

**Home-related – Triggered**

Home Name: \_\_\_\_\_ Inspection Number: \_\_\_\_\_ (*hard copy use only*)  
Date: \_\_\_\_\_  
Inspector ID: \_\_\_\_\_

**Definition / Description**

<b>Hospitalization:</b>	The resident is hospitalized for other than a planned elective surgery, including hospitalization for medical or psychiatric care.
<b>Medical Absence:</b>	The medical absence for a long-stay resident is 30 days and for a short-stay resident is 14 days. (LTCHA, r.138)
<b>Psychiatric Absence:</b>	The psychiatric absence for a long-stay resident is 60 days and for a short-stay resident is 14 days. (LTCHA, r.138)
<b>Death:</b>	The cessation of all vital functions of the body including the heartbeat, brain activity and breathing.

**Use**

This IP is a home-related triggered task, used to review hospitalization and death, during the annual inspection of the LTC home.

The inspector may also select and complete this IP when a concern(s) related to hospitalization and death is raised while conducting any type of inspection.

The inspection focuses on the licensee's obligations to meet requirements related to hospitalization and death:

- Assessment of individualized care
- Provision of care, that promotes dignity, choice and privacy.

**Note:** There is transitional regulation related to this IP. Inspectors will identify any non-compliance related to the transitional regulations through ad hoc notes. LTCHA, r.151 (2) (3) (4)

**Procedure**

Each section within this IP contains statements that provide guidance to the inspector in the collection of information during an inspection and may not be applicable in every situation. The information collected will be used to determine whether a home is in compliance with the LTCHA.

This IP contains two (2) parts:

- Part A: Resident Risk Outcomes
- Part B: Contributing Factors

**During the Annual Inspection:**

1. Assigned inspector(s) will open and complete the triggered task, using one (1) IP only.
2. All questions in Part A must be completed unless not applicable.
3. If non-compliance is identified in Part A, inspector(s) will proceed to Part B and complete the applicable questions.
4. If there is no non-compliance identified in Part A, Part B is not required to be completed unless other concerns related to hospitalization and death have been identified.
5. The inspector must document evidence to support non-compliance in the 'Notes' section when answering 'No'.

**PART A: Resident Risk and Care Outcomes**
**Initial Record Review**
**Relevant documents for review include:**

## MDS assessment:

- Section B (cognitive patterns)
- Section E (mood and behaviour patterns)
- Section G (physical functioning and structural problems)
- Section I (disease diagnoses)
- Section J (health conditions)
- Section O (medications)
- Section P (special treatments and procedures)

**Other documents for review include:**

- Re-admission (return from medical/psychiatric absence) information
- history of hospitalization
- physical assessment
- physician orders
- treatment and care provided in hospital
- pharmacist reports, lab reports and any flow sheets
- intake and output records
- plans of care
- progress notes
- hospital and discharge summaries
- home discharge order/summary, or
- other information to determine relevant care issues associated with the resident's hospitalization, return from absence or death.

Information Gathering

**Initial Record Review**

<b>Notes</b>	
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<b>Resident / Substitute Decision-Maker Interview</b>
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Interview the resident, family or SDM to determine:

- Whether the assessment information accurately and sufficiently reflected the status of the resident
- Awareness of the current conditions or history of the conditions or diagnoses
- How staff responded to the resident's change in condition relevant to decline, end-of-life care, comfort measures, and death of the resident, where applicable
- Whether they were kept informed of the change in the resident's condition and whether consent for treatment was provided where required
- Awareness of information relevant to length of allowed absences, as appropriate
- How staff responded to the unexpected death of the resident.
- Whether physician, resident's SDM/ designate, coroner, or police were notified promptly related to the unexpected or suspicious death, as appropriate.

