



**New Brunswick
Residential Hospice Standards**

February 2019

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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:

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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, a residential 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.
- All Community Residential Hospices must comply with relevant building codes, legislation and regulations that govern registered charities 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 Health for residential hospice care.

The Standards focus on four fundamental areas:

- A. Clinical Care
- B. Governance
- C. Operations
- D. Quality Assurance

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
- The Hospice develops a care plan based on the assessment of those needs with the aim to improve quality of life
- The Hospice implements the care plan with the support of an interprofessional team of professionals with experience and expertise in hospice palliative care, as outlined in the Operations section, aiming to deliver symptom control and improve quality of life
- The Hospice uses the help of volunteers according to needs of the facility

The Interprofessional Team 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 a residential hospice facility.

Standard A3: Referral Process

Standard Statement A3.1: 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 Statement A4.1: 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 Statement A5.1: 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 Health Information Custodians (HICs), as an organization that provides care within the health care continuum, and health information is used in accordance with the Personal Health Information Act
- Personal health information is shared among health care team members, in accordance with the Personal Health Information Act for the purpose of facilitating seamless and effective care. The health care team consists of all those who are involved in the care
- The issue of information-sharing with family members is addressed upon admission and complies with legislation while respecting cultural preferences.
- Personal health information is kept confidential and secure according to organizational policy
- Personal health information consists of :
 - 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
- Staff and volunteers who receive health care information are agents of the Hospice and comply with all legislation
- The Hospice has policies in place relating to confidentiality
- All staff and volunteers receive training related to privacy and confidentiality and sign a confidentiality agreement with the Hospice
- Personal health information is only collected as needed to address care needs of the patient and used accordingly
- All patients are entitled to receive a copy of their personal health information based on current policy for accessing same

Standard A6: Assessment

Standard Statement A6.1: 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
 - End of life care

- 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
 - Moving and handling equipment such as mechanical lift and aids
 - Ambulatory infusion devices
 - Dressings
 - Syringes and sharps disposal
 - Other equipment as required.
- Care is delivered in a way to optimize infection control and prevention best practices
- 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 Statement A8.2: 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 Statement B1.1: 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:

- The Board ensures the culture of the Hospice aligns with the mission, vision and values of the organization
- 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
- The Board ensures the organization complies with its own governing documents and all applicable federal, provincial and municipal laws and regulations
- The Board has a manual and/or policies which govern their practice, identifies their responsibilities/accountabilities and outlines the specific roles of officers of the Board
- 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.
- The Board ensures a strategic plan is in place
- The Board holds sufficient number of meetings annually to fulfill its duties, including an Annual General Meeting
- The Board is accountable for the recruitment and orientation of the most senior staff person. The process is open, fair and transparent.
- The Board is accountable for ensuring the most senior staff person has a comprehensive job description, annual performance objectives and review. The compensation of the most senior person is approved by the Board
- Each new Board member is given an orientation to both the operations and governance of the organization
- The Board reviews the insurance policies of the Hospice annually
- The Board has a Board-approved code of ethics/conduct with which all of its directors, staff and volunteers are familiar with and to which they adhere
- There is a Board-approved conflict of interest policy that applies to Board, staff, and volunteers and provides disclosure, review and decision on actual or perceived conflicts of interest
- 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 Statement B2.1: The fiduciary accountability of the Board of Directors of the Community Residential Hospice is clear and understood.

Criteria to meet the standard:

- The Board is accountable for the financial sustainability of the Community Residential Hospice.
- The Hospice completes annual audited financial statements in accordance with accounting standards
- The Hospice's audited financial statements are available to the public
- The Board approves the annual operating budget, has a process to identify financial risk and manage such risks
- The following information is available in public documents:
 - Most recent annual reports
 - Most recent audited financial statements
 - Name of Board members
 - Registered Charity Number.
- The Hospice has available for the public the total fundraising revenues, total fundraising expenses and total expenditure on charitable activities
- Charitable return is completed and returned on time to Canada Revenue Agency
- All statutory remittances are made
- There will be policy and process by which the staff or Board will hire external contractors

Standard B3: Fundraising

Standard Statement B3.1: 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:

- The Hospice performs all its fundraising activities in accordance with federal, provincial and municipal legislation and regulations
- The Hospice provides official tax receipts for monetary gifts and in compliance with all regulatory requirements
- The Hospice honours privacy legislation and requests for privacy in relation to donations made
- Donor records are maintained by the Hospice and kept confidential to the greatest extent possible. Donors have the right to see their own donor record and to challenge its accuracy
- The Hospice respects the rights of donors and potential donors to be removed from solicitations, change the frequency of solicitations and how such solicitations are made
- Fundraising policies are in place including but not exhaustive of:

- Tax receipting
- Gifts in kind
- Donor Recognition
- Privacy

- The Hospice discloses all its costs relating to fundraising activities
- The Board reviews costs relating to fundraising activities annually ensuring no more is spent on fundraising and administration than is required to ensure effective management and resource development
- Volunteers who solicit or receive funds on behalf of the Hospice must:
 - Act with fairness, integrity and in accordance with all applicable laws
 - Cease solicitation of a prospective donor who identifies the solicitation as unwanted
 - Disclose immediately to the Hospice any actual or apparent conflict of interest
 - Not accept donations for the purposes that are inconsistent with the Hospice's mission

Section C: Operations

Standard C1: Facility Design and Risk Management

Standard Statement C1.1: 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, safety and security of all patients as a whole precede an individual's wishes
- Design criteria are based on the principles of privacy, security, safety and accessibility
- The design must comply with all federal, provincial and municipal laws and regulations
- The Hospice is designed to provide a home-like and comfortable environment for each patient and their significant others.
- 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. Ensuring 24 hour access for significant others as identified by the person
 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
- The Hospice is designed to provide and maintain privacy for each patient and family member and comply with any legislation relating to privacy. Privacy can include:
 1. Having a private single room
 2. Individual washrooms specifically for patients
 3. Having policies and procedures relating to maintaining patients' personal privacy and personal information privacy
 4. Ensuring designated space for private and confidential interactions
- To meet the complex multi-dimensional needs of each patient, each patient must have access to:
 1. A therapeutic surface in order to maintain skin integrity
 2. Medical supplies relevant to the demographic population the hospice serves
 3. Moving and handling equipment
 4. Sharps disposal
 5. Communication system in order to "call" for professional assistance
 6. Quiet space suitable for prayer or meditation

Standard Statement C1.2: 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
- The Hospice has emergency and security systems and a process for regular inspection and testing
- There are written fire, safety and evacuation plans which are easily accessible to all Hospice staff and volunteers
- All Hospice staff and volunteers have ongoing training on the fire, safety and evacuation plans
- There is an automatic generator to ensure electrical power during outages.
- Policies, processes and training are in place in relation to:
 1. Safe food handling
 2. Infection screening and control
 3. Personal protective equipment for staff
 4. Storage, safe handling and routine preventive maintenance of equipment
 5. Safe handling and disposal of sharps and other potentially hazardous materials and substances
 6. Accessibility - non obstructive hallways and exits
 7. Safe and secure storage of medications according to regulatory requirements
 8. Incident and/or occurrence reporting
 9. Safe and comfortable air and water temperature
 10. Emergency Preparedness
 11. Violence Risk Assessment and non-violent crisis intervention
 12. Occupational Health and Safety
 13. WHMIS training
 14. WCB reporting
- There is a provision to accommodate the needs of smokers in the use of outdoor space in compliance with legislation and Hospice policy
- The Hospice obtains appropriate building liability and property insurance annually
- The Hospice is designed for maximum accessibility for patients and their families

Standard C2: Human Resources

Standard Statement C2.1: 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 Hospice has comprehensive human resource (HR) policies in place
- HR policies comply with employment, workplace health and safety and all other human resource related legislation applicable in the jurisdiction of the Hospice
- HR policies are reviewed regularly and available to all staff

