

Government of Northwest Territories  
Gouvernement des Territoires du Nord-Ouest

# What We Heard Report

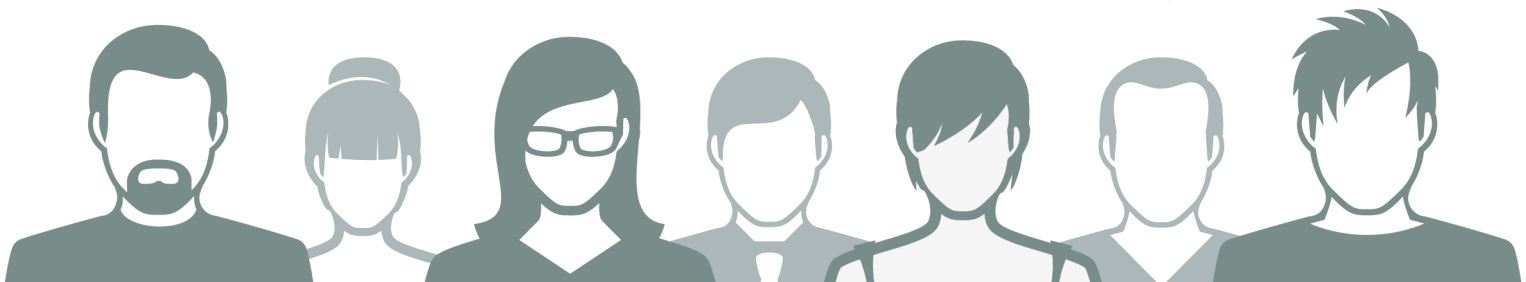
Continuing Care Facilities Legislation for the Northwest Territories

# Ce que nous avons entendu

Législation sur les établissements de soins continus pour les  
Territoires du Nord-Ouest



August 2019  
Août 2019



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# Executive Summary

The Government of the Northwest Territories' (GNWT) 2016-2019 Mandate includes the commitment to: "Support elders to live in their own home for as long as possible and ensure adequate supports are available for those who can no longer do so..." One of the components of this commitment is "proposing a regulatory framework for long-term care."

To support the Mandate commitment, the Department of Health and Social Services (DHSS) reviewed legislation across Canada to develop proposed key elements for the regulation of continuing care facilities (long term care and supportive living facilities) in the Northwest Territories (NWT). The goal of the proposed continuing care facilities legislation (the "Proposed Legislation") is to ensure continuing care facilities in the NWT provide consistent, high quality, and safe services to people living in these facilities. DHSS envisioned legislation that would establish standards in licensing and registration of all residential continuing care facilities and provide the GNWT with powers to inspect facilities and enforce standards. It was also proposed that the legislation provide mechanisms for individuals to make complaints and have concerns addressed, and set out provisions to support resident-centred care and transparency for residents, their families, and services providers.

From March 1 to May 31, 2019, DHSS sought feedback from the public and stakeholders on these proposed key elements as outlined in the "Continuing Care Facilities Legislation for the Northwest Territories Discussion Paper" (Discussion Paper). The Discussion Paper was made available to the public on the DHSS website as well as through local Government Service Offices. It was further shared with Indigenous Governments, Members of the Legislative Assembly, and numerous stakeholders and organizations inviting feedback. Six targeted engagement sessions were also held with key stakeholders to facilitate a more fulsome dialogue and exchange of ideas for potential future legislation. A total of 11 written submissions were received.

The combined results of the targeted engagement sessions and written feedback from the public and other stakeholders and organizations are summarized in this *What We Heard Report* and will be used to inform decision makers as this initiative moves forward. Its content is organized to follow the presentation of information in the Discussion Paper and feedback for each section is grouped into four themes:

- Areas of support
- Areas where more work is needed
- Areas of no support
- Other comments outside scope

The public engagement revealed that there is general support for legislation to regulate continuing care facilities in order to protect vulnerable populations and provide clarity for individuals, families, and services providers. However, there was no consensus on how far reaching the legislation should be. A number of concerns were raised that would require further consideration before legislation could be developed. Comments from participants and respondents generally fell into the following categories:

- **Scope and structure of legislation:** Some respondents felt that legislation should capture both home-based and facility-based continuing care services, while others felt it was better limited to facility-based residential continuing care services. There was significant concern raised by a few participants that this kind of legislation would create an administrative burden for facilities and have significant cost implications for the health and social services system that could instead be geared towards improving program and service delivery.
- **Government vs. private facilities:** There was a general concern with the potential introduction of fully private facilities in the NWT, and particularly that it would create a two-tiered system. Any

future legislation may need to consider differing levels of regulation not just based on the type of facility (i.e. long-term care and supported living), but also how the facility is operated and funded (government funded, government operated, or private).

- **Director of Continuing Care and inspectors:** While it was generally agreed that some sort of licensing process is important, there was mixed support for the creation of a Director of Continuing Care to oversee this process, particularly around the office's relationship with Government and the extensive powers proposed. It was suggested that this office be arms-length from the Government which would allow the focus to be more on proactively helping facilities to improve care.
- **Maintenance and enforcement of standards:** Although it was recognized that enforcement actions are necessary, it was stressed by many that penalties and fines should be used as a last resort measure and the legislation should focus more on corrective action and proactively helping facilities to provide better quality care through suggestions, training, and provision of resources. It was strongly felt that appeals of enforcement decisions should first be directed to a panel or other similar structure instead only being directed to the courts.
- **Accountability:** Respondents supported some level of reporting by the Director as well as facility operators to ensure accountability to the public and residents and their families. However, it was cautioned that care must be taken to ensure any reporting requirements are not administratively burdensome or duplicate existing processes.
- **Residents and families:** There were generally high levels of support for the key elements that focused on residents and families, including the concept of resident and family councils, resident rights and responsibilities, residential agreements, establishment of complaints process, and a public registry.

## NEXT STEPS

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The results of this public engagement, together with the results of the DHSS' preliminary scoping exercise, cross-jurisdictional reviews, and additional policy research, will be used to inform decision makers. Should the 19<sup>th</sup> Legislative Assembly wish to proceed with legislation to strengthen the NWT's continuing care framework, a proposal would be introduced in the 19<sup>th</sup> Assembly and follow the normal processes of review, discussion, and debate.

# Résumé

Le mandat du gouvernement des Territoires du Nord-Ouest (GTNO) pour 2016 à 2019 comprend l'engagement de : « soutenir les aînés, afin qu'ils vivent dans leur propre maison le plus longtemps possible, et de veiller à offrir les soutiens adéquats à ceux qui ne le peuvent pas en proposant un cadre de réglementation pour les soins de longue durée ».

En vertu de cet engagement, le ministère de la Santé et des Services sociaux (MSSS) a examiné les différentes législations du Canada afin d'élaborer les principaux éléments proposés pour réglementer les établissements de soins continus (établissements de soins de longue durée et d'aide à la vie autonome) aux Territoires du Nord-Ouest (TNO). L'objectif de cette législation sur les établissements de soins continus (voir « législation proposée » au glossaire) consiste à s'assurer que les établissements concernés des TNO fournissent des services uniformes, sûrs et de haute qualité à leurs résidents. La législation proposée par le MSSS définirait des normes pour l'attribution de permis et l'enregistrement d'établissements de soins continus, en plus d'autoriser le GTNO à inspecter les établissements et à faire appliquer les normes. Il est également proposé que la législation fournisse des mécanismes pour formuler des plaintes et y répondre, et fixe des dispositions qui consolideront les soins aux résidents tout en garantissant à ceux-ci, autant qu'à leur famille et aux fournisseurs de services, une administration transparente.

Du 1<sup>er</sup> au 31 mai, le MSSS a reçu les commentaires du public et des intervenants sur les principaux éléments proposés décrits dans le document de travail « Législation sur les établissements de soins continus pour les Territoires du Nord-Ouest ». Le document de travail a été mis à la disposition du public sur le site Web du MSSS et dans les bureaux de services gouvernementaux locaux. Il a aussi été mis à la disposition des gouvernements autochtones, des membres de l'Assemblée législative et de nombreux autres intervenants et organismes pour obtenir leurs commentaires. Six séances d'échange ciblées ont également été organisées avec les principaux intervenants pour favoriser le dialogue et des échanges exhaustifs sur la future législation. Au total, 11 présentations écrites ont été reçues.

Les résultats des séances d'échange ciblées et les commentaires écrits du public, des intervenants et des organismes sont résumés dans le document *Ce que nous avons entendu*. Ce document sera utilisé pour informer les décideurs au fil de la progression de cette initiative. Son contenu sera organisé de façon à suivre la présentation de l'information dans le document de travail, et les commentaires de chaque section seront classés selon quatre thèmes :

- domaines de soutien;
- domaines nécessitant du travail supplémentaire;
- domaines sans soutien;
- autres commentaires hors de la portée.