			<b>Information Gathering</b>	
			<b>Resident / SDM Interview</b>	

<b>Notes</b>	
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<b>Staff Interviews</b>
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Interview staff on various shifts when concerns are identified about hospitalization, return from absence or death, to determine:

- Knowledge of the resident's specific medical and personal care needs, and level of comfort related to the change and/or decline in the resident's health status, physical functioning
- Whether staff identified and implemented appropriate measures including: documentation related to specific conditions; respected the resident's dignity and privacy; and respected the significant needs and preference of the resident
- Whether the physician was updated regarding the resident's condition when there were changes
- Whether diagnostic tests were obtained, e.g. lab work, x-rays, as ordered by the physician with prompt notification of the diagnostic results to the physician, and relevant changes to orders and treatment plan as appropriate
- Whether the physician and resident's SDM/designate were promptly notified when unexpected death has occurred as a result of, for example, injury, abuse, or altercation, medication incident or adverse drug reaction, etc.
- Whether the coroner and police authority were notified as appropriate
- Where hospitalization is required, whether the home notified the resident's SDM and any person designated by the resident/SDM of the transfer to hospital within 24 hours or as soon as possible, and consent received, as appropriate.

			<b>Information Gathering</b>
			<b>Staff Interviews</b>
<b>Notes</b>			

<b>Assessment</b>			
Determine whether the staff accurately assessed the resident's condition relevant to the care issues associated with the resident's hospitalization, return from absence or death including, as appropriate: <ul style="list-style-type: none"> <li>Identified risk and contributing factors related to the relevant condition for which the resident was hospitalized or returned from absence or related to the resident's death</li> <li>Conducted ongoing assessments and monitored the resident's condition while the resident was experiencing a change in condition</li> <li>If the resident resisted services and treatment, identified the reasons for the refusal and revised interventions to address resident needs.</li> </ul>			
			<b>Information Gathering</b>
			<b>Assessment</b>
<b>Notes</b>			

No.	Yes	No	N/A	Question	Act/Reg.
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other?	<b>s. 6 (4) (a)</b>
<b>Notes</b>					

<b>Plan of Care</b>			
Review the plan of care for specific interventions relevant to the care issues associated with the hospitalization or return from absence, or death. Determine whether the plan of care addresses the following, as appropriate: <ul style="list-style-type: none"> <li>Whether the plan of care meets the resident's individualized needs</li> <li>Whether the care is oriented towards recognizing and preventing decline in status including physical, mental, psychological and risks related to, for example, falls with injury; elopement with injury associated with cognitive impairment, end-of-life, etc</li> <li>Whether the plan of care reflects the preferences of the resident and decisions about care and treatment made by the capable resident or by the SDM if the resident is incapable</li> <li>Based upon resident choices and preferences and interdisciplinary expertise</li> <li>Promotion of respect, dignity and privacy, including for end-of-life comfort measures, as appropriate.</li> </ul>			

			Information Gathering
			<b>Plan of Care</b>
Notes			

No.	Yes	No	N/A	Question	Act/Reg.
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment with respect to the resident's disease diagnosis?	<b>r. 26 (3) 9</b>
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment that includes the resident's health conditions including allergies, pain, risk of falls and other special needs?	<b>r. 26 (3) 10</b>
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment that includes the resident's nutritional status, height, weight and any risks relating to nutritional care?	<b>r. 26 (3) 13</b>
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment that includes the resident's hydration status and any risks relating to hydration?	<b>r. 26 (3) 14</b>
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment that includes the resident's skin condition, including altered skin integrity and foot conditions?	<b>r. 26 (3) 15</b>
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment of drugs and treatments?	<b>r. 26 (3) 17</b>

Notes					
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No.	Yes	No	N/A	Question	Act/Reg.
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment of special treatments and interventions?	<b>r. 26 (3) 18</b>

Notes					
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No.	Yes	No	N/A	Question	Act/Reg.
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment of safety risks?	<b>r. 26 (3) 19</b>

Notes					
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No.	Yes	No	N/A	Question	Act/Reg.
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment of the resident's potential for discharge?	<b>r. 26 (3) 23</b>

Notes					
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No.	Yes	No	N/A	Question	Act/Reg.
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the plan of care set out clear directions to staff and others who provide direct care to the resident?	<b>s. 6 (1) (c)</b>

Notes					
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No.	Yes	No	N/A	Question	Act/Reg.
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an assessment of the resident and the resident's needs and preferences?	<b>s. 6 (2)</b>

Notes					
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No.	Yes	No	N/A	Question	Act/Reg.
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have the resident, the SDM, if any, and the designate of the resident/SDM been given an opportunity to participate fully in the development and implementation of the plan of care?	<b>s. 6 (5)</b>

