

TITLE

RESIDENT AND FAMILY COUNCILS**SCOPE**

Provincial: Continuing Care and Addiction & Mental Health

DOCUMENT

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Senior Program Officer, Community, Seniors, Addiction and Mental Health

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To outline Alberta Health Service's (AHS) commitment to supporting the *Resident and Family Councils Act* (Alberta) requirements.
- To clarify the role and responsibilities of **Operators** in establishing and maintaining Resident and Family Councils.

PRINCIPLES

The *Resident and Family Councils Act*, ensures **patients** and families are supported by Operators to establish and maintain a Resident and Family Council, when desired by patients and/or **family**. A Resident and Family Council is a forum where patients, families, and **health care providers** meet on a regular basis to inform programming, address questions or concerns, promote quality improvement initiatives, and provide a voice to shape care, programs, services and policy. AHS is committed to building partnerships between patients, families and the Operator. Any patient and/or their family may initiate the establishment of a Resident and Family Council.

The purposes of a Resident and Family Council are to provide a forum:

- for patients and families to discuss ways of maintaining and enhancing quality of life in the residential facility;
- to discuss matters relating to their residence, including requests, concerns or solutions to concerns;
- for presenting requests, concerns or proposed solutions to the facility representative or Operator;

- o that provides an opportunity for patients and families to participate in projects for the patients' benefit;
- o that provides a network of support and encouragement for the patients and their families;
- o for any other purposes provided for in the regulations.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Where Compliance with this Procedure is Required

1.1 Sites included are:

- a) **long-term care facilities** that have four (4) or more residents;
- b) those licensed under the *Supportive Living Accommodation and Licensing Act* (Alberta), and have four (4) or more residents, including but not limited to:
 - (i) designated supportive living;
 - (ii) group homes that provide services under the *Persons with Developmental Disabilities Services Act* (Alberta);
 - (iii) supportive living accommodation for patients receiving care or support services under the *Protection for Persons in Care Act* (Alberta);
 - (iv) community mental health settings; and
- c) other prescribed facilities provided for in the regulations.

2. General Operator Requirements

2.1 The Operator shall:

- a) designate in writing one (1) or more persons as a **facility representative**;
- b) provide contact information to patients and their families for the Complaints Officer under the *Supportive Living Accommodation Licensing Act* (Alberta) by posting the contact information in a visible place and providing copies of the information on request;

- c) provide information on the results following every inspection under the *Resident and Family Councils Act* of the residential facility by describing the results and posting in a visible place and providing copies on request. This includes inspections under the *Nursing Homes Act*, the *Supportive Living Accommodation Licensing Act*, the *Hospitals Act* or the regulations;
- d) document all requests, concerns, and proposed solutions expressed by patients, their families or the Resident and Family Council;
- e) take all requests, concerns and proposed solutions expressed by patients, their families or the Resident and Family Council into consideration when making decisions that affect the patients;
- f) establish and make available to any person on request a written process for addressing the requests, concerns and proposed solutions of patients and families, and for documenting measures taken to address them; and
- g) address concerns brought to a Resident and Family Council in accordance with internal site processes and relevant AHS policy (e.g., *Keeping Patients Safe From Abuse*, *AHS Patient Concerns Resolution Policy*, *Appeal Panel Process*, *Patient Safety Policy Suite*), as applicable.

3. Operator Requirements for Supporting the Establishment of a Resident and Family Council

- 3.1 Where at any time it appears to the Operator that there is no functioning Resident and Family Council in place in the facility, the Operator shall:
- a) visibly post a notice in the facility advising patients and families of the right to establish a Resident and Family Council;
 - (i) ensure the notice remains posted until there is a Resident and Family Council established; and
 - (ii) provide copies of the notice to any person on request.
 - b) as soon as reasonably practicable, convene a meeting to inform patients and their families of the right to establish a Resident and Family Council and convene a meeting at least every six (6) months thereafter until a Resident and Family Council is established; and
 - c) visibly post notice of every meeting, including the date, time and location, at least two (2) weeks before the meeting is held.