Les échanges avec le public ont permis de constater un soutien généralisé pour la réglementation des établissements de soins continus visant à protéger les personnes vulnérables et à garantir aux personnes, aux familles et aux fournisseurs de services une administration transparente. Toutefois, nous n'avons pas constaté de consensus sur la portée de la législation. Avant de pouvoir élaborer celle-ci, il faudra aborder un certain nombre de préoccupations. En règle générale, les commentaires des participants et des répondants peuvent être classés dans les catégories suivantes :

- **Portée et structure de la législation** : certains répondants estiment que la législation doit couvrir les services de soins continus à domicile et en établissement, tandis que d'autres répondants estiment qu'il vaut mieux qu'elle se limite aux services de soins continus en établissement. Quelques participants étaient très préoccupés par le fait que ce type de législation entraînerait un fardeau administratif pour les établissements et des coûts pour le système de santé et de services

sociaux, des sommes qui pourraient plutôt être utilisées pour améliorer la prestation des services et les programmes. .

- **Établissements gouvernementaux et établissements privés** : nous avons noté une inquiétude générale concernant l'introduction d'établissements entièrement privés aux TNO et, plus particulièrement, concernant la création d'un système à deux vitesses. Toute législation future doit envisager différents niveaux de réglementation en fonction du type d'établissement (p. ex. soins de longue durée et aide à la vie autonome) et de la façon dont l'établissement est exploité et financé (financé par le gouvernement, exploité par le gouvernement ou privé).
- **Direction des soins continus et inspecteurs** : bien qu'il soit généralement accepté qu'un certain type de processus d'accréditation est important, nous avons constaté un soutien mitigé pour la création d'une direction des soins continus pour superviser ce processus, plus particulièrement en ce qui concerne la relation du bureau avec le gouvernement et les pouvoirs étendus proposés. Il a été proposé que ce bureau soit proche du gouvernement, ce qui permettrait d'aider plus facilement les établissements à améliorer les soins offerts.
- **Gestion et application des normes** : bien qu'il soit reconnu que des mesures d'application sont nécessaires, de nombreux répondants ont souligné qu'un système de sanctions et d'amendes ne doit être utilisé qu'en dernier recours. Selon eux, la législation doit se concentrer sur les mesures correctives et l'aide aux établissements afin que ceux-ci puissent offrir des soins de meilleure qualité grâce aux suggestions, à la formation et aux ressources. Nous avons noté la volonté que les appels concernant les décisions sur l'application des normes soient acheminés à un groupe d'experts ou à une structure semblable pour éviter le recours aux tribunaux.
- **Responsabilisation** : les répondants étaient d'accord pour exiger que le directeur et les exploitants des établissements rendent des comptes au public, et aux résidents et à leur famille. Toutefois, les répondants ont indiqué qu'il faut s'assurer que les exigences de déclaration ne constituent pas un fardeau administratif ou un dédoublement des processus existants.
- **Résidents et familles** : en règle générale, les répondants sont très favorables aux principaux éléments axés sur les résidents et les familles, notamment le concept de conseil formé de résidents et de membres de la famille, les droits et les responsabilités des résidents, les accords résidentiels, l'établissement d'un mécanisme de plainte et un registre public.

## PROCHAINES ÉTAPES

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Les résultats des échanges avec le public, ajoutés aux résultats de l'évaluation de la portée, aux études intergouvernementales et aux recherches supplémentaires sur les politiques du MSSS, seront utilisés pour informer les décideurs. Si la 19<sup>e</sup> Assemblée législative souhaite aller de l'avant avec cette législation visant à renforcer le cadre des soins continus des TNO, une proposition sera présentée à ses membres et suivra le cours normal de l'examen, des discussions et des débats.



# Introduction

The Government of the Northwest Territories (GNWT) Department of Health and Social Services (DHSS) is proposing new legislation to regulate continuing care facilities in the Northwest Territories (NWT). The goal of the proposed continuing care facilities legislation (the “Proposed Legislation”) is to ensure continuing care facilities in the NWT provide consistent, high quality, and safe services to people living in these facilities.

Continuing care services are defined as services in the NWT that provide individuals with health care, personal care, accommodation, and other supports to improve and maintain their quality of life. The Proposed Legislation would include all residential continuing care facilities and would apply to publicly funded and/or operated facilities and privately-owned facilities. Initially, it would set and enforce standards for long-term care and supported living facilities, but could be expanded to include other facility types in the future. It was proposed that home and community care services, including those provided through independent living, would not fall under the Proposed Legislation, as these services are delivered in a person’s home. The key point in the definition of long-term care and supported living facilities is that 24-hour services and supports are provided.

The DHSS envisioned that the Proposed Legislation would establish standards for licensing and registration of continuing care facilities and provide powers allowing the GNWT to inspect facilities and enforce standards. The Proposed Legislation would also ensure that individuals concerned with the operations of a continuing care facility would have the ability to make complaints and have their concerns addressed. The GNWT would have the ability to inspect and investigate facilities to ensure compliance with the standards and identify actions to correct any issues identified.

The Proposed Legislation would further support resident centered care by providing clarity and protection for those who live in the facilities, their families, and the service providers.

# Public Engagement

The Continuing Care Facilities Legislation public engagement was held from March 1, 2019, when the Continuing Care Facilities Legislation for the Northwest Territories Discussion Paper (“Discussion Paper”) was released, through to May 31, 2019.

The primary goal of the engagement was to solicit feedback from stakeholders and the public on the Proposed Legislation to better understand their concerns, issues, challenges, and opportunities around potential legislation for continuing care facilities in the NWT. The Discussion Paper provided background information about what continuing care facilities are, what the DHSS is proposing, and an overview of the various areas considered for inclusion in the Proposed Legislation. There were questions for consideration embedded into each section of the Discussion Paper for people to respond to or use as a guide for their response.

The public engagement consisted of four components:

- Residents were invited to provide comments on the Discussion Paper and related questions by sending feedback to a dedicated email address, by mail, by fax, or through their local Government Service Officer (GSO). The local GSOs could also be used as a resource for residents requiring assistance accessing, reviewing, or responding to the Discussion Paper.

- Facilitated targeted engagement sessions were held with key stakeholders. There were six engagement sessions held in Yellowknife, with a total of 21 people participating from seven organizations representing service delivery, advocacy and health and social services professional licensing bodies. Participants at the engagement sessions were also encouraged to submit written responses following the session to provide detail or information that they wanted to stress or felt were not addressed fully during the session.
- The Discussion Paper was shared within the DHSS as well as with other GNWT Departments (NWT Housing Corporation; Education, Culture, and Employment; and Justice) inviting them to provide feedback on the Discussion Paper.
- The Minister of Health and Social Services sent letters to Indigenous Governments and Members of the Legislative Assembly, and the Deputy Minister sent letters to NWT Elders and Seniors Societies and other stakeholder organizations, inviting them to provide feedback on the Discussion Paper.

For a full list of organizations and governments invited to provide input and/or participate in a targeted engagement session, see **Appendix A**.

A number of communications approaches were taken to promote the public engagement. Advertisements were placed in local newspapers (NWT News/North and L'Aquilon) providing a link to the Discussion Paper on the DHSS website, when to provide feedback (between March 1 and May 31, 2019), and where to send feedback (refer to **Appendix B** to view a copy of the ad in both English and French.) The same information was also posted on the DHSS website. Facebook ads were also posted for the full three month engagement period, and there was one month of radio ads and two Tweets in April about the public engagement.

In addition to the feedback gathered through the targeted engagement sessions, the DHSS received a total of 11 written responses from 10 individuals and organizations.

## This Report

This report provides a summary of the written and verbal responses received from the public and stakeholders, including the areas of support, areas where more work is required, areas of no support, as well as additional comments that were outside of the scope of the Proposed Legislation. The views represented in this report reflect the priorities and concerns of engagement participants and responses from the public and should not be construed as representative of DHSS's position or views. Conclusions or recommendations based on the concerns raised are not provided. The feedback from this consultation and engagement, as included in this report, will be taken into account as the DHSS continues to discuss, review, and develop potential measures to continue to ensure people accessing continuing care services are provided safe and competent care and services.

