

THE OLTCC LONG TERM CARE MEDICAL DIRECTOR MANUAL

Chapter Twenty: Program Management

Chapter Twenty: Program Management

This chapter reviews the components of the mandatory LTC programs, including the requirements for falls, skin, continence, pain management and responsive behaviours programs. The Medical Director should be aware of these requirements, particularly those related to Responsive Behaviour Program.

Role of Medical Director in Mandatory Programs

The medical director has a potential role in program development, implementation, evaluation and revision. He or she can bring forward new evidence and best practice, clarify the physicians' role in diagnosis and management of falls, incontinence, skin, pain and responsible behaviours, provide education to attending physicians and staff, and liaise with specialists and facility partners. The Medical Director should ensure that the medical care of the residents is integrated with other aspects of the interdisciplinary clinical programs. The Medical Director must be involved in the evaluation of the Medication Management Program.

The Medical Director should be involved in designing the Medical Services Program, ensuring that it meets relevant legislative requirements and provides education and support for attending physicians and NP(EC)s.

Mandatory Programs (LTCHA 2007, s. 8-16)

Organized programs are required for:

8. Nursing and personal support services
9. Restorative care
10. Recreational and social activities
11. Dietary services and hydration
12. **Medical services**
13. Information and referral assistance
14. Religious and spiritual practices
15. Accommodation services
16. Volunteer program

General Requirements for Programs (*O. Reg. 79/10 s. 30*)

For all programs under sections 8-16 of the LTCHA and each of the interdisciplinary programs required under the Regulations there are the following requirements:

- Written description including goals & objectives and relevant policies, procedures, protocols
- Methods to reduce risk and monitor outcomes
- Protocols to refer to specialized services
- Use of equipment, supplies, aids etc. appropriate to the residents' condition
- Evaluation and update at least once annually
- Written record of evaluation, including who participated, summary of changes and when those changes were made

Required Interdisciplinary Programs

In addition to the general requirements, there are detailed requirements for each interdisciplinary program, as detailed here in excerpts from the Regulations.

Falls Prevention Program (*O. Reg. 79/10 s. 49*)

- (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids.
- (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.
- (3) Every licensee of a long-term care home shall ensure that the equipment, supplies, devices and assistive aids referred to in subsection (1) are readily available at the home.

Skin and Wound Care Program (*O. Reg. 79/10 s. 50*)

(1) The skin and wound care program must, at a minimum, provide for the following:

1. ...routine skin care to maintain skin integrity and prevent wounds.
2. Strategies to promote resident comfort and mobility and promote the prevention of infection, including the monitoring of residents.
3. Strategies to transfer and position residents to reduce and prevent skin breakdown and reduce and relieve pressure, including the use of equipment, supplies, devices and positioning aids.
4. Treatments and interventions, including physiotherapy and nutrition care.

(2) Every licensee of a long-term care home shall ensure that:

- (a) a resident at risk* of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
 - (i) within 24 hours of the resident's admission,
 - (ii) upon any return of the resident from hospital, and
 - (iii) Upon any return of the resident from an absence of greater than 24 hours;

*Note that it is ONLY the resident "at risk" who requires these assessments, "at risk" can reasonably be defined as already has skin breakdown or has a RAPS triggered for risk of pressure ulcer.

- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment, (completion of a standard EMR or paper skin record with size, stage, position, exudate, etc. once a week)
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

- (c) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required, depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated.

Continence Care and Bowel Management Program (*O. Reg. s. 51*)

(1) The continence care and bowel management program must, at a minimum, provide for the following:

1. Treatments and interventions to promote continence.
2. Treatments and interventions to prevent constipation, including nutrition and hydration protocols.
3. Toileting programs, including protocols for bowel management.
4. Strategies to maximize residents' independence, comfort and dignity, including equipment, supplies, devices and assistive aids.
5. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated.

(2) Every licensee of a long-term care home shall ensure that,

- (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;
- (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;
- (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
- (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;
- (e) continence care products are not used as an alternative to providing assistance to a person to toilet;

- (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;
- (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and
- (h) residents are provided with a range of continence care products that,
 - (i) are based on their individual assessed needs,
 - (ii) properly fit the residents,
 - (iii) promote resident comfort, ease of use, dignity and good skin integrity,
 - (iv) promote continued independence wherever possible, and
 - (v) are appropriate for the time of day, and for the individual resident's type of incontinence.

