



ACCREDITED SUPPORTS TO THE COMMUNITY

# SERVICE ORIENTATION/RENEWAL PACKAGE FOR ADULT SERVICES

## MISSION STATEMENT

We support people to work, to learn, to lead and to play.

## VISION STATEMENT

Excellence through listening, learning and leading.

## PRINCIPLES

We believe in Honor, Dignity and Respect.

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*Always serving community*

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## Disability Services for Adults

Providing services to people 18 years of age and older that have a disability.

**Community Access Support** Community Access services provide a valuable alternative to employment. It facilitates community integration and social connection. Whether it is becoming involved in recreational or educational activities; joining community clubs and organizations; breaking down barriers to accessibility; becoming a volunteer; exploring art, culture or any other aspect of life that makes for a meaningful day, support is available.

### **Community Living Supports**

Community Living Supports assist adults with developmental disabilities to live in their home of choice. It provides options to help adults live as independently as possible in their community and achieve their goals as identified in a person centered individual support plan.

#### **24-hour Supports**

Support for people to live in their own home or in a home owned by Accredited Supports to the Community.

Typically these supports are provided in a shared living arrangement. Community Living Supports include homes that are barrier free and may include assistance with medication, specialized medical care and medical procedures.

#### **Supported Independent Living**

This program provides hourly support to individuals in their homes on a flexible schedule that meets their needs and lifestyle.

#### **Respite Supports**

Respite Supports provide families and primary caregivers with a break from caring for an adult with a developmental disability. In-home respite is provided at the person's home on a regular or on-call basis. Out-of-home respite is provided in a community home on a regular or on-call basis.

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## Employment Supports

Employment Supports assists adults with disabilities to explore their career options, secure and maintain employment.

Employment Specialists work with adults to identify personal interests and skills for employment. This may include training and the exploration of various work options at local businesses.

ASC provides supports such as job coaching and ongoing follow-up to assist adults in gaining and maintaining employment. Employment standards and safe work practices will be observed in all employment relationships.

## Companion Support for Seniors

Providing companionship, community connections and incidental supports for seniors. This service is generally a fee for service paid by the senior.

## Acquired Brain Injury Supports

ASC helps those who have sustained a brain injury by partnering with Alberta Seniors and Community Supports, the Alberta Brain Injury Initiative (ABII), and the Canadian Mental Health Association in Red Deer to offer supports for Community Living.

This program offers assistance by providing opportunities to learn and/or relearn community living skills and to become independent within their home and community.

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## Person Centered Planning

Person Centered Planning is a process that:

- Recognizes the person's interests, needs and desires
- Recognizes the person's communication and learning style
- Assists the person in gaining control over his or her own life
- Uses a collaborative approach to develop a plan to identify a person's goals, actions, and timelines
- Celebrates what is meaningful to the person
- Results in a written record

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## Documentation

### WHAT YOU NEED TO KNOW ABOUT ASC DOCUMENTATION POLICIES

- People will be writing information about you in different places and you can read it or look at it, or have it read to you
- Your information is personal and private. Only some people can see this information:
  - You,
  - People that work with you,
  - Your guardian, and/or,
  - Others that have permission to see it.
- There is a file room at ASC that has a file with your name on it. This file has information about you in it. Information about you may also be in your home or other areas. All information about you is kept in a safe, private place no matter where it is.
- You have a right to know where this information is being kept.
- The law says that you can see what is being written about you. If you want to see or get copies of this information, talk to your guardian, someone you trust or people who work with you.
- The law also says that you can only see other people's information in special cases.
- People working with you may be writing information about your:
  - Health
  - Money
  - Goals
  - Job
  - Mail
  - Reports
  - Daily activities and
  - Choices/decisions.

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- People working with you will review your written information to make sure that your:
  - Information is written correctly,
  - Information is filed correctly,
  - Privacy is respected.
  
- People working with you write about you in many places. These are a few:
  - Log Notes: Your name might be written here. The notes will tell you where other information is written about you.
  - Contact Notes: These are the notes that tell about your day.
  - Medical Notes: These are the notes that tell about your health.
  - Updates and/or Summary Reports: These are short reports that are used to share information about you.
  - Personal Profile: Important information that might be needed in a hurry is written here. Your picture may be on this sheet.
  - Incident Reports- These are used to record information about concerning situations. For example poor health, broken property, actions that could create risk; because we may need to help you differently.
  