# Feedback Summaries

## OVERVIEW

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The public and stakeholder engagement focused on providing information and collecting feedback on the content the DHSS is considering including in the Proposed Legislation, and what additional content may need to be included. The Discussion Paper was divided into two sections, the Introduction and Proposed Continuing Care Legislation in the NWT. The second section identified six key areas:

- Structuring the proposed legislation;
- Licensing of facilities;
- Client eligibility and admissions;
- Client care standards;
- Maintenance and enforcement of standards; and
- Accountability and other issues.

A number of questions were posed in each section for consideration. The public and stakeholders were encouraged to review the Discussion Paper and its questions, and provide their opinions regarding the Proposed Legislation and any other additional comments they wished to express.

The next section provides a summary of comments and responses received. Each subsection includes a short summary of the information provided in the Discussion Paper and the questions presented, followed by a summary of feedback according to the following themes:

- **Areas of support:** outlines elements of the Proposed Legislation where there was general consensus and/or support.
- **Areas where more work is needed:** outlines areas of the Proposed Legislation where there was confusion, concern, or disagreement and that need to be explored further.
- **Areas of no support:** outlines elements of the Proposed Legislation where there was generally no support.
- **Other comments outside scope:** outlines suggestions and considerations for inclusion in the development of other legislation, programs, standards, etc. that were outside of the scope of what was proposed in the Discussion Paper. These comments will be considered in other work the DHSS undertakes to enhance continuing care services in the NWT.

Note: while not every question contained in the Discussion Paper was addressed, there were responses specific to each of the main areas identified in the paper. The feedback summaries are not detailed or verbatim comments from a particular participant or respondent. Not all comments represent a majority view, but capture the main ideas and suggestions offered for each section of the Discussion Paper.

# Discussion Paper: Section Summaries

## I. INTRODUCTION

### *Proposal Summary*

The goal of the proposed continuing care facilities legislation is to ensure continuing care facilities provide high quality and safe services to people living in the NWT. This section defined continuing care services and described how they are currently regulated, why continuing care facilities legislation is important, and what the DHSS is proposing.

The questions asked in this section were:

1. Do you think that creating new laws for continuing care facilities is important? Why?
2. Have you had any positive or negative experiences with the quality or safety of care provided by a continuing care facility that you would like to share?
3. What would you like to see included in the law to make sure these services are high quality and safe?

### *Key Comments and Suggestions*

There was overall support for legislation to ensure quality care is provided in continuing care facilities; however, there was no consensus on how far reaching the legislation should be. Some respondents felt that it should capture all continuing care services – both home-based and facility-based – while others felt it was better limited to facility-based residential continuing care services as proposed in the Discussion Paper. There was a general concern that the introduction of fully private facilities in the NWT would create a two-tiered system, and that the legislation would need to put in place mechanisms to ensure this doesn't occur. There was significant concern raised by a few participants that this kind of legislation would create an administrative burden for facilities and have significant cost implications for the health and social services system that could instead be geared towards improving program and service delivery.

**TABLE 1: SUMMARY OF RESPONSES ON CREATING CONTINUING CARE FACILITIES LEGISLATION**

<b>Areas of support</b>	<ul style="list-style-type: none"><li>• A law to regulate continuing care facilities is important to protect vulnerable populations and provide clarity for individuals, families, and services providers, particularly in light of ageing population and rise in persons with disabilities.</li><li>• A legislative framework can help prevent potential violations and create better understanding about gaps in the system that can then be addressed.</li><li>• There is a continuing need to improve Territorial policies and processes, and develop higher quality, more consistent services for seniors and persons with disabilities needing the support of continuing care facilities.</li><li>• Placing or adopting standards in legislation will help to improve compliance and increase public trust, accountability, consistency, and continuous improvement.</li></ul>
<b>Areas where more work is needed</b>	<ul style="list-style-type: none"><li>• The scope of the legislation needs to be reexamined. Some agreed with the proposal in the Discussion Paper to regulate only residential care facilities that provide 24/7 supervision, while others felt it should extend to alternative models of supporting individuals in their own homes (such as home care, independent living with supported living services provided based on need rather than 24 hour basis, etc.) to ensure similarly vulnerable populations are equally protected.</li></ul>

	<ul style="list-style-type: none"> <li>• It needs to be determined what elements of the Proposed Legislation may be addressed through different mechanisms, such as policies, procedures, or standards. It was suggested that some of the goals of this legislation may be better achieved with improved and more transparent Territorial Admissions Committee (TAC) ranking processes and wait list management, or enhanced financing options for more efficient, effective, and sustainable operation of continuing care facilities.</li> <li>• The breadth of the legislation needs to be reviewed to ensure it isn't overly prescriptive or rigid. Facilities need some flexibility in program and service delivery to meet the unique needs of their residents.</li> <li>• It was felt that the Proposed Legislation and associated regulations would create significant additional and very complex administrative processes that would be costly to implement, administer, and audit. It was also suggested that the proposed approach would discourage any interest in investing in or developing private facilities in the NWT. Alternative approaches should be explored that are more cost effective and less administratively burdensome for both facilities and Government.</li> <li>• How private facilities will be regulated in comparison to government facilities needs to be reexamined. It was generally felt that the introduction of private, for-profit facilities, particularly from third parties outside of the NWT, would result in lower levels of care and facilities that do not understand the cultural needs of residents. It was also suggested that the introduction of private facilities in the NWT would create a two-tiered system that discriminates against low-income residents.</li> <li>• The term "facilities" should be reconsidered, as it implies institutionalization. It was suggested that "services", "placement", or "program" may be more appropriate.</li> <li>• It was suggested that "resident centered care" be defined.</li> </ul>
<b>Areas of no support</b>	N/A
<b>Additional comments outside scope</b>	<ul style="list-style-type: none"> <li>• Elders, families, and communities need to be informed about the process and transitions from "active retired elder" to "increasingly frail elder who requires more supports at home" to "long term, 24/7 care." This information should be presented in a culturally relevant manner.</li> <li>• According to the definition in the NWT <i>Access to Information and Protection of Privacy Act</i> facilities that are not deemed a public body are not subject to having information shared in the same manner.</li> <li>• The role of the public guardian is important for residents who do not have family and should be explained as clearly as possible.</li> </ul>

## II. PROPOSED CONTINUING CARE LEGISLATION IN THE NWT

### A. Structuring the Proposed Legislation

#### *Proposal Summary*

The Proposed Legislation would apply to all facilities classified as "continuing care facilities," regardless of whether they are government operated or funded, or fully private facilities. Initially this would include long-term care and supported living facilities, but additional classes of facilities could be regulated in the future. The legislation would set out the basic programs, services, and supports provided by each facility type to promote independence and improve the quality of life of residents living within facilities.

The Proposed Legislation would be made up of one main statute (the Act) as well as regulations. Regulations would be developed to provide more detail about areas covered in the Act. The Act would also provide a Director of Continuing Care with the power to establish other standards, policies, or procedures to address more specific topics, such as care and facility design standards.

The questions asked in this section were:

1. Are there any other classes of facilities that you would consider to be continuing care facilities that should be included in the Proposed Legislation?
2. Do you think that the description of long-term care and supported living is clear?

**Key Comments and Suggestions**

**Proposed Classification of Continuing Care Facilities**

While there was overall support for the classification of continuing care facilities, more work is needed to clarify the differences between the type of facility (i.e. long-term care and supported living) as well as how the facility is operated and funded (i.e. government funded, government operated, or private). Concern was raised with the structure of the legislation allowing the Director of Continuing Care to establish standards, policies, or procedures to address specific topics, as well as the Director’s relationship with Government. It was felt that this would impact the autonomy of the facility and flexibility to provide programs and services tailored to meet the needs of their residents. There was general consensus that the Office of the Director should not be located in Government.

**Services Offered by Facility Type**

It was generally felt that the list of services that must be offered by each facility type were accurate, but should be more exhaustive.

