestorageofmedications
3.9 Safeandcomfortableairandwatertemperature
3.10 Violence Risk Assessment
3.11 OccupationalHealthandSafety
3.12 WHMIStraining
3.13 WCBreporting
3.14 After Hours Operations

Section IV – HUMAN RESOURCES

Section V – QUALITY

Residential Hospice Accountability Reporting Template

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Financial Report	**Apr 1 - June 30**	**July 1 - Sept 30**	**Oct 1 - Dec 31**	**Jan 1 - March 31**	**YTD**
Total Government Funding Received					
Total spent on direct nursing services					
Total spent on direct personal support services					
Variance between total funding and total spent on nursing & personal support					
Total spent on medical supplies & services					
Total spent on food supplies & services					
Total spent on general supplies & housekeeping (non-capital)					
Total spent on maintenance & occupancy (non-capital)					
Total spent on staffing & volunteer costs					
Total spent on governance & administration					
Total spent on promotion & fundraising					
Total spent on education					
Total operational expenses during period (non-capital)					
Percentage of total operational costs funded by government					
Total spent on furniture, equipment, cap improvements, etc (100% funded by Hospice)					
Total number of clients served					
Total hours nursing services purchased with funding					
Total hours personal support services purchased with funding					
Total hours volunteer support services donated to Hospice					
Average number of nursing hours/client					
Average number of personal support hours/client					
Average # volunteer support service hours/patient & family					
Key Performance					

Indicators					
	1st Quarter	**2nd Quarter**	**3rd Quarter**	**4th Quarter**	**Total**
	Apr 1 - June 30	**July 1 - Sept 30**	**Oct 1 - Dec 31**	**Jan 1 - March 31**	
Total Number Admissions:					
Male					
Female					
Age at Admission:					
Youth (15-24)					
Adult (25-64)					
Senior (65 and up)					
Diagnosis:					
Cancer					
Other					
Average PPS on Admission					
Admitted From:					
Home					
Palliative Care Unit					
Acute Care Hospital Beds					
Emergency Room					
Nursing or Special Care Home					
Discharges:					
Deceased					
Discharged to Hospital					
Discharged to Home					
Discharged to Nursing Home/Special Care Home					
Average Length of Stay (days)					
Median Length of Stay (days)					
Total Patient Days					
Total Available Bed Days (based on 10 beds)					
Occupancy Rate (based on 10 beds)					
# client/caregiver complaints					

REFERENCES

1. Nova Scotia Residential Hospice Standards, Nova Scotia Health Authority, 2017.

2. Hospice Palliative Care Ontario (HPCO), 2012 Hospice Palliative Care Standards

3. Fraser Health Hospice Residences, 2007: Creating a Healing and Caring Environment at the end of life.

4. Fraser Health Hospice Residences, 2007: Creating a Healing and Caring Environment at the end of life, Supplementary Information

5. A Business Case for Community Residential Hospices in New Brunswick, New Brunswick Hospice Palliative Care Association, 2014.

6. Accreditation Canada. Qmentum Program Standards: Hospice, Palliative Care, End of Life Services. Standards

7. Canadian Hospice Palliative Care Association. A Model to Guide Care, Based on National Principles and Norms of Practice

8. Standards for Canadian Charities and Nonprofits. Imagine Canada.

9. Volunteer Involvement Standards, 2011 Standards for Canada's Charities and Nonprofits. Imagine Canada.

10. Palliative Care in New Brunswick – "A Person-Centered Care and Integrated Services Framework", Government of New Brunswick, 2018.