Pain Management Program (*O. Reg. s.52*)

(1) The pain management program must, at a minimum, provide for the following:

1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.
2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.
3. Comfort care measures.
4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

(2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Responsive Behaviours Program (*O. Reg. 79/10 s. 53(4)*)

For each resident demonstrating responsive behaviours, "the licensee shall ensure that:

- (a) the behavioural triggers for the resident are identified, where possible;
- (b) strategies are developed and implemented to respond to these behaviours, where possible and
- (c) actions are taken to respond to the needs of the residents, including assessments, reassessments and interventions and that the resident's responses to interventions are documented."

Program Development

Goals and objectives are required and can be used as a guide. A review of the evidence or best practice guidelines is useful for creation of policies and procedures. The RAI-MDS assessments provide screening protocols and assessments; more specific detailed assessments may be added. The program should include prevention strategies, monitoring, notification of the attending physician, and referral to interdisciplinary team or specialist physicians. Review compliance Inspection Protocols to ensure your program meets minimum requirements. The evaluation plan should be part of the program.

Program Implementation

The implementation plan will involve education, training and or other methods to disseminate:

- Knowledge re: the program
- Screening tools
- Assessment tools
- Monitoring and outcomes
- Documentation requirements

Feedback during implementation can use case-based review, audits, and focus groups with staff to find out what's working/ not working. This informs revision and evaluation.

Program Revision

New information on 'best practice' should be added. There may be a need to adapt to changing resident population/complexity/risk. Based on the quarterly evaluations, a quality improvement framework can be used to identify and address areas for improvement.

Conducting the Annual Evaluation

Define where, when, and who is to be involved based on the legislative requirements.

- Review if there is new evidence or changes in practice e.g. Choosing Wisely recommendations
- Review your quality indicator data and compare with provincial targets or averages.
- Review relevant critical incidents, incident reports – e. g. falls, falls with injury
- Review resident satisfaction, concerns or complaints related to the program
- Consider use of inspection protocols to guide your review

Authors:

This module was originally created in 2014/2015 as a slide presentation by A. Moser, MD.

It was revised in 2018/2019 and 2021 by E. Williams, MD.

Appendix M: Inspection Protocol: Responsive Behaviours

Appendices:OLTCC Medical Director Manual



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Inspection Protocol Responsive Behaviours

Resident-related – Triggered

Home Name: _____ Inspection Number: _____ (hard copy use only)
Date: _____
Inspector ID: _____

Definition / Description

Responsive Behaviours:

Behaviours that often indicate:

- an unmet need in a person, whether cognitive, physical, emotional, social, environmental or other, or
- a response to circumstances within the social or physical environment that may be frustrating, frightening or confusing to a person

Use

The resident-related triggered IP is, used to review responsive behaviours during the Resident Quality Inspection of the LTC home

The inspector may also select and complete this IP when a concern related to responsive behaviours is raised while conducting any type of inspection.

The inspection focuses on the licensee's obligations to meet the requirements of the *Long Term Care Homes Act, 2007* and *Ontario Regulation 79/10* in the following areas:

LTCHA s. 6 O. Reg. 79/10 s. 26	Plan of care
LTCHA s. 76	Training
O. Reg. 79/10 s. 8	Policies and records
O. Reg. 79/10 s. 53	Responsive behaviours
O. Reg. 79/10 s. 54	Altercations and other interactions between residents
O. Reg. 79/10 s. 55	Behaviours and altercations
O. Reg. 79/10 s. 131	Administration of drugs
O. Reg. 79/10 s. 134	Resident drug regimes
O. Reg. 79/10 s. 135	Medication incidents and adverse drug reactions

Procedure

Each section within this IP contains statements that provide guidance to the inspector in the collection of information 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:



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Inspection Protocol Responsive Behaviours

Part A - Resident Risk and Care Outcomes

Part B - Contributing Factors

During the Resident Quality Inspection:

1. The inspector(s) will complete one (1) IP for each selected resident.
2. **All applicable questions in Part A must be completed unless not applicable to the specific resident's condition.**
3. If non-compliance is identified in Part A, the 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 responsive behaviours 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) – e.g. B6 (change in cognitive status)
- Section E (mood and behaviour patterns) – e.g. E4 (behavioural symptoms), E5 (change in behavioural symptoms)
- Section F (psychosocial well-being) – e.g. F2 (unsettled relationships, F3 past roles)
- Section I (disease diagnoses) – e.g. I1 neurological, psychiatric/mood
- Section J (health conditions) – e.g. J2 (pain symptoms), J3 (pain site), J4 (accidents): J4a fell in past 30 days; J4b fell in past 31 to 180 days, J5 (stability of conditions)
- Section O (medications) – e.g. O4a (antipsychotic), O4b (anxiety), O4d (hypnotic)
- Section P (special treatments and procedures) – e.g. P1be (psychological therapy by any licensed mental health professional)
- Section P2 (intervention programs for mood, behaviour, cognitive loss)

The history, physical assessment, physician orders, plan of care, progress notes, pharmacist reports, lab reports and any flow sheets, intake and output records, MAR and TAR.

Information Gathering

Notes

Resident / Substitute Decision-Maker Interview

Interview the resident, family or responsible party to determine:

- Involvement in the development and awareness of the approaches set out in the plan of care, goals, and if interventions reflect needs and preferences
- Awareness of the medication regime, interventions, strategies and techniques used in the responsive behaviour program



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Inspection Protocol Responsive Behaviours

- If treatment was refused, whether counselling on alternatives, consequences, and / or other interventions was offered.

Information Gathering

Notes

Staff Interviews

Interview staff on various shifts when concerns about responsive behaviours have been identified to determine:

- **What is included in the residents' plan of care related to responsive** behaviours and where is this information kept
- Whether staff identify the resident at risk for responsive behaviours
- Monitoring and knowledge of intended effect and potential adverse effects of psychotropic medications
- Knowledge of the plan of care relating to responsive behaviours
- Types of interventions that have been attempted related to responsive behaviours
- If the resident resists care interventions, how staff have been trained to respond.

Information Gathering

Notes

Assessment

Determine whether the responsive behaviours assessment included, as appropriate:

- Potential and contributing factors
- Patterns of episodes, daily patterns or prior routines
- Type and frequency of physical assistance
- Environmental / risk factors or conditions that may contribute to responsive behaviours
- Type and frequency of staff support
- Implementation of appropriate measures related to the responsive behaviour; if treatment was refused or ineffective, whether other interventions were offered or implemented
- Medication use and effect on behaviour, and any potential adverse drug reactions.

Information Gathering

Notes

No.	Yes	No	N/A	Question	Act/Reg.
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have the behavioural triggers been identified for the resident demonstrating responsive behaviours (where possible)?	r. 53 (4) (a)
Notes					



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Inspection Protocol Responsive Behaviours

No.	Yes	No	N/A	Question	Act/Reg.
2.	<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?	s. 6 (4) (a)
Notes					

Plan of Care	
<p>Review the plan of care to determine whether the plan is based upon the goals, needs, and strengths specific to the resident and reflects the comprehensive assessment. Determine whether the plan of care addresses:</p> <ul style="list-style-type: none"> • Quantifiable, measurable objectives with reassessment timeframes • Resident-specific conditions, risks, needs, behaviours, medication and preferences • Interventions with clear instructions to guide the provision of care, services and treatment. 	
Information Gathering	
Notes	

No.	Yes	No	N/A	Question	Act/Reg.
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the responsive behaviour plan of care based on an interdisciplinary assessment of the resident that includes: <ul style="list-style-type: none"> • any mood and behaviour patterns, including wandering • any identified responsive behaviours • any potential behavioural triggers and variations in resident functioning at different times of the day? 	r. 26 (3) 5
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the responsive behaviour plan of care based on an interdisciplinary assessment of the resident that includes psychological well-being?	r. 26 (3) 6
Notes					

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



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Inspection Protocol Responsive Behaviours

No.	Yes	No	N/A	Question	Act/Reg.
6.	<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?	s. 6 (1) (c)
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 assessment of the resident and the resident's needs and preferences ?	s. 6 (2)
Notes					