- When people working with you write about you, it must:
  - Be true,
  - Show respect,
  - Be signed by the person who wrote it.
  
- All of your files are saved for you.

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## Abuse

### WHAT YOU NEED TO KNOW ABOUT ABUSE

Abuse of anyone is a serious problem. It is wrong. No one has the right to abuse you. If it doesn't feel right to you, talk to someone you trust. If you are abused it is very important for you to tell someone and keep telling until you get help. If you are abused it is not your fault.

Some examples of abuse are (remember these are not the only way abuse happens):

Physical abuse (actions that could hurt your body):

- Hitting
- Hair pulling
- Biting
- Kicking
- Shaking
- Pushing
- Choking
- Burning

Sexual Abuse

When you feel uncomfortable, embarrassed or forced to:

- Kiss someone
- Be touched when you don't want to be
- Touch or look at someone's private parts
- Look at sexual pictures or videos
- Have sexual pictures taken of you and/or posted on the internet
- Have intercourse with someone
- Being embarrassed by someone making fun of you in a sexual way, or
- Feeling uncomfortable when someone talks about you in a sexual way

Emotional Abuse (actions that could hurt your feelings or your mind):

- Being pressured
- Being threatened
- Getting yelled at
- Being called names
- Being put down
- Being ignored
- Not being allowed to go to places or see people
- Being talked into things you know are wrong or don't want to do
- Not being allowed to have privacy

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## Exploitation

When someone takes advantage of you:

- Using or taking your money or things without asking
- Forcing you to sell your things
- Forcing you to change your Will (e.g. Last Will and Testament or Personal Directive)
- Forcing you to buy something you don't want
- Forcing you to do anything that is against the law
- Forcing you to be with people that you don't want to be around

## Neglect

- Not being given enough food
- Not being given proper housing
- Not having clothing for the weather, etc.
- Not getting care and attention (e.g. not going to the doctor when you are sick)
- Not being given a chance to learn new things when you want to
- Not being given medication that you do need

## Inappropriate Use of Restrictive Interventions

- When people use ways to control your actions that they don't have permission to use
- Being given medication that you don't need

## Failure to Report Abuse

- It is also abuse if someone knows that you have been abused, and they don't report it

## YOU CAN REPORT ABUSE BY:

- Telling a person you trust
- Telling your Doctor
- Telling your family
- Telling the Police
- Telling someone you work with
- Calling 1-888-357-9339 (Protection of Persons in Care Reporting Line)

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Some kinds of abuse are not against the law, but they are against your rights and the way Accredited Supports to the Community provides support.

You should always report anything that you think goes against your rights.

If someone thinks you are being abused they must report it. If the abuse is against the law, they must report it to the Police.

Accredited Supports to the Community protects your rights to be safe by:

- Working with you to understand what abuse is and that you should report abuse
- Working with you to do things in your community
- Teaching people who work with you about your rights
- Teaching people who work with you about signs that may show abuse is happening and actions that could be abuse
- Following the law
- Having a way to check into reports of abuse
- Having serious results for people who abuse others

ASC handles concerns of abuse by:

- Stopping the abuse if someone sees it happening
- Making sure you are safe
- Listening to you
- Asking questions
- Taking you to the Doctor, if needed
- Calling your parent /guardian
- Looking at medical information
- Looking at any physical signs that may be there
- Checking other behavior and incident reports
- Checking other things that may be written about you
- Talking with people who work with you
- Talking with other people who know you
- Writing down all the information we gather
- Keeping a copy of all the information we gather in your file
- Reporting to the people who need to know (Executive/Program Director or Police)

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If the person that works with you is proven to have abused you, that person may be told that they can no longer work at Accredited Supports to the Community.

If you are living in an Approved Home and there is a worry that you are being abused, you will move away from the Approved Home.

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## Behaviours of Concern

ASC has specific policy and procedure for employees to follow when responding to situations or behaviours of concern.