TABLE 2: SUMMARY OF RESPONSES ON PROPOSED FACILITY CLASSIFICATION AND SERVICES OFFERED	
<b>Areas of support</b>	<p><b>Proposed Classification of Continuing Care Facilities</b></p> <ul style="list-style-type: none"> <li>• It was agreed that it is important to include safeguards in the legislation and regulations for private facilities.</li> </ul> <p><b>Services Offered by Facility Type</b></p> <ul style="list-style-type: none"> <li>• It was generally agreed that the description of long-term care and supported living are mostly accurate.</li> </ul>
<b>Areas where more work is needed</b>	<p><b>Proposed Classification of Continuing Care Facilities</b></p> <ul style="list-style-type: none"> <li>• There needs to be greater emphasis on the main difference between the types of facilities in terms of services offered or not offered, as well as any restrictions that be put in place (e.g. are those with dementia unable to leave the facility without supervision?)</li> <li>• There needs to be clear differentiation between facilities that are government funded versus government operated.</li> <li>• Need to clearly identify if the Proposed Legislation/regulations will set administration standards and costs for services.</li> <li>• Need to determine and clarify whether personal homes providing support, supervision, and care would fall under the legislation.</li> <li>• Extent of government involvement in the licensing, inspecting, and investigating processes needs to be examined, particularly around the role and scope of the Director of Continuing Care, where this office would be located, and its ability to establish</li> </ul>

	<p>standards. The current proposal raises concern that all classes of facilities would be unilaterally controlled by the GNWT and dictating the services that must be provided that may not be funded.</p> <p><b>Services Offered by Facility Type</b></p> <ul style="list-style-type: none"> <li>• The development of a more exhaustive list of services that must be provided by each facility type needs to be explored. The following was suggested: <ul style="list-style-type: none"> <li>○ For both long-term care and supported living facilities, services should also include: <ul style="list-style-type: none"> <li>▪ adaptive equipment;</li> <li>▪ case management;</li> <li>▪ therapeutic exercise programs;</li> <li>▪ hearing, speech, and vision assessments;</li> <li>▪ access to recreational activities;</li> <li>▪ access to rehabilitative services; and</li> <li>▪ access to foot care, including proper footwear and orthotics.</li> </ul> </li> <li>○ For supported living facilities, services should also include: <ul style="list-style-type: none"> <li>▪ Hospice services; and</li> <li>▪ Access to medical and nursing services, as required.</li> </ul> </li> </ul> </li> <li>• It was suggested that the term “personal services” be defined.</li> </ul>
<b>Areas of no support</b>	<p><b>Proposed Classification of Continuing Care Facilities</b></p> <ul style="list-style-type: none"> <li>• Government funded facilities that are operated by a third party should be classified separately from Government Facilities.</li> <li>• Office of the Director of Continuing Care should not be located in Government.</li> </ul>
<b>Additional comments outside scope</b>	N/A

## B. Licensing of Facilities

### *Proposal Summary*

Under the Proposed Legislation, all continuing care facilities would require a licence to operate. It was proposed that the Minister of Health and Social Services would appoint a Director of Continuing Care to manage the licensing process. In order to do that, they would have the ability to inspect a continuing care facility that is applying for a licence or requesting renewal of their licence.

Information would be provided to the Director by the facility operator to demonstrate that the facility has the necessary staffing, safety plans, financing, and insurances to operate as a continuing care facility. The Director would also maintain a public registry of licensed facilities.

The questions asked in this section were:

1. What criteria or factors should a Director consider when approving a licence?
2. Do you think licensed continuing care facilities should be able to operate other businesses within the same facility (e.g. stores and other services)? Do you think this is something that should be approved by the Director as part of the licensing process?
3. How long should a licence be valid before an operator needs to have it renewed?

4. What information would be useful for you to see in the Public Registry, if you or a family member were considering moving to a facility or were staying in a facility?
5. What would be the best way for you or your family members to access the Public Registry (e.g. online, through an office, etc).?

**Key Comments and Suggestions**

**Proposed Role of the Director of Continuing Care**

As previously noted, there was mixed support for the creation of a Director of Continuing Care, particularly around the office’s relationship with Government. It was suggested that this office be arms-length from Government.

**Proposed Licensing Process**

It was generally agreed that licensing is important, but there was no consensus on how long a license should be valid for before it needs to be renewed. There was concern that the licensing process would duplicate existing processes, such as accreditation, and create an administrative burden for facility operators. With respect to businesses operating in a continuing care facility, there was significant support for this idea and it was generally agreed that approval of the Director should not be required; however, the legislation may need to put in place restrictions or limitations for resident safety.

**Establishment of Public Registry**

Most respondents liked the concept of the public registry and agreed with the suggested listing in the Discussion Paper with recommendations for expansion.

TABLE 3: SUMMARY OF RESPONSES ON APPOINTMENT OF A DIRECTOR, LICENSING AND PUBLIC REGISTRY	
<b>Areas of support</b>	<p><b>Proposed Role of the Director of Continuing Care</b></p> <ul style="list-style-type: none"> <li>The general purpose of the Director and/or its office was supported to ensure resident safety and facility accountability and compliance with standards. However, alternative approaches were suggested and are outlined below.</li> </ul> <p><b>Proposed Licensing Process</b></p> <ul style="list-style-type: none"> <li>It was agreed that minimum licensing standards are important.</li> <li>Businesses that are appropriate for the residents of the facility should be allowed to operate within the building, with appropriate safeguards and limitations to ensure residents are protected. Approval of the Director should not be required, but the Director should be made aware. This will help bring community members into the facility and provide important services for residents.</li> </ul> <p><b>Establishment of Public Registry</b></p> <ul style="list-style-type: none"> <li>The concept of a public registry was supported and there was overall agreement with the suggested listing of information. Additional suggestions for inclusion are outlined below.</li> <li>It was agreed that there should be multiple ways to access the public registry, such as online, through the Director’s office, and through a central office that the public can call or visit to get the information.</li> </ul>
<b>Areas where more work is needed</b>	<p><b>Proposed Role of the Director of Continuing Care</b></p> <ul style="list-style-type: none"> <li>The role and scope of power of the Director of Continuing Care needs to be re-examined. There was concern expressed about the level of qualifications, experience, and knowledge required to be able to fully execute the role. Further concern was raised with the powers provided to the Director, such as having access to private</li> </ul>



documents, as it suggests the same (or greater) powers as a peace officer or coroner.

- The location of the office of the Director needs to be determined (i.e. within government or arms-length). It was suggested by many that the office should be arms-length from Government to eliminate any potential bias in the licensing, inspecting, and investigation processes, but recognized that this would increase costs. Another option posed was to have an independent panel to govern the oversight of facilities. Such a panel could include a senior, a person with a disability, and an Indigenous person.

#### **Proposed Licensing Process**

- There was no consensus on how long a license should be valid for before it needs to be renewed. Suggestions ranged from one to five years. It was suggested that shorter licenses would create administrative challenges, and that longer licenses would still allow for any issues to be reviewed during the licensing period. This will need to be further explored.
- Need to determine what, if any, restrictions and limitations should be placed on businesses that can operate within a continuing care facility. For example, some respondents supported the idea of a child care facility operating in a long-term care home, while others raised concerns about the introduction of disease. It was also suggested that a businesses be required to agree to a “social contract” that indicates it supports the overall purpose of the facility.
- How accreditation will be considered in the licensing and inspection processes needs to be determined. It was suggested that it provides an excellent framework for evaluating and ensuring facilities are meeting national standards, and it would be administratively burdensome on facility operators to duplicate this work.
- There should be more clarity around what information the Director can ask for in reviewing a license application to ensure the requests are for consistent, objective information.
- It was suggested that factors to consider when approving a license could include staff to resident ratio, staff credentials, the make-up of frontline staff team, and the number of subsidized beds/rooms provided (if applicable).

#### **Establishment of Public Registry**

- The full listing of information to be included in the public registry needs to be determined and evaluated to ensure resident privacy is maintained. The following was suggested for inclusion:
  - Model of care, including services offered and program descriptions;
  - Education of staff;
  - Staffing ratio;
  - Hours of care;
  - If the facility is accredited;
  - Awards received;
  - Information about how the resident and family council operates;
  - Language services offered;
  - Rights and responsibilities of residents;
  - Recent inspection results;
  - The process for submitting a complaint;
  - Whether any complaints have been received, with links to summary investigation reports and orders against a facility, as well as any replies made by the facility, such as their plan of action;

	<ul style="list-style-type: none"> <li>○ Unresolved complaints and their resolution; and</li> <li>○ How services not offered in the facility are accessed, such as health care services for supported living facilities.</li> <li>● Creating and maintaining a public registry will take work to maintain. It was suggested that it may create a false sense of choice for residents requiring care, when there is currently little to no choice regarding placement.</li> </ul>
<b>Areas of no support</b>	N/A
<b>Additional comments outside scope</b>	<p><b>Proposed Role of the Director of Continuing Care</b></p> <ul style="list-style-type: none"> <li>● N/A</li> </ul> <p><b>Proposed Licensing Process</b></p> <ul style="list-style-type: none"> <li>● It was suggested that Quality Assurance Audits, including weekly risk, quarterly quality assurance, and survey processes for any isolated or patterned concerns should be mandatory.</li> </ul> <p><b>Establishment of Public Registry</b></p> <ul style="list-style-type: none"> <li>● N/A</li> </ul>

## C. Client Eligibility and Admissions

### *Proposal Summary*

Under the proposed legislation, TAC would be responsible for determining the eligibility of individuals who apply for admission to a government funded or operated continuing care facility, including developing procedures about how it will review applications. They would also be responsible for maintaining a waitlist and determining, as they do now, who on the waitlist is offered the next available bed. If there were private facilities, it was proposed that they would need to establish their own admissions policies and procedures.