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

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

Observations / Provision of Care					
<p>Observe the resident to determine whether staff:</p> <ul style="list-style-type: none"> Recognize and assess potential signs and contributing factors relating to responsive behaviours Implement interventions consistent with resident needs and condition Seek alternatives to assist the resident when interventions are not effective Responds to responsive behaviour episodes appropriately. 					
Information Gathering					
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have strategies been developed and implemented to respond (where possible) to the resident demonstrating responsive behaviours?	r. 53 (4) (b)
Notes					



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Inspection Protocol Responsive Behaviours

No.	Yes	No	N/A	Question	Act/Reg.
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all direct care staff advised at the beginning of every shift of each resident whose behaviours, including responsive behaviours, require heightened monitoring because those behaviours pose a potential risk to the resident or others?	r. 55 (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
12.	<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?	s. 6 (7)
Notes					

Behaviours and altercations

No.	Yes	No	N/A	Question	Act/Reg.
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are steps taken to minimize the risk of altercations and potentially harmful interactions between residents by identifying and implementing interventions?	r. 54 (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are procedures and interventions developed and implemented: <ul style="list-style-type: none"> to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and that minimize the risk of altercations and potentially harmful interactions between and among residents? 	r. 55 (a)
Notes					

Administration of drugs

No.	Yes	No	N/A	Question	Act/Reg.
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the resident receive only drugs that are prescribed for the resident?	r. 131 (1)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are drugs administered to the resident in accordance with the directions for use specified by the prescriber?	r. 131 (2)
Notes					



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Inspection Protocol Responsive Behaviours

No.	Yes	No	N/A	Question	Act/Reg.
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are appropriate actions taken in response to any medication incident involving a resident, and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs?	r. 134 (b)
Notes					

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

No.	Yes	No	N/A	Question	Act/Reg.
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are resident monitoring and internal reporting protocols developed to meet the needs of residents with responsive behaviours?	r. 53 (1) 3
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Do the actions taken to meet the needs of the resident with responsive behaviours include:</p> <ul style="list-style-type: none"> • assessment • reassessments • interventions, and • documentation of the resident's responses to the interventions? 	r. 53 (4) (c)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
20.	<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?	s. 6 (10) (b)
Notes					



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Inspection Protocol Responsive Behaviours

No.	Yes	No	N/A	Question	Act/Reg.
21.	<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?	s. 6 (11) (b)
Notes					

Residents' drug regimes

No.	Yes	No	N/A	Question	Act/Reg.
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee ensure that when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs?	r. 134 (a)
Notes					

PART B: Contributing Factors

(Complete applicable questions if non-compliance is identified in Part A)

Responsive Behaviour Program

No.	Yes	No	N/A	Question	Act/Reg.
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there written approaches to care developed to meet the needs of the residents with responsive behaviours that include: <ul style="list-style-type: none"> • screening protocols • assessment • reassessment, and • identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other? 	r. 53 (1) 1
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do the written strategies include techniques and interventions to prevent, minimize or respond to the responsive behaviours?	r. 53 (1) 2
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there written protocols for the referral of residents to specialized resources where required?	r. 53 (1) 4
Notes					



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Inspection Protocol Responsive Behaviours

No.	Yes	No	N/A	Question	Act/Reg.
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Are the program and services:</p> <ul style="list-style-type: none"> integrated into the care that is provided to residents with responsive behaviours? based on the assessed needs of residents with responsive behaviours? co-ordinated and implemented on an interdisciplinary basis? 	r. 53 (2) (a) and (b) and (c)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the responsive behaviour program developed and implemented in accordance with evidence-based practices or, if there are none, prevailing practices?	r. 53 (3) (a)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the responsive behaviour program being evaluated annually and updated in accordance with evidence-based practices or prevailing practices?	r. 53 (3) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Is there a written record relating to each evaluation that includes:</p> <ul style="list-style-type: none"> date of the evaluation names of the persons who participated summary of the changes made and date that those changes were implemented? 	r. 53 (3) (c)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all medication incidents and adverse drug reactions documented, reviewed and analyzed?	r. 135 (2) (a)
Notes					



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Inspection Protocol Responsive Behaviours