Situations or behaviours become a concern when:

- A client places themselves, others or property at risk
- A client engages in significantly inappropriate, socially unacceptable, illegal or socially risky behaviours that could affect their ability to safely participate in the community

ASC policy provides the principles and parameters necessary to ensure: employees use approved and defined methods of intervention; client and human rights are respected; and the philosophy of ASC, and contract requirements, are followed.

ASC recognizes that all behaviour is a form of communication, and therefore tries to ensure clients' rights are respected and positive responses are used when responding to situations or behaviours of concern. ASC's focus is always on providing choice, educational opportunities, and ensuring environments are suited to the clients' needs.

When situations arise, it is necessary for employees to understand, evaluate, and respond; using a recognized systematic approach. ASC policy and procedures identify strategies employees are authorized to use in response to behaviours of concern, and prohibited procedures which may never be used.

In circumstances where behaviour of concern can be predicted a Behaviour Support Plan may be developed to provide employees an understanding of the behaviour and a consistent means of effective intervention. All Behaviour Support Plans must be developed in consultation with a qualified person, as defined by Creating Excellence Together Standards; be consented to by the individual or Guardian as applicable, and be reviewed and approved by the ASC Behaviour Review Committee on a regular basis.

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## Medications – What You Need to Know

There are two kinds of medications:

- Non-Prescription
- Prescription

A **Non-Prescription** medication is one that you do not need to get a prescription from the doctor to get. You could buy these off the shelves from places like the drugstore, the grocery store and the health food store. Some examples are Tylenol, Aspirin, Contact C, Vicks Vapor Rub, Ozonol, Gravol, Vitamin C, etc. **You should always check with your Doctor / Pharmacist / Health Professional before deciding to use a non-prescription medication.**

A **Prescription** medication is a medicine or remedy that can only be obtained through a doctor **or a Health Professional**. Some examples are Penicillin, Tylenol #3, Prozac, Dilantin, etc. Doctors try to make sure that people get medication that will help them with their health problems. They also try to make sure that people do not get medication that could hurt them, or that they do not need.

**Doctors / Pharmacists / Health Professionals** try to make sure that you get medication or treatment that is right for you.

They should:

- know you and your history
- know what medications you are taking
- know what allergies you have
- know what problems you have had in the past, and
- know what other medications or treatments have already been tried

Using one doctor instead of many doctors makes it easier for you to get the treatment that is right for you.

If you are unhappy with the doctor you have been using, try other ones until you find a doctor that you feel comfortable with.

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Doctors decide:

- what kind of prescription medication you should take
- how you should use it
- how much you should take
- how often you should take it
- how long you should take it for

If you receive a prescription from your doctor, take it to a drugstore and the pharmacist will prepare the medication for you. He gives you what the doctor has ordered for you. It will have a label on it that shows:

- your name
- the name of the medication
- the strength of the medication
- the date the prescription was prepared
- the times you should use the medication
- the directions for how you should use the medication

You should ask the pharmacist if you have any questions about the medication.

If you have a medical services insurance card that you can show to the pharmacist you will have to pay a small amount for your prescription medication. If not, you pay the entire cost of the medication at the cashier counter. You will always need to pay for non-prescription drugs.

**It is very important to learn about the medication you are going to be using, whether it is prescription or non-prescription medication.**

You can learn a lot about a medication by:

- talking to your doctor/healthcare professional
- talking to the pharmacist
- reading information about the medication from the container label
- reading the information sheet that comes with your medication
- reading handouts from the drugstore

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For your safety, you need to know:

- what the medication is for
- how to take the medication (e.g. swallowing, spread on the skin, drop in your eye)
- special instructions (e.g. with or without food, with lots of water)
- what times to take it
- how much of it to take
- the side effects it might cause
- if it is okay to drink alcohol while you are on the medication
- if it can be affected by other medications you might be taking
- how long you should take it for
- what you should do if you forget to take your medication, or if you take too much of it

If the problem doesn't get better or gets worse, you need to go to see your doctor or the pharmacist about it.

It is important to store medication correctly, in its own container. It might need to be kept cool or dry. It must be kept in a safe place to protect other people (especially children) or pets in the home.