To ensure that expectations are clear to both the resident and operator when a resident moves into a facility, the Proposed Legislation would include the requirement of a written agreement between the resident and operator, much like a tenancy agreement. Areas addressed would include:

- Services to be provided;
- Roles and responsibilities of both the operator and resident;
- Payment; and
- Other areas

The questions asked in this section were:

1. What other information or factors do you think TAC should consider when determining eligibility for admission into a continuing care facility?
2. If an individual disagrees with a decision that TAC makes about their eligibility, what options should the individual or their family members have?
3. What other terms would you like to see in a Residential Agreement?
4. Do you think that the admissions process for Private Facilities should be regulated? If so, what aspects of admissions should be regulated?

**Key Comments and Suggestions**

**Proposed Role of TAC and Admissions Processes**

While the role of TAC and the proposed admission processes for government funded and operated facilities was supported, many respondents felt that there needed to be more flexibility in the process for both residents and facility operators to allow residents. For private facilities, on the other hand, there was significant disagreement around whether or not TAC should be involved. There was concern that private facilities having complete control over their admissions would result in a two-tiered system.

**Residential Agreements**

There was wide support for including provisions in the Proposed Legislation that deal with tenancy issues.

TABLE 4: SUMMARY OF RESPONSES ON THE TERRITORIAL ADMISSIONS COMMITTEE, ADMISSION PROCESSES AND RESIDENTIAL AGREEMENTS	
<b>Areas of support</b>	<p><b>Proposed Role of TAC and Admission Processes</b></p> <ul style="list-style-type: none"> <li>• There was general consensus that the TAC process is good overall and takes the pressure off the facility.</li> <li>• Respondents agreed with the current approach for resident eligibility focusing on greatest need and those who are most vulnerable. Suggestions for possible improvement included:               <ul style="list-style-type: none"> <li>○ Considering risk factors of elders staying at home (i.e. if the prognosis indicates a rapid decline, this should increase the priority level);</li> <li>○ Considering the availability of services in the resident’s Indigenous or other language, or that are reflective of the resident’s culture; and</li> <li>○ Considering the wishes of the elder and their family.</li> </ul> </li> <li>• It was agreed that a meaningful mechanism for appeals is required.</li> </ul> <p><b>Residential Agreements</b></p> <ul style="list-style-type: none"> <li>• The inclusion of tenancy provisions in the Proposed Legislation was supported, where not possible to do so through the NWT <i>Residential Tenancies Act</i>.</li> <li>• It was generally agreed that, as outlined in a tenancy agreement, the facility should have the right to discharge or terminate a resident agreement for just reasons, such as when the level of care is unable to be sustained by the facility. However, it was cautioned that appropriate transition plans need to be in place to ensure there is no gap in tenancy or care.</li> </ul>
<b>Areas where more work is needed</b>	<p><b>Proposed Role of TAC and Admission Processes</b></p> <ul style="list-style-type: none"> <li>• The TAC admission process needs to be reviewed to see where more flexibility can be added. It also needs to be reviewed with a disability lens, particularly around mental health.</li> <li>• The role of the facility in the TAC process needs to be determined. It was suggested that operators should have a voice or some representation on TAC to allow for some control over resident placement in their facilities.</li> <li>• There was no consensus on the best approach for appeals and will need to be explored further. One suggestion was that the applicant should be allowed to see the scoring criteria used, the rating received, and a clear answer on why they were not accepted. Another suggestion was to have another body blindly review the application (i.e. without names) as a final option to appeal.</li> <li>• There was disagreement around whether or not private facilities should have complete control over their admission processes. It was suggested that this could lead</li> </ul>

	<p>to a two-tiered system where resident inclusiveness could be overshadowed by third party interests. The extent that private admission processes should be regulated will need to be determined.</p> <p><b>Residential Agreements</b></p> <ul style="list-style-type: none"> <li>• The list of what must be included in a residential agreement will need to be developed. The following was suggested for inclusion: <ul style="list-style-type: none"> <li>○ Rights and obligations of both the resident and the facility, including identification of rights that can be restricted to ensure safety;</li> <li>○ Procedures for complaints;</li> <li>○ How payments are to be made and when;</li> <li>○ Consequences for non-payment of rent;</li> <li>○ What happens in the event of termination of the agreement by the operator;</li> <li>○ How a resident can access services that are not standard, such as referral for a wheelchair;</li> <li>○ A code of conduct;</li> <li>○ Process for inspections of resident care records and resident rooms, including minimum notice requirements; and</li> <li>○ Rules around having overnight guests</li> </ul> </li> </ul>
<p><b>Areas of no support</b></p>	<p>N/A</p>
<p><b>Additional comments outside scope</b></p>	<p><b>Proposed Role of TAC and Admission Processes</b></p> <ul style="list-style-type: none"> <li>• It was cautioned that admission to a facility is institutional and may bring back memories of residential school.</li> <li>• It was suggested that facilities should include respite beds and ‘geriatric rehabilitation’ units. Respite beds could allow the care giver to take breaks, which can increase the length of time a senior can remain at home. Geriatric rehabilitation units could provide a structured environment guided by rehabilitation principles to encourage an elder to regain prior skills through the presence of an interdisciplinary team.</li> <li>• Consideration should be given to reserving or subsidizing a certain number of beds for low income residents. As future private facilities are opened this would help to prevent a two-tiered system.</li> <li>• Consideration should be given to designating space in long-term care facilities for people with disabilities. Concern was raised that there is currently no space of this kind, which marginalizes the needs of residents with disabilities who require support.</li> <li>• A protocol should be developed to identify when the status of a person on a waiting list with TAC should be reassessed.</li> </ul> <p><b>Residential Agreements</b></p> <ul style="list-style-type: none"> <li>• It was raised that there needs to be better communication about the value of the services provided for the rent paid. If a resident is coming from subsidized housing, the increase in rates is difficult to understand.</li> <li>• Placements into care should look at the family dynamic to better allow spouses to move in with their partner without having the same capacity requirements.</li> <li>• It was suggested that an information sharing mechanism should be in place for the facility to contact the Public Trustee after three months of arrears.</li> </ul>

## D. Operational Standards

### Proposal Summary

It was proposed that the Continuing Care Standards that are currently in place would be adopted as a set of standards that all continuing care facilities would adhere to. The standards cover areas such as admission and care plans, personal care standards, staffing standards, facility requirements, food services, requirements for programming, cleanliness and maintenance, use of physical restraints, and medication administration.

The Standards would continue to be a stand-alone document and not integrated into the legislation. This would allow for them to be reviewed and/or revised on a regular basis to ensure they remain current and follow best practice.

The questions asked in this section were:

1. What other items should be addressed in the Continuing Care Standards?
2. Who should be involved in reviewing the Continuing Care Standards?
3. How often do you think the Continuing Care Standards should be reviewed?
4. What would be the best way for residents or their families to get access to the Continuing Care Standards, or any other standards, policies, or procedures?

### Key Comments and Suggestions

There was support for the development of standards that all facilities must adhere to in order to ensure consistent, high quality services are provided to all residents. While there was no consensus reached on the specifics, there was a lot of discussion and suggestions around what should be included in the standards, how often they should be reviewed, and how that review should take place. It was generally supported that any standards and associated documents developed be accessible to the public in multiple formats and from multiple sources.