Training

No.	Yes	No	N/A	Question	Act/Reg.
31.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that all staff who provide direct care to residents, as a condition of continuing to have contact with residents, receive training relating to mental health issues, including caring for persons with dementia?	s. 76 (7) 2
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
32.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that all staff who provide direct care to residents, as a condition of continuing to have contact with residents, receive training relating in behaviour management?	s. 76 (7) 3
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
33.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that the training related to mental health issues, including care for persons with dementia, includes training in techniques and approaches related to responsive behaviours? see s. 76 (7)	r. 221 (3)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
34.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that all direct care staff receive the required training: <ul style="list-style-type: none"> • annually, or • if the licensee has assessed the individual training needs of a staff member, was the training received based on these assessed needs? 	r. 221 (2) 1, and 2
Notes					

Policies to be followed

No.	Yes	No	N/A	Question	Act/Reg.
35.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is: <ul style="list-style-type: none"> a) in compliance with and is implemented in accordance with all applicable requirements under the Act, and b) complied with? 	r. 8 (1) (a) (b)
Notes					



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Inspection Protocol Responsive Behaviours

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 responsive behaviours, for example:

- Admission and Discharge
- Continence Care and Bowel Management
- Critical Incident Response
- Dignity, Choice and Privacy
- Falls Prevention
- Infection Prevention and Control
- Medication
- Minimizing of Restraining
- Nutrition and Hydration
- Pain
- Personal Support Services
- Prevention of Abuse, Neglect and Retaliation
- Quality Improvement
- Reporting and Complaints
- Safe and Secure Home
- Skin and Wound Care
- Sufficient Staffing
- Training and Orientation



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Responsive Behaviours

Resident-related – Triggered

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

Definition / Description

Responsive Behaviours:

Behaviours that often indicate:

- an unmet need in a person, whether cognitive, physical, emotional, social, environmental or other, or
- a response to circumstances within the social or physical environment that may be frustrating, frightening or confusing to a person (Reg., s. 1) LTCHA.

Use

This is a resident-related triggered IP, used to review responsive behaviours during the annual inspection of the LTC home for a sampled resident who is exhibiting:

- physically or verbally abusive behaviours
- socially inappropriate or disruptive behaviours
- resistance to care
- psychosocial adjustment difficulties
- symptoms of depression
- presence of delirium or
- no improvement or relief in symptom management with psychotropic medications.

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

The inspection focuses on the licensee's obligation to develop and ensure that residents with responsive behaviours have:

- Written approaches to care including: screening protocols, assessment and reassessment
- Behavioural triggers identified, where possible
- Documented interventions and strategies implemented.

Procedure

Each section within this IP contains statements that provide guidance to the inspector in the collection of information 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:



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Responsive Behaviours

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

During the Annual Inspection:

1. The inspector(s) will complete one (1) IP for each selected resident.
2. All applicable **questions in Part A must be completed unless not applicable to the specific resident's condition.**
3. If non-compliance is identified in Part A, the 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 responsive behaviours 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) – e.g. B6 (change in cognitive status)
- Section E (mood and behaviour patterns) – e.g. E4 (behavioural symptoms), E5 (change in behavioural symptoms)
- Section F (psychosocial well-being) – e.g. F2 (unsettled relationships, F3 past roles)
- Section I (disease diagnoses) – e.g. I1 neurological, psychiatric/mood
- Section J (health conditions) – e.g. J2 (pain symptoms), J3 (pain site), J4 (accidents): J4a fell in past 30 days; J4b fell in past 31 to 180 days, J5 (stability of conditions)
- Section O (medications) – e.g. O4a (antipsychotic), O4b (anxiety), O4d (hypnotic)
- Section P (special treatments and procedures) – e.g. P1be (psychological therapy by any licensed mental health professional)
- Section P2 (intervention programs for mood, behaviour, cognitive loss)
- Section P4 (devices and restraints)
- Section P9 (abnormal lab values)

The history, physical assessment, physician orders, plan of care, progress notes, pharmacist reports, lab reports and any flow sheets, intake and output records, MAR and TAR.

Information Gathering			
		Initial Record Review	
Notes			

Resident/Substitute Decision-Maker Interview



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Responsive Behaviours

Interview the resident, family or responsible party to determine:

- Involvement in the development and awareness of the approaches set out in the plan of care, goals, and if interventions reflect needs and preferences
- Awareness of the medication regime, interventions, strategies and techniques used in the responsive behaviour program
- If treatment was refused, whether counselling on alternatives, consequences, and/or other interventions was offered.