4. Operator Requirements for Maintaining an Effective Resident and Family Council

4.1 The Operator shall:

- a) visibly post meeting notices, including the date, time and location of meetings, at least two (2) weeks prior to the date of a meeting of the Resident and Family Council; and
- b) secure a meeting space for the Resident and Family Council within the facility, when requested by the Resident and Family Council, as reasonably practical.

4.2 Once a Resident and Family Council has been established, the Operator or the Facility Representative shall:

- a) attend meetings of a Resident and Family Council when invited to do so by the Resident and Family Council;
- b) invite stakeholders (e.g., AHS Representatives) to meetings at the request of the Resident and Family Council;
- c) consult with all Resident and Family Councils in the facility regarding the food, services, social and leisure activities provided or made available to patients;
- d) respond in writing to feedback and queries from the Resident and Family Council in a time frame agreed to by the Council and make written responses available to patients, their families and staff on request;
- e) provide administrative support to organize and develop Resident and Family Council structure, as reasonably practical and upon request (refer to *The Alberta Resident and Family Councils Act* toolkit); and
- f) provide administrative assistance when requested by the Resident and Family Council, as reasonably practical (e.g., record and make available agenda and meeting minutes).

4.3 Where the Operator has knowledge that an established Resident and Family Council has not met within the preceding six (6) months, the Operator shall convene a meeting before the end of the seventh (7th) month in order to inform patients and their families of the purposes of a Resident and Family Council.

DEFINITIONS

Concern means a written or verbal expression of dissatisfaction that may be related to: the provision of goods and services to a patient, a failure or refusal to provide goods and services to a patient; terms and conditions under which goods and services are provided to the patient; by Alberta Health Services or by a service provider under the direction, control or authority of Alberta Health Services. It may also include dissatisfaction with professional practice and/or an

allegation of unprofessional conduct. The concern may be clinical or non-clinical and may be directed at any member of the organization or the organization as a whole. The concern may also include the dissatisfaction with an Alberta Health Services owned or operated facility.

Facility representative means any person identified by the Operator to support Resident and Family Council in a variety of ways, such as attending meetings, acting as a leader if needed, providing secretarial support, reviewing and distributing meeting minutes, helping to advertise upcoming meetings, and ensuring that issues are appropriately reported and followed up on.

Family(ies) means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers, and other persons acting on behalf of or in conjunction with Alberta Health Services.

Long-term care facility means a facility that is a “nursing home” as defined in the *Nursing Homes Act* or an “auxiliary hospital” as defined in the *Hospitals Act*.

Operator(s) means different group(s) or companies that are responsible for running licensed supportive living and long-term care settings in Alberta. In some settings, they are called operators, while in others they are called service providers. Often a manager represents the service providers in the home and is responsible for overseeing day-to-day activities in the home.

Patient means all persons; inclusive of residents and clients who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable:

- a) a co-decision-maker with the person; or
- b) an alternate decision-maker on behalf of the person.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Appeal Panel Process Procedure* (HCS-146-01)
 - *Disclosure of Harm Procedure* (PS-95-01)
 - *Immediate Management of Clinical Adverse Events Procedure* (PS-95-02)
 - *Keeping Patients Safe from Abuse Policy* (1153)
 - *Ongoing Management of Clinical Adverse Events Policy* (PS-95-03)
 - *Patient Concerns Resolution Policy* (PR-02)
 - *Patient Concerns Resolution Process Procedure* (PR-02-01)
 - *Recognizing and Responding to Hazards, Close Calls, and Clinical Adverse Events Policy* (PS-95)
 - *Reporting of Clinical Adverse Events, Close Calls, and Hazards Procedure* (PS-95-04)
- Alberta Health Services Resources:
 - *Patient First Strategy*

- Non-Alberta Health Services Documents:
 - *Alberta Resident and Family Councils Act Toolkit*
 - *Hospitals Act (Alberta)*
 - *Nursing Homes Act (Alberta)*
 - *Operator Information Guide, Alberta Resident and Family Councils Act (March 2018)*
 - *Resident and Family Councils Act (Alberta)*
 - *Supportive Living Accommodation Licensing Act (Alberta)*

VERSION HISTORY

Date	Action Taken
Click here to enter a date	Optional: Choose an item