TABLE 5: SUMMARY OF RESPONSES ON NWT CONTINUING CARE STANDARDS, REVIEW, AND AMENDMENT	
<b>Areas of support</b>	<ul style="list-style-type: none"> <li>• Respondents agreed that standards are important and should be followed by all facilities. Facilities should be provided with sufficient flexibility to develop their own policies and procedures for implementing the standards.</li> <li>• It was agreed that information, including standards, should be made publicly available in multiple formats (email, hard copy, online) and through multiple sources, such as through the DHSS, each continuing care facility, and TAC.</li> </ul>
<b>Areas where more work is needed</b>	<ul style="list-style-type: none"> <li>• The standards will require review and update. Care must be taken to ensure they reflect the wide range of individuals who receive care, including those with disabilities as well as seniors and elders. The following was suggested for inclusion in the standards:               <ul style="list-style-type: none"> <li>○ Accreditation standards;</li> <li>○ Education and training requirements for staff, including cultural awareness, as well as training in high risk areas, such as medication administration, infection control practices, and emergency care;</li> <li>○ Other staffing requirements, such as language requirements and up-to-date criminal record and vulnerable sector checks;</li> <li>○ Staff ratios;</li> <li>○ Required number of hours of care;</li> <li>○ Requirement for resident and family orientation to the facility with an</li> </ul> </li> </ul>

	<p>explanation of the rights, responsibilities, and rules for the resident;</p> <ul style="list-style-type: none"> <li>○ Access to rehabilitation professionals (physiotherapists, occupational therapists, speech-language pathologists, recreational therapists, and audiologists) and access to mobility equipment;</li> <li>○ Access to care in the resident’s first language;</li> <li>○ Requirement for an annual case review for each resident, where the resident, family or guardian is be able to participate in the process;</li> <li>○ Initial intake assessment requirements, including base information about: <ul style="list-style-type: none"> <li>▪ Physical and mobility status;</li> <li>▪ Cognitive and mental health status;</li> <li>▪ Communication status (language of choice, hearing deficits, any accommodations required);</li> <li>▪ Medical conditions and medications prescribed;</li> <li>▪ Quality of life issues like hobbies, interests; and</li> <li>▪ Family members, guardian or friends involved with the resident.</li> </ul> </li> <li>○ Adherence to a “resident-centered” care approach;</li> <li>○ Requirements for service management/navigation supports.</li> <li>○ Provisions around physical, sexual, and financial abuse of residents, with requirements to report directly to the Office of the Director;</li> <li>○ Requirements to ensure access to traditional food to the greatest extent possible;</li> <li>○ Requirement to provide space for residents to gather and where community can bring in food;</li> <li>○ Facility design standards with attention to acoustics, as well as light and spaciousness to get away from the medical model of care; and</li> <li>○ Medication oversight requirements.</li> </ul> <ul style="list-style-type: none"> <li>● How often the standards are reviewed will have to be determined and by what process. There was no consensus on frequency, but it was suggested that residents and their families, or a representative sample, be involved to some extent. One suggestion was to develop a multidisciplinary team of managers, resident care coordinators, health professionals, residents (possibly through the resident and family council or similar), and advocacy organizations to provide input into the standards.</li> </ul>
<b>Areas of no support</b>	N/A
<b>Additional comments outside scope</b>	N/A

## E. Maintenance and Enforcement of Standards

### *Proposal Summary*

It was proposed that a process for complaints, inspection, and investigation would be set out to ensure continuing care facilities comply with the standards. Under the Proposed Legislation, the Director would have responsibility over the following in order to maintain and enforce standards:

- Establishing inspection schedules;
- Receiving and processing complaints from residents and members of the public;
- Appointing inspectors and investigators;
- Establishing processes for inspections and investigations;

- Placing conditions on licences;
- Approving correction plans submitted by operators and monitoring the fulfillment of its terms;
- Issuing enforcement orders; and
- Revoking licenses.

It was proposed that an inspector may be authorized by the Director to exercise the following powers:

- Enter into a facility at a reasonable time to conduct an inspection;
- Examine records and documents;
- Inspect and take samples of any material, food, or equipment;
- Perform testing, take photographs, or make recordings;
- Interview operators, employees, residents, relatives, or legal representatives of the resident, and any other person (resident and family surveys may be employed); and
- Retain an expert that the inspector deems necessary to complete an inspection.

If issues are identified as part of an inspection or investigation, the Director would have the ability to issue a range of orders to ensure corrective action is taken by a facility operator, such as issuing a compliance order, imposing conditions on a license, or suspending a license. To address more serious or repeated issues, proposed fines and penalties would also be part of the Proposed Legislation. It was proposed that an operator who disagrees with a decision made by the Director could appeal the decision before the courts.

A complaint process to allow residents, their family members, or other interested parties to raise concerns would be put in place. Internal and external processes would be described in the proposed legislation.

The questions asked in this section were:

1. What other powers should be provided to the Director (or someone assisting the Director) to ensure standards are maintained and enforced?
2. How often should inspections take place?
3. What makes a complaint process fair to all the parties involved?
4. Do you think the proposed fines and penalties are appropriate?
5. What other ways can be used to ensure that facilities are meeting care standards?

### ***Key Comments and Suggestions***

#### **Powers of the Director**

As previously noted, respondents were not in agreement about the role of the Director of Continuing Care. Some felt that the proposed powers and approach appear to be too broad and punitive in nature, and that the focus of Director's office should be more on helping facilities to provide better quality of care through suggestions, training, and provision of resources.

#### **Inspections of Facilities**

There was agreement that inspections are important and should take place regularly, with scheduled and unscheduled visits. There was general consensus that the inspection and investigation processes should promote corrective action and problem solving before disciplinary action is taken.

#### **Complaints**

While everyone agreed that a complaints process is important, some felt that the proposed process was too punitive. The resident/family/guardian has the right to complain and be heard; similarly, the facility has the right to consider the complaint and offer possible solutions or present the limitation of what it is able to accomplish before a formalized process is undertaken.

**Enforcement Action – Orders, Fines, and Penalties**

There was disagreement around whether it is appropriate for Government operated or funded facilities to be fined by the Government. To deal with this conflict, it was again suggested that the inspectors be at arm’s length from the Government. While most respondents generally recognized the need for provisions around fines and penalties, there was a lack of support for terms of imprisonment. Respondents also agreed that the proposed appeals mechanism was too onerous. Instead of requiring all appeals to be directed to the court, it was suggested that an internal appeals mechanism be established.

**TABLE 6: SUMMARY OF RESPONSES ON POWERS OF THE DIRECTOR, FACILITY INSPECTIONS, COMPLAINTS AND ENFORCEMENT**

<p><b>Areas of support</b></p>	<p><b>Powers of Director</b></p> <ul style="list-style-type: none"> <li>• The need for punitive action under certain circumstances was recognized, but emphasis should be placed on corrective action and problem solving before disciplinary action is taken. This could include requiring additional training or providing additional resources.</li> </ul> <p><b>Inspections of Facilities</b></p> <ul style="list-style-type: none"> <li>• It was agreed that inspections are important and should take an enabling approach to help a facility meet its requirements and only become more directive if problems persist.</li> <li>• Most respondents agreed that there should be regular annual facility inspections for various matters, such as infection control and WSCC, as well as regular reporting, such as yearly chart audits and reporting on trending data.</li> <li>• There was consensus that there should be both scheduled and unscheduled inspections.</li> </ul> <p><b>Complaints</b></p> <ul style="list-style-type: none"> <li>• It was agreed that a process for complaints is important and that an alternative mechanism is required for complaints that are not resolved.</li> <li>• There should be no retribution for any resident or advocate making a complaint.</li> <li>• There was general consensus that every facility should have a similar complaints process and directions on how to navigate this process should be made available to the public.</li> </ul> <p><b>Enforcement Action – Orders, Fines, and Penalties</b></p> <ul style="list-style-type: none"> <li>• It was generally recognized that fines and penalties are a necessary component of legislation, but emphasized that they should be a last resort measure and should correspond to the severity of the offence.</li> </ul>
<p><b>Areas where more work is needed</b></p>	<p><b>Powers of Director</b></p> <ul style="list-style-type: none"> <li>• The responsibilities of the Director need to be reviewed to provide a more proactive function, such as through the addition of an ongoing educational/networking function to help facilities improve their services.</li> </ul> <p><b>Inspection of Facilities</b></p> <ul style="list-style-type: none"> <li>• The powers of the Director and inspectors will need to be further examined. Many respondents were concerned with the breadth of powers and their punitive nature. It was suggested that inspectors focus more on “facilitation” and helping facilities to provide better quality of care through suggestions, training, and provision of resources. If problems persist and resident care is not quality care, a Director would</li> </ul>