			Information Gathering	
			Resident / SDM Interview	
Notes				

Staff Interviews

Interview staff on various shifts when concerns about responsive behaviours have been identified to determine:

- Whether staff identify the resident at risk for responsive behaviours
- Monitoring and knowledge of intended effect and potential adverse effects of psychotropic medications
- Knowledge of the plan of care relating to responsive behaviours
- Types of interventions that have been attempted related to responsive behaviours
- If the resident resists care interventions, how staff have been trained to respond.

			Information Gathering	
			Staff Interviews	
Notes				

Assessment

Determine whether the responsive behaviours assessment included, as appropriate:

- Potential and contributing factors
- Patterns of episodes, daily patterns or prior routines
- Type and frequency of physical assistance
- Environmental / risk factors or conditions that may contribute to responsive behaviours
- Type and frequency of staff support
- Implementation of appropriate measures related to the responsive behaviour; if treatment was refused or ineffective, whether other interventions were offered or implemented
- Medication use and effect on behaviour, and any potential adverse drug reactions.

			Information Gathering	
			Assessment	



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Responsive Behaviours

Notes	
--------------	--

No.	Yes	No	N/A	Question	Act/Reg.
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have the behavioural triggers been identified for the resident demonstrating responsive behaviours?	r. 53 (4) (a)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
2.	<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?	s. 6 (4) (a)
Notes					

Plan of Care					
<p>Review the plan of care to determine whether the plan is based upon the goals, needs, and strengths specific to the resident and reflects the comprehensive assessment. Determine whether the plan of care addresses:</p> <ul style="list-style-type: none"> • Quantifiable, measurable objectives with reassessment timeframes • Resident-specific conditions, risks, needs, behaviours, medication and preferences • Interventions with clear instructions to guide the provision of care, services and treatment. 					
				Information Gathering	
				Plan of Care	
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Is the responsive behaviour plan of care based on an interdisciplinary assessment of the resident that includes:</p> <ul style="list-style-type: none"> • mood and behaviour patterns • wandering • identified responsive behaviours • potential behavioural triggers, and • variations in resident functioning at different times of the day? 	r. 26 (3) 5
Notes					



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Responsive Behaviours

No.	Yes	No	N/A	Question	Act/Reg.
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the responsive behaviour plan of care based on an interdisciplinary assessment of the resident that includes psychological well-being?	r. 26 (3) 6
Notes					

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

No.	Yes	No	N/A	Question	Act/Reg.
6.	<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?	s. 6 (1) (c)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has 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?	s. 6 (5)
Notes					

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

Observations / Provision of Care

Observe the resident to determine whether staff:

- Recognize and assess potential signs and contributing factors relating to responsive behaviours
- Implement interventions consistent with resident needs and condition
- Seek alternatives to assist the resident when interventions are not effective
- Responds to responsive behaviour episodes appropriately.



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Responsive Behaviours

			Information Gathering
			Observations / Provision of Care
Notes			

No.	Yes	No	N/A	Question	Act/Reg.
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there written approaches to care developed to meet the needs of the residents with responsive behaviours that include: <ul style="list-style-type: none"> • screening protocols • assessment • reassessment, and • identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other? 	r. 53 (1) 1
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do the written strategies include techniques and interventions, to prevent, minimize or respond to the responsive behaviours?	r. 53 (1) 2
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the resident with responsive behaviours been referred to specialized resources where required?	r. 53 (1) 4
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have strategies been developed and implemented to respond to the resident demonstrating responsive behaviours, where possible?	r. 53 (4) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are direct care staff advised at the beginning of every shift of each resident whose behaviours, including responsive behaviours, require heightened monitoring because those behaviours pose a potential risk	r. 55 (b)



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Responsive Behaviours

				to the resident or others?	
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
14.	<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?	s. 6 (7)
Notes					

Administration of drugs

No.	Yes	No	N/A	Question	Act/Reg.
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the resident receive only drugs that are prescribed for the resident?	r. 131 (1)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are drugs administered to the resident in accordance with the directions for use specified by the prescriber?	r. 131 (2)
Notes					

Residents' drug regimes

No.	Yes	No	N/A	Question	Act/Reg.
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are appropriate actions taken in response to any medication incident involving a resident, and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs?	r. 134 (b)
Notes					

Monitoring/ Evaluation/ Revision

Determine whether the staff have been monitoring the resident's response to interventions and have 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.