Notes					
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No.	Yes	No	N/A	Question	Act/Reg.
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are staff and others who provide direct care to a resident kept aware of the contents of the resident's plan of care and have convenient and immediate access to it?	<b>s. 6 (8)</b>
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to give or refuse consent to any treatment, care or services for which consent is required by law?  Was the resident informed of the consequences of giving or refusing consent?	<b>s. 3 (1) 11. ii</b>
Notes					

### Observations / Provision of Care and Services

Observe the resident, to determine whether staff:

- Recognize and address risks or contributing factors
- Implement interventions consistent with resident needs and condition
- Have access to equipment, supplies and transfer devices
- Seek alternatives to assist the resident when interventions are not effective
- Address risks or contributing factors to minimize complications, i.g.falls, other injuries, altercations, medication incident, elopement, etc.

#### Review records:

#### For concerns related to the resident who is currently in hospital or has died:

Determine if the provision of care and services prior to the hospitalization or death was consistent with the resident's plan of care, to determine whether staff:

- Provided care in a manner that enhanced the resident's choice and dignity with respect to individuality with approaches to care and services
- Provided privacy for end-of-life needs and was respectful in communicating with family and friends
- Addressed risks and/or contributing factors to minimize complications
- Notified the physician who assessed and developed a treatment regimen relevant to acute changes or end-of-life care and responded appropriately to the notice of changes in condition
- Notified the physician to authorize hospitalization for medical or psychiatric leave, where applicable
- Informed the resident's SDM and designate of the transfer to hospital for medical or psychiatric absence at least 24 hours in advance or as soon as possible
- Maintained communication with the health care provider during absence, to obtain health status and determine return date.

			<b>Information Gathering</b>
			<b>Observations / Provision of Care</b>
<b>Notes</b>			

No.	Yes	No	N/A	Question	Act/Reg.
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the care set out in the plan of care provided to the resident as specified in the plan?	<b>s. 6 (7)</b>
<b>Notes</b>					

**Resident's Safety**

No.	Yes	No	N/A	Question	Act/Reg.
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the resident have easy access to a resident-staff communication response system that is easily seen, accessed and used at all times?	<b>r. 17 (1) a</b>
<b>Notes</b>					

No.	Yes	No	N/A	Question	Act/Reg.
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did staff use safe transferring and positioning devices or techniques when assisting the resident?	<b>r. 36</b>
<b>Notes</b>					

No.	Yes	No	N/A	Question	Act/Reg.
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are any equipment, supplies, devices, assistive aids, or positioning aids used by the staff, appropriate for the resident and based on the resident's condition?	<b>r. 30 (1) 2</b>
<b>Notes</b>					

No.	Yes	No	N/A	Question	Act/Reg.
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are supplies, equipment and devices readily available at the home to meet the nursing and personal care needs of the resident(s)?	<b>r. 44</b>
<b>Notes</b>					

**End-of- Life Care**

No.	Yes	No	N/A	Question	Act/Reg.
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the resident requiring end-of-life care receive care that meets his or her needs?	<b>r. 42</b>
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the right of the dying or very ill resident to have family and friends present 24 hours per day?	<b>s. 3 (1) 15</b>
Notes					

**Medical and Psychiatric absences**

No.	Yes	No	N/A	Question	Act/Reg.
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Except in an emergency, did a physician or registered nurse in the extended class attending the resident authorize the resident's medical or psychiatric absence in writing?	<b>r. 138 (6) (a)</b>
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the SDM and other person designated by the resident/SDM given notice of the medical or psychiatric absence of the resident: <ul style="list-style-type: none"> <li>• At least 24 hours before the resident left the home, or</li> <li>• If circumstances do not permit 24 hours notice, as soon as possible?</li> </ul>	<b>r. 138 (6) (b) (i), and (ii)</b>
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When the resident left for the medical or psychiatric absence, was information about the drug regime, known allergies, diagnosis and care requirements provided to the health care provider?	<b>r. 138 (7)</b>
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there record of the resident's medical or psychiatric absence(s)?	<b>r. 140</b>

<b>Notes</b>	
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No.	Yes	No	N/A	Question	Act/Reg.
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was contact maintained with the resident who is on a medical or psychiatric absence or with the health care provider, to determine the return date to the home?	<b>r. 141 (1)</b>