	<p>take over and use a more directive approach leading to possible reprimands and penalties.</p> <ul style="list-style-type: none"> <li>• How inspections will leverage existing processes will need to be determined. Concerns were raised that the inspection process would duplicate inspections completed under other legislated requirements (such as food establishment inspections), create an administrative burden, and overshadow the Patient Quality Plan and the Patient Experience process.</li> </ul> <p><b>Complaints</b></p> <ul style="list-style-type: none"> <li>• An anonymous complaints mechanism will need to be developed, as well as provisions that ensure there is no recrimination against residents for voicing concerns, making recommendations for change, or making complaints.</li> </ul> <p><b>Enforcement Action – Orders, Fines, and Penalties</b></p> <ul style="list-style-type: none"> <li>• Parameters around the issuing of fines may need to be added. Significant concerns were raised around fines and penalties. Some believed that they are important, as they serve as a direct and public notice of a failure to meet the standards of care; however, it was also cautioned by some that they may take away from the funds a facility uses to provide services.</li> <li>• The relationship of the person issuing fines (i.e. inspector with the Office of the Director of Continuing Care) with Government will need to be re-examined. There was significant concern around the optics of the Government fining the Government (i.e. the Government’s Office of the Director fining Government operated or funded facilities). It was suggested that the inspectors and Office of the Director be arms-length from Government.</li> <li>• Processes will need to be established to address what happens to residents of a facility that loses its license, even if only temporarily. For example, who would find alternative accommodation and supports if an administrator is brought in? Would residents receive “credit” for time they are not allowed in the facility? Would residents be expected to pay for alternate accommodation (and possibly be paying double)?</li> </ul>
<p><b>Areas of no support</b></p>	<p><b>Powers of Director</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul> <p><b>Inspection of Facilities</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul> <p><b>Complaints</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul> <p><b>Enforcement Action – Orders, Fines, and Penalties</b></p> <ul style="list-style-type: none"> <li>• The concept of imprisonment in a continuing care legislative proposal was not supported.</li> <li>• Using the court system for appeals is onerous and expensive. An alternative mechanism should be available, like the current ombudsperson or a panel process.</li> </ul>
<p><b>Additional comments outside scope</b></p>	<ul style="list-style-type: none"> <li>• There should be requirements under the <i>Public Health Act</i> to inform the Director or WSCC if issues are identified in a <i>Public Health Act</i> inspection of a continuing care facility.</li> <li>• Any process that involves a right to legal information and advice would need to address the resources to provide this. The GNWT should ensure resources are</li> </ul>

	<p>available to access legal services, such as the through the Legal Aid Commission or Outreach Legal Aid Clinic.</p> <ul style="list-style-type: none"> <li>• It was suggested that there be a navigator or advocate to assist families with making complaints or expressing concerns.</li> </ul>
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## F. Accountability and Other Issues

### *Proposal Summary*

The proposed legislation would include other elements to ensure accountability of facilities and the safety and well-being of residents, such as requirements for:

- Annual reporting by the Director;
- Reporting requirements for operators;
- Resident rights, roles, and responsibilities; and
- Resident and family councils.

The questions asked in this section were:

1. What other incidents should be directly reported by the facility operator to the Director?
2. What information would you like to see in the Director’s annual report to the public?
3. What other rights do you think are important for the resident or the resident’s family?
4. What responsibilities should be placed on a facility operator to help establish resident and family councils and run meetings?
5. What other ways can a resident or their family participate in raising concerns to a facility?
6. What other ways can a resident or their family cooperate with a facility to address concerns?

### *Key Comments and Suggestions*

#### **Annual Report of the Director**

There was general support for an annual Director’s report, but the specifics of what is reported will need to be determined.

#### **Reporting Requirements of Operators**

It was agreed that operators should be required to report on operations and incidents, but there was concern that some reporting would be duplicated. The legislation will need to clearly outline what must be reported and within what timelines.

#### **Resident Rights and Responsibilities**

There was vast support for the creation of resident rights and responsibilities. Numerous suggestions were made for inclusion in any future legislation.

#### **Resident and Family Councils**

The concept of resident and family councils was widely accepted. It was felt that this forum would be important for both raising resident and family concerns as well as promoting resident well-being. It was noted that the operator should be required to facilitate the formation of a council, but not be required to ensure one is created, as there may not always be interest from residents and families to participate. What resources will be provided to help promote and run resident and family councils will need to be determined.

## Protection of Personal Information and Health Information

No comments were received regarding the protection of personal information and health information.

TABLE 7: SUMMARY OF RESPONSES ON DIRECTOR'S ANNUAL REPORT, OPERATOR REPORTING, RESIDENT RIGHTS AND RESPONSIBILITIES, RESIDENT AND FAMILY COUNCILS, AND PROTECTION OF INFORMATION	
<b>Areas of support</b>	<p><b>Annual Report of the Director</b></p> <ul style="list-style-type: none"> <li>• The idea of an annual report by the Director was generally supported.</li> </ul> <p><b>Reporting Requirements of Operators</b></p> <ul style="list-style-type: none"> <li>• There is agreement that operational and incident reporting by the facilities should be required. Resident to resident, resident to staff, and staff to resident abuse (physical, verbal, and emotional) was of particular concern.</li> </ul> <p><b>Resident Rights and Responsibilities</b></p> <ul style="list-style-type: none"> <li>• The concept of resident rights and responsibilities was widely accepted.</li> </ul> <p><b>Resident and Family Councils</b></p> <ul style="list-style-type: none"> <li>• There was wide support for Resident and Family Councils as a source of communication for both residents and the facility. It was suggested that the forum should focus not just on complaints and concerns of residents, but also resident experiences, recreation, and other quality of life issues.</li> <li>• It was agreed that the operator of the facility should play a key role in establishing the council, but should not participate in all meetings.</li> <li>• It was agreed that the formation of a council should not be mandatory in the event that there is no interest from residents or their families to participate.</li> </ul> <p><b>Protection of Personal Information and Health Information</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>Areas where more work is needed</b>	<p><b>Annual Report of the Director</b></p> <ul style="list-style-type: none"> <li>• Concern was raised that multiple reporting mechanisms (i.e. public registry and Director's annual report) may make it difficult for the public to know where they can find what information. It will need to be clear what can be found where.</li> <li>• It was noted that it will be important to ensure information regarding complaints is publicly available as soon as possible, rather than waiting for the Director's report.</li> <li>• The specific indicators included in the annual report will need to be determined. It was suggested that the annual report could include:               <ul style="list-style-type: none"> <li>○ Statistics comparing NWT facilities to the south by reporting on comparable indicators such as the rates of pressure sores/injuries;</li> <li>○ Information on training events offered;</li> <li>○ Average time for admissions for regular and urgent admissions, according to types of categories used by TAC; and</li> <li>○ Information regarding complaints.</li> </ul> </li> </ul> <p><b>Reporting Requirements of Operators</b></p> <ul style="list-style-type: none"> <li>• Care will need to be taken to ensure reporting is not be duplicated. It was noted that reporting is also a requirement of contribution agreements (and accreditation, if applicable).</li> <li>• How incidents are classified and the specifics of what is reported and when will</li> </ul>

	<p>need to be determined. It was suggested that reporting of incidents should be identified as near miss, adverse, or sentinel event to reflect level of severity. Some things will need to be reported immediately, while others could be less frequent.</p> <ul style="list-style-type: none"> <li>• It was suggested that facility operators should report on: <ul style="list-style-type: none"> <li>○ Staffing ratios;</li> <li>○ Building occupants;</li> <li>○ Episodes of contagious diseases;</li> <li>○ Episodes of pest infestations (e.g. bed bugs);</li> <li>○ Number of pressure sores (as these are indicators of proper care with positioning and use of appropriate pressure reduction surfaces);</li> <li>○ Overdoses;</li> <li>○ Number of medication errors; and</li> <li>○ Any incidents of verified abuse.</li> </ul> </li> </ul> <p><b>Resident Rights and Responsibilities</b></p> <ul style="list-style-type: none"> <li>• A number of additional suggestions were made for consideration: <ul style="list-style-type: none"> <li>○ Residents are responsible for not being abusive (so long as they are cognitively able);</li> <li>○ Religious freedom;</li> <li>○ Access to care in the resident’s first language;</li> <li>○ Right to refuse treatment;</li> <li>○ Access to public and private space;</li> <li>○ Access to recreational activities;</li> <li>○ Right to leave the facility; and</li> <li>○ Indication of what rights may be limited to ensure safety.</li> </ul> </li> <li>• It was agreed that the resident’s rights, roles, and responsibilities should be available in all official languages and easily accessible.</li> </ul> <p><b>Resident and Family Councils</b></p> <ul style="list-style-type: none"> <li>• The resources required to implement Resident and Family Councils will need to be determined. It was suggested that there be resources and administrative support for the councils, including for families outside of the community (e.g. connection to conference calls), that the facility operator is responsible for providing.</li> </ul> <p><b>Protection of Personal Information and Health Information</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>Areas of no support</b>	N/A
<b>Additional comments outside scope</b>	<p><b>Reporting Requirements of Operators</b></p> <ul style="list-style-type: none"> <li>• It was identified that it can be difficult to hold residents accountable when they have issues (e.g. dementia or mental health issues), and who to report to needs to be clearly defined.</li> </ul> <p><b>Resident and Family Councils</b></p> <ul style="list-style-type: none"> <li>• It is suggested that there be an expanded role for the resident and family councils by establishing a position to promote and assist facilities to develop resident and family councils and report on their activities annually.</li> <li>• It was suggested that a Regional Family Council Organization could be developed. This regional concept would be aligned with existing concepts of health care provision, where it could serve as a needed early warning system for the DHSS by</li> </ul>

	<p>allowing family councils to identify common and perhaps systematic problems/issues before they become a crisis.</p> <ul style="list-style-type: none"> <li>• It was suggested that there be terms of references for a council including agreement on who chairs the meeting as well as regularly scheduled meetings.</li> <li>• There may be challenges with engaging families and residents, so improving or promoting family and resident involvement will be essential. Suggestions included: <ul style="list-style-type: none"> <li>○ Providing multiple forms of participation (e.g. skype, phone, chat programs, etc.);</li> <li>○ Newsletters;</li> <li>○ Posting of council meeting minutes;</li> <li>○ Inviting families to stay overnight; and</li> <li>○ Invitations to special events.</li> </ul> </li> </ul>
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## Conclusion

This *What We Heard Report* provides a high level summary of the input received and heard throughout the public engagement period. It has been compiled to provide an understanding of the areas of support, ideas, challenges, and concerns raised by NWT residents and stakeholders around the regulation of continuing care facilities in the NWT.