Information Gathering			
			Monitoring / Evaluation/ Revision
Notes			



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Responsive Behaviours

No.	Yes	No	N/A	Question	Act/Reg.
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the needs of the resident with responsive behaviours met by monitoring and internal reporting protocols?	r. 53 (1) 3
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do the actions taken to meet the needs of the resident with responsive behaviours include: <ul style="list-style-type: none"> • assessment • reassessments • interventions, and • documentation of the resident's responses to the interventions? 	r. 53 (4) (c)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
20.	<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?	s. 6 (10) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
21.	<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?	s. 6 (11) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
22.	<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?	r. 30 (2)
Notes					



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Responsive Behaviours

Residents' drug regimes

No.	Yes	No	N/A	Question	Act/Reg.
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there monitoring and documentation of: <ul style="list-style-type: none"> the resident's response, and the effectiveness of the drugs appropriate to the risk level of the drugs? 	r. 134 (a)
Notes					

PART B: Contributing Factors

(Complete applicable questions if non-compliance is identified in Part A)

No.	Yes	No	N/A	Question	Act/Reg.
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the program and services: <ul style="list-style-type: none"> integrated into the care that is provided to residents with responsive behaviours? based on the assessed needs of residents with responsive behaviours? co-ordinated and implemented on an interdisciplinary basis? 	r. 53 (2) (a) and (b) and (c)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the responsive behaviour program developed and implemented in accordance with evidence-based practices or, if there are none, prevailing practices?	r. 53 (3) (a)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the responsive behaviour program being evaluated annually and updated in accordance with evidence-based practices or prevailing practices?	r. 53 (3) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a written record relating to each evaluation that includes:	r. 53 (3) (c)



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Responsive Behaviours

				<ul style="list-style-type: none"> • date of the evaluation • names of the persons who participated • summary of the changes made and • date that those changes were implemented? 	
Notes					

Altercations and other interactions between residents

No.	Yes	No	N/A	Question	Act/Reg.
28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are steps taken to minimize the risk of altercations and potentially harmful interactions between residents by identifying and implementing interventions?	r. 54 (b)
Notes					

Behaviours and altercations

No.	Yes	No	N/A	Question	Act/Reg.
29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are procedures and interventions developed and implemented: <ul style="list-style-type: none"> • to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and • that minimize the risk of altercations and potentially harmful interactions between and among residents? 	r. 55 (a)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all medication incidents and adverse drug reactions documented, reviewed and analyzed?	r. 135 (2) (a)
Notes					

Training

No.	Yes	No	N/A	Question	Act/Reg.
31.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are direct care staff provided with training in mental health issues, including caring for persons with dementia?	s. 76 (7) 2
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
-----	-----	----	-----	----------	----------

32.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are direct care staff provided with training in behaviour management?	s. 76 (7) 3
Notes					

Policies to be followed

No.	Yes	No	N/A	Question	Act/Reg.
33.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee 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?	r. 8 (1) (a) (b)
Notes					

General Requirements for Programs

No.	Yes	No	N/A	Question	Act/Reg.
34.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee 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"> goals and objectives relevant policies, procedures, protocols methods to reduce risk methods to monitor outcomes, and protocols for referral of resident to specialized resources where required? 	r. 30 (1) 1
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 Responsive Behaviours, for example:

- Admission Process
- Continence Care and Bowel Management
- Critical Incident Response
- Dignity, Choice and Privacy
- Falls Prevention
- Infection Prevention and Control
- Medication
- Minimizing of Restraining
- Nutrition and Hydration



Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Inspection Protocol Responsive Behaviours

- Pain
- Personal Support Services
- Prevention of Abuse, Neglect and Retaliation
- Quality Improvement
- Reporting and Complaints
- Safe and Secure Home
- Skin and Wound Care
- Sufficient Staffing
- Training and Orientation