<b>Notes</b>	
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No.	Yes	No	N/A	Question	Act/Reg.
28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For medical absence not exceeding 30 days, did the long-stay resident have the same room and bed and receive the same class of accommodation upon return to the home?	<b>r. 138 (2) a</b>

<b>Notes</b>	
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No.	Yes	No	N/A	Question	Act/Reg.
29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For psychiatric absence not exceeding 60 days, did the long-stay resident have the same room and bed and receive the same class of accommodation upon return to the home?	<b>r. 138 (2) b</b>

<b>Notes</b>	
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No.	Yes	No	N/A	Question	Act/Reg.
30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For medical or psychiatric absence, did the long-stay resident receive a different bed or room if necessary, based on changed needs?	<b>r. 138 (3)</b>

<b>Notes</b>	
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No.	Yes	No	N/A	Question	Act/Reg.
31.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the short-stay resident receive the same class of accommodation, following the medical or psychiatric absence where: <ul style="list-style-type: none"> <li>• the absence did not exceed 14 days, and</li> <li>• the resident returned before the end of the period for which he or she was admitted to the home?</li> </ul>	<b>r. 138 (5) (a) (i), and (ii)</b>

<b>Notes</b>	
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<b>Monitoring / Evaluation/ Revision</b>			
Determine whether the staff has been monitoring the resident's response to interventions and has evaluated and revised the plan of care based on the resident's response, outcomes, and needs. Both the RAI outcome scale and the quality indicators are evidence of the care intervention effectiveness.			
		<b>Information Gathering</b>	
		<b>Monitoring / Evaluation/ Revision</b>	
<b>Notes</b>			

No.	Yes	No	N/A	Question	Act/Reg.
32.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary?	<b>s. 6 (10) (b)</b>
<b>Notes</b>					

No.	Yes	No	N/A	Question	Act/Reg.
33.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the resident is being reassessed and the plan of care is being revised because care set out in the plan has not been effective, have different approaches been considered in the revision of the plan of care?	<b>s. 6 (11) (b)</b>
<b>Notes</b>					

No.	Yes	No	N/A	Question	Act/Reg.
34.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented?	<b>r. 30 (2)</b>
<b>Notes</b>					

**PART B: Contributing Factors**
*(Complete applicable questions if non-compliance is identified in Part A.)*
**Documentation**

No.	Yes	No	N/A	Question	Act/Reg.
35.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the provision of care set out in the plan of care documented?	<b>s. 6 (9) 1</b>
<b>Notes</b>					

No.	Yes	No	N/A	Question	Act/Reg.
36.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the outcome of care set out in the plan of care documented?	<b>s. 6 (9) 2</b>
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
37.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the effectiveness of care set out in the plan of care documented?	<b>s.6 (9) 3</b>
Notes					

**Policies to be followed**

No.	Yes	No	N/A	Question	Act/Reg.
38.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee of the home ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is: (a) in compliance with and is implemented in accordance with all applicable requirements under the Act, and (b) complied with?	<b>r. 8 (1) (a) (b)</b>
Notes					

**General Requirements for Programs**

No.	Yes	No	N/A	Question	Act/Reg.
39.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee of the home ensure for each organized program required under sections 8 to 16 of the Act and section 48 of the regulation, that there is a written description of the program that includes its: <ul style="list-style-type: none"> <li>• goals and objectives</li> <li>• relevant policies, procedures, protocols</li> <li>• methods to reduce risk</li> <li>• methods to monitor outcomes, and</li> <li>• protocols for referral of resident to specialized resources where required?</li> </ul>	<b>r. 30 (1) 1</b>
Notes					

Based on information collected during the inspection process, the inspector may determine the need to select and further inspect other related care/services areas. When this occurs, the inspector will document reason(s) for further inspection in Ad Hoc Notes, select and complete other relevant IPs related to Hospitalization and Death, for example:

- Admission Process
- Critical Incident Response
- Dignity, Choice and Privacy
- Falls Prevention
- Infection Prevention and Control
- Medication
- Minimizing of Restraining
- Nutrition and Hydration
- Pain
- Prevention of Abuse, Neglect and Retaliation
- Quality Improvement
- Reporting and Complaints
- Responsive Behaviours
- Safe and Secure Home
- Sufficient Staffing
- Training and Orientation