The engagement process revealed that the public and stakeholders believe legislation is an important tool to ensure consistent, high quality, and safe services are provided to people living in continuing care facilities. However, it identified some important considerations and additional work that will need to take place should the 19<sup>th</sup> Legislative Assembly wish to proceed with legislation to strengthen the NWT's continuing care framework.

The following areas were generally identified as areas support, areas where more work is needed, or areas of no support:

SUPPORTED	MORE WORK NEEDED	NOT SUPPORTED
<ul style="list-style-type: none"> <li>• <b>Services offered by facility type</b></li> <li>• <b>Licensing</b></li> <li>• <b>Establishment of Public Registry</b></li> <li>• <b>Complaints mechanism</b></li> <li>• <b>Regular inspections</b></li> <li>• <b>Regular reporting by Director and Operators</b></li> <li>• <b>Resident and Family Councils</b></li> <li>• <b>Resident rights and responsibilities</b></li> </ul>	<ul style="list-style-type: none"> <li>• Scope of legislation</li> <li>• How private facilities will be regulated in comparison to government funded and government operated</li> <li>• Role and powers of the Director of Continuing Care and its inspectors</li> <li>• Location of the Office of Director of Continuing Care</li> <li>• How standards will provide facilities with flexibility in program development and delivery</li> <li>• Processes for licensing and reporting that does not</li> </ul>	<ul style="list-style-type: none"> <li>• Potential costs associated with Proposed Legislation</li> <li>• Government funded facilities being classified as Government Facilities</li> <li>• Office of the Director of Continuing Care being located in Government</li> <li>• Appeals only through the courts</li> <li>• Terms of imprisonment as a possible enforcement action</li> </ul>

	<p>create administrative burden</p> <ul style="list-style-type: none"><li>• TAC process that provides for more flexibility</li><li>• Inspections and Enforcement actions that take less punitive approach</li></ul>	
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**Next Steps**

Moving forward, the results of this public engagement, together with the results of the DHSS’ preliminary scoping exercise, cross-jurisdictional reviews, and additional policy research, will be used to inform decision makers. Should the 19<sup>th</sup> Legislative Assembly wish to proceed with legislation to strengthen the NWT’s continuing care framework, additional work will take place to address the areas of concern identified in the public engagement before a proposal is introduced in the 19<sup>th</sup> Assembly.

# APPENDIX A: Summary of Targeted Engagement Activities

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## Targeted Engagement Sessions

The Deputy Minister of Health and Social Services invited the following organizations to attend a targeted engagement session and/or provide feedback on the Proposed Legislation in writing:

- Health and Social Services Authorities;
- AVENS – A Community for Seniors;
- Salvation Army;
- Registered Nurses Association of the Northwest Territories and Nunavut;
- Association of Social Workers in Northern Canada;
- NWT Seniors’ Society;
- Yellowknife Association for Community Living;
- Hay River Committee for Persons with Disabilities
- NWT Disabilities Council.

All organizations participated in a targeted engagement session except for the Association of Social Workers in Northern Canada and the Hay River Committee for Persons with Disabilities. A total of 21 people participated in six engagement sessions in Yellowknife, either in person or through videoconference.

## Targeted Invitation for Feedback: GNWT

The DHSS’ Director of Policy, Legislation, and Communication provided a copy of the Discussion Paper to the following GNWT Departments and divisions with an invitation to provide feedback:

- Department of Health and Social Services:
  - Public Guardian
  - Director of Territorial Health Services
  - Manager of Primary and Acute Care, Territorial Health Services
  - Director of Territorial Social Programs
  - Manager of Mental Health and Addictions, Territorial Social Programs
  - Manager of Child and Family Services Unit, Territorial Social Programs
- Department of Justice:
  - Director of Policy and Planning
- Department of Education, Culture and Employment:
  - Director of Policy and Planning
  - Director of Income Security Programs
- NWT Housing Corporation:
  - Director of Policy and Planning

## Targeted Invitation for Feedback: Stakeholders

The Deputy Minister of Health and Social services provided a copy of the Discussion Paper to the following the following organizations and associations with an invitation to provide feedback:

- Alzheimer Society of Alberta and NWT
- Multiple Sclerosis Society of Canada
- Arthritis Society - Alberta and NWT Division
- Canadian Cancer Society – Alberta/NWT Division
- CNIB - Alberta/NWT Division

- NWT Medical Association
- Autism Society NWT
- NWT Seniors and Elders Societies
  - Yellowknife Seniors' Society
  - Ulukhaktok Elders Committee
  - Deh Gah Got'ie First Nation Elders Committee
  - Deninu K'ue Seniors' Group
  - Enterprise Seniors Society
  - Fort Smith Senior Citizen's Society
  - Hay River Seniors' Society
  - Fort McPherson Elders Council
  - Fort Good Hope Elders Committee
  - Tsiigehtchic Elders Council

### **Targeted Invitation for Feedback: Indigenous Governments**

The Minister of Health and Social services provided a copy of the Discussion Paper to the following the following Indigenous Governments with an invitation to provide feedback:

- Acho Dene Koe First Nation
- Deninu K'ue First Nation
- Lutsel K'e Dene First Nation
- Yellowknives Dene First Nation (Dettah)
- Yellowknives Dene First Nation (N'Dilo)
- Dehcho First Nations
- Deline Got'ine Government
- Gwich'in Tribal Council
- Inuvialuit Regional Corporation
- Katl'odeeche First Nation
- NWT Metis Nation
- Sahtu Dene Council
- Salt River First Nation
- Sahtu Secretariat Incorporated
- Tlicho Government

### **Targeted Invitation for Feedback: Members of the Legislative Assembly**

The Minister of Health and Social Services provided a copy of the Discussion Paper to all Members of the Legislative Assembly with an invitation to provide feedback.





Government of  
Northwest Territories

# Continuing Care Facilities Legislation Public Engagement

The Department of Health and Social Services is asking NWT residents for input on the development of new legislation to regulate continuing care facilities in the NWT to ensure continuing care facilities provide consistent, high quality and safe services.

You can participate between **March 1 and May 31**, by:

Emailing your feedback to **CCF\_Legislation@gov.nt.ca**  
or contacting your local Government Services Officer.

Visit **www.hss.gov.nt.ca** to obtain a copy of the Continuing Care Facilities Legislation for the NWT Discussion Paper.

Your input will help us in developing legislation to regulate continuing care facilities in the NWT. We want to ensure continuing care facilities provide consistent, high quality and safe services for NWT seniors.



# Échange avec le public sur la législation sur les établissements de soins continus

Le ministère de la Santé et des Services sociaux souhaite recueillir les commentaires des Ténos sur l'élaboration de nouvelles lois pour réglementer les établissements de soins continus aux Territoires du Nord-Ouest (TNO) afin de s'assurer d'une prestation de services uniforme, sécuritaire et de qualité.

Vous pouvez faire part de vos commentaires  
**du 1<sup>er</sup> mars au 31 mai :**

par courriel, à **CCF\_Legislation@gov.nt.ca**, ou en communiquant avec un agent des services gouvernementaux de votre région.

Consultez le [www.hss.gov.nt.ca](http://www.hss.gov.nt.ca) pour obtenir une copie du document de travail sur la législation sur les établissements de soins continus pour les TNO.

Vos commentaires nous aideront à élaborer des lois pour réglementer les soins continus aux TNO. Nous souhaitons veiller à ce que les services de soins continus fournissent des services uniformes, sécuritaires et de qualité aux personnes âgées.