- Job descriptions that ensure minimum competencies and professional requirements are in place for all positions within the organization/facility
- Recruitment is through an objective, consistent process that complies with human rights legislation and employment equity standards
- All potential employees provide a criminal record check.
- All individuals external to the Hospice who are offered a position of employment receive a letter outlining the terms and conditions of employment, including an overview of the employee benefit package
- Staff evaluation/satisfaction and feedback mechanisms are in place
- There is a personnel record for each professional staff who is employed by the Hospice
- Policies and processes are in place to manage performance issues or concerns
- Staffing levels and needs of the Hospice are reviewed regularly including
 1. Identifying of critical positions and potential succession planning
 2. Staffing in the event of an emergency
 3. Training/education needs and budget allocation for training
- All records are maintained in accordance with applicable laws and regulations
- The Hospice appoints at a minimum one person who is responsible for the management of the clinical staff, ensuring regulated staff have maintained their registration with the appropriate college, insurance is obtained as needed and staff have the necessary qualifications/certifications to perform their role

Criteria to meet the standard:

- An orientation for new employees is in place
- All employees are given expectations/performance objectives and have regular performance reviews
- There is a policy that guides team members to bring forward complaints and concerns
- A safe work environment is provided including physical safety and emotional safety
- 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 Statement C3.1: The Community Residential Hospice values and utilizes volunteers throughout the organization.

Criteria to meet the standard:

- The Hospice has Volunteer policies and procedures in place relating to the integration and use of volunteers within the organization and the volunteer's responsibilities to the organization.
- The Hospice has at least one person who is responsible, and has the appropriate skills, for volunteer management
- Volunteer assignments reflect the mission and purpose of the Hospice and ensure volunteers are engaged in meaningful ways that reflects their competencies, skill set and backgrounds
- 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
- Volunteer personal information is treated like any other personnel file and kept confidential and secure in accordance with all applicable laws
- Volunteers are given training and an orientation to the organization and their roles and responsibilities
- Volunteers sign a code of conduct and confidentiality agreements
- Policies and processes are in place to manage performance issues or concerns
- The Hospice has a volunteer recognition strategy in place to thank volunteers and recognize their contributions

Standard Statement C3.2: 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
- New volunteers are orientated to the organization, informed of the role and conduct expectations, given the appropriate training they require to perform the job/task/assignment and a period of probation to meet the desired expectation
- 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
- Volunteers receive a level of supervision appropriate to the task and are given regular opportunities to offer and receive feedback
- Volunteers are welcomed and treated as an integral part of the team and thus comply with relevant policies, i.e.: confidentiality, infection control.

Section D: Quality Assurance

Standard D1: Operations

Standard Statement D1: 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”
- Operations and practice incorporate an evidence-based, best practice approach
- 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”
- The organization has a quality monitoring and improvement strategy that involves management staff and families and is reported on a regular basis using a number of techniques, i.e.: feedback questionnaires, 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 Statement D1: 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 Statement D1: The Community Residential Hospice has a policy that addresses its involvement in ethical research and education.

Criteria to meet the standard:

- The Hospice has policies and processes in place to accommodate student placements from a variety of educational programs and diverse backgrounds
- The Hospice maximizes opportunities to participate in research related to hospice palliative care
- The Hospice has policies and procedures in place to encourage and accommodate conference presenting/attendance, further education and mentorship
- 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

Section A – CLINICAL CARE	
A1: Model of Care	
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: Information Sharing	
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.
A6: Assessment	
1.	The Community Residential Hospice staff completes a pre-admission assessment prior to admitting any patient to the Hospice
2.	The Community Residential Hospice completes comprehensive and ongoing person-centered assessments by professional staff on admission and throughout the patient’s stay.
A7: Care Planning	
1.	The Community Residential Hospice has a plan of care for each patient and family.
A8: Care Delivery	
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.
Section B – GOVERNANCE	
B1: Board of Directors	
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.	The fiduciary accountability of the Board of Directors of the Community Residential Hospice is clear and understood.

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	<ul style="list-style-type: none"> • Entrance to hospice is welcoming. 	<ul style="list-style-type: none"> • Foyer/transition space between entrance door and patient rooms • Covered area at entrance to hospice
Memorial Space	<ul style="list-style-type: none"> • Honouring space located on site 	
Nursing Station	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ No overhead paging ○ Quiet or silent call bell system- i.e. pagers or portable phones with vibrate mode or quiet, pleasant tone • Ventilation system/air conditioning 	<ul style="list-style-type: none"> • Call bell system providing nurses the ability to speak to each other or answer outside phone call
Patient Rooms	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Patient Kitchen area for staff and volunteers to prep patient food. 	