Someone else could get very sick if they took your medication. They might have:

- an allergic reaction
- a rash
- nausea
- a headache
- shortness of breath
- dizziness

They could even die. If you take someone else's medication and have a bad reaction, you should see your doctor or go to the hospital.

### **Never take anyone else's medication!**

If you need to get more of your medication, you can ask for a refill. The person who gave you your prescription is the one who decides if you can have more of the same medication. It might say on your label that you can have one or more refills.

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**It is a good idea to review the medications that you take with you doctor once a year.**

Medication is only good for a set amount of time. A date is printed on the container or the label that tells you when the medication is not good anymore. This is called an expiry date. You should take expired medication to the pharmacist and he will dispose of it. Do not throw it in the garbage or flush it down the toilet. It could be dangerous and might cause harm to other people, animals or the environment.

**Do not use expired medication.**

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*“ASC believes in honor,  
dignity and respect.  
I have the right to  
work in a professional  
atmosphere, which promotes  
equal opportunities  
and is free from  
harassment, bullying,  
discrimination and violence.  
Any of these behaviours will not  
be tolerated or condoned.”*

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## Board of Directors

Accredited Supports to the Community is a not-for-profit registered charitable society governed by a volunteer Board of Directors.

ASC has been serving the community since 1974, employing approximately 130 people on staff and serving about 1,500 people a year through our multitude of services including Olds Bottle Depot Customers.

Our main office is in Olds, Alberta, and we have satellite offices in Strathmore and Airdrie, Alberta.

### **Standards**

In Adult Services we meet the standards under the following authorities:

- Accreditation Level II
- Supportive Living Accommodation Licensing Act
- AB Health Legislation
- Alberta Fire Code

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**MISSION:** *We support people to work, to learn, to lead and to play*

**PRINCIPLES:** *We believe in Honor, Dignity and Respect*

### **Organizational Priority Outcomes Are:**

#### **Relevant and Quality Services**

- To maintain a high quality of service through Accreditation. 
- To provide services and supports that meet the current and future need of ASC clientele.
  - “ Expanded services for young adults in Calgary region.
  - “ “Age in place supports” for Central region.
  - “ Increased opportunity for skill development and independence for those served.
  - “ Increased “deliverable” FSCD supports in Central Region.
  - “ Improved supports for Indigenous people.
- To begin addressing the projected need of potential future ASC clientele.

#### **Sufficient, effective and engaged Human Resources**

- To Develop a Human Resources Plan that reflects the needs of the people served and the changing workforce.
  - “ Aging workforce.
  - “ Cultural diversity.
- To enhance quality and effectiveness of services through relevant training and education for ASC employees.
  - “ Opportunity for team building.
  - “ Training relevant to the needs/diagnosis of those served.



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**Organizational viability and sustainability**

- To ensure the future viability of ASC through having the ability to be responsive, efficient, effective and financially stable.
- To upgrade systems to better support efficient, effective and quality service delivery and operations.

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## Addressing Concerns

As a person that receives service with Accredited Supports to the Community, or as a family member or guardian, you may have a concern with something that is happening.

The following steps can be used to help you talk about the concern:

- Talk directly to the person and see if they can help. If you are a person receiving services and you have a guardian, you can talk with your guardian, family members, or a staff person you trust
- If you are a guardian or family member of a person receiving services, you can talk with area employees
- If you still have a concern, talk directly with the person in charge, this can be a Team Manager, Coordinator, or their supervisor

If you still have a concern and you don't feel it has been resolved you can talk or write a letter to the Executive Director. They will work with you to try and resolve your concern.

If the Executive Director is not able to resolve your concern you can ask for help from others (family or an advocate) or write a letter to have the Board of Directors of ASC hear your concern.

- To do this you will need to write a letter (you can get help with this if you need it)
- The Executive Director will take your letter to the Board of Directors
- The Board of Directors will review your concern
- They will write you a letter back with any decisions they have made
- The decisions of the Board of Directors are final within Accredited Supports to the Community

If you think your concern is still not addressed ASC will try to give you other resources and options.

To contact the ASC main office call: 1-866-556-4122.

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## The Protection for Persons in Care Act

The *Protection for Persons in Care Act* (PPCA) promotes the prevention and reporting of abuse of adult Albertans who receive publicly-funded care or support services.