Physical Design	Expected Features	Desirable Features
	<p>Includes: sink, oven, fridge, freezer, sanitizer/dishwasher, cupboards and counter space</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Separate seating areas (grouping of furniture) • Music system • Children’s play area with suitable toy storage and entertainment area • Bookshelves • Computer/media centre 	<ul style="list-style-type: none"> • Fireplace
Family Bathroom	<ul style="list-style-type: none"> • Separate from patient rooms • Contains shower or tub shower • Shelving for supplies, counter space for toiletries, hooks for clothing, and towels 	
Family Quiet Room	<ul style="list-style-type: none"> • Telephone for private family calls • Acoustic requirements for confidentiality • Furniture to accommodate 4 – 6 people. 	<ul style="list-style-type: none"> • Two rooms, rather than one • Prayer space to accommodate religious practices
Patient Bathing Facilities	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Designated area for patients outdoors • Smoking area must be 4 metres away from door 	<ul style="list-style-type: none"> • Covered access to smoking area • Park bench seating
Generator	<ul style="list-style-type: none"> • Built in, automatic generator to ensure electrical power at all times 	<ul style="list-style-type: none"> • Located outside the building
Staff/Volunteer Lounge and Washroom	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Washer/dryer available for staff/volunteers to use for patient personal laundry and Hospice laundry • Shelving for supplies 	
Team conference room/counselling room/offices	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Situated conveniently for staff to minimize distance from patients

Physical Design	Expected Features	Desirable Features
Soiled Storage Area	<ul style="list-style-type: none"> • Storage rooms has cupboards to hide supplies and equipment • 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	<ul style="list-style-type: none"> • Shelves for clean medical supplies • Blanket warmer • Sink • Warmer for skin wipes 	
Security/Safety	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Storage capacity that will allow for adequate supply of food supplies on site at the Residential Hospice 	
Parking	<ul style="list-style-type: none"> • 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 Safe food handling
- 3.3 Infection screening and control
- 3.4 Personal protective equipment
- 3.5 Storage, safe handling and routine preventive maintenance of equipment
- 3.6 Safe handling and disposal of potentially hazardous materials and substances
- 3.7 Accessibility
- 3.8 Safe and secure storage of medications
- 3.9 Safe and comfortable air and water temperature
- 3.10 Violence Risk Assessment
- 3.11 Occupational Health and Safety
- 3.12 WHMIS training
- 3.13 WCB reporting
- 3.14 After Hours Operations

- 3.15 Housekeeping
- 3.16 Laundry
- 3.17 Maintenance & Repairs
- 3.18 Garbage Disposal
- 3.19 Food Preparation, Storage and Safety
- 3.20 Meal Service and Food options for visitors

Section IV – HUMAN RESOURCES

- 4.1 Abuse and Harassment
- 4.2 Alcohol & Drugs
- 4.3 Attendance
- 4.4 Confidentiality
- 4.5 Conflict of Interest
- 4.6 Cultural Competence
- 4.7 Criminal Record Check
- 4.8 Discipline Procedures
- 4.9 Education and Ongoing Competence
- 4.10 Employee Benefits & Vacation Entitlement
- 4.11 Hiring Practices
- 4.12 Job Postings
- 4.13 Media/Public Relations
- 4.14 Orientation
- 4.15 Overtime
- 4.16 Personnel Appearance (Dress Code)
- 4.17 Personnel Records
- 4.18 Incident Reporting
- 4.19 Patient/ Family Aggression
- 4.20 Retirement
- 4.21 Sick Leave & Leave of Absence
- 4.22 Smoking
- 4.23 Staff Parking
- 4.24 Termination of Employment
- 4.25 Volunteers

Section V – QUALITY

- 5.1 Review and Maintenance of Policies and Procedures
- 5.2 Quality Monitoring and Improvement
- 5.3 Patient Rights and Complaints Process
- 5.4 Student Placements
- 5.5 Research and Ethics

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					

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