The PPCA requires service providers to take reasonable steps to protect clients from abuse while providing care or support services.

## Who the PPCA Applies to

The PPCA applies to adults who receive care or support services from a service provider receiving funding, directly or indirectly, from the Government of Alberta.

This includes adults receiving services from hospitals, nursing homes, seniors' lodges, mental health facilities, shelters, group homes, addictions treatment centres and other service providers providing care or supports.

## Definition of Abuse

The PPCA defines abuse as an act or omission that:

- causes serious bodily harm;
- causes serious emotional harm;
- subjects the client to non-consensual sexual contact, activity or behaviour;
- results in failing to provide adequate nutrition, adequate medical attention or another necessity of life without a valid consent, resulting in serious bodily harm;
- involves misappropriating, or improperly or illegally converting a significant amount of money or other valuable possessions; or
- results in the administration, withholding or prescribing of medication for an inappropriate purpose, resulting in serious bodily harm.

## Contact Information

To report abuse, order brochures or for more information, call the Protection for Persons in Care office:

**1-888-357-9339**

### To report abuse:

- Call the Protection for Persons in Care reporting line, Monday to Friday from 8:15 a.m. to 4:30 p.m.
- The reporting line is **not** a crisis line.
- Call the police if a person's life or well-being is in immediate danger, or if the abuse is criminal in nature.
- If the incident involves a professional, such as a registered nurse, reports of abuse may be made directly to the applicable professional association.
- Call the Mental Health Patient Advocate if the abuse involved a client detained in a mental health facility or subject to a community treatment order.

### Mailing Address

Protection for Persons in Care  
Station M, Box 476  
Edmonton, AB T5J 2K1  
Fax: 780-415-8611

### Visit the website at:

[www.health.alberta.ca/services/protection-persons-care.html](http://www.health.alberta.ca/services/protection-persons-care.html)



# Safeguarding Vulnerable Adults from Abuse

**Protection for  
Persons in Care Act**



## Reporting Abuse

The *Protection for Persons in Care Act* (PPCA) states that anyone who believes that there is or has been abuse involving a client must report that abuse as soon as possible. Failure to report abuse is an offence.

However, clients who experience abuse are not required to report the abuse unless they choose to do so. If clients choose to report abuse, they must do so within two years from the date the alleged abuse occurred.

Anonymous reports cannot be accepted. The complainant (person reporting the abuse) must provide their name and contact information. The identity of the complainant will be disclosed if:

1. The abuse report is referred to the police or other body for investigation;
2. If the matter is appealed; or
3. When required to do so by law.

## Review of Abuse Report

Every abuse report received is reviewed by a complaints officer who decides if an investigation is necessary.

The complaints officer may decide to make inquiries or take other action.

If the abuse report is investigated, the investigator will interview the client, service provider and any other person who can provide information. The investigator will also review any documents relevant to the investigation.

Investigators must submit a final report to the Protection for Persons in Care (PPC) director, stating whether the abuse was founded or not founded, and may make recommendations.

## The Decision of the PPC Director

After reviewing the investigator's final report, the director makes a decision about the abuse report and may direct the service provider or the individual involved (any person who allegedly abused a client or who allegedly failed to prevent abuse of a client) to take specific action to prevent abuse.

In the decision, the director will specify the action that the service provider or the individual involved must take to prevent abuse, and may approve or reject the investigator's recommendations.

It is an offence to fail to comply with the director's decision.

## Appealing the Director's Decision

Decisions made by the director may be appealed to an appeal panel.

The following persons may appeal the director's decision within 15 days of being notified of the decision:

- complainant
- service provider
- client
- individual involved

The appeal panel may confirm, reverse, or vary the director's decision. The decision of the appeal panel is final.

## You are protected

If you report abuse or assist with the investigation of an abuse report, you are protected.

- The PPCA states that service providers cannot take adverse action against people for reporting abuse.
- There is also protection for people who comply with inquiries from a complaints officer.
- The PPCA sets out offences for service providers and other people who take adverse action against an individual.



abuse report



complaints officer review



investigation or other action is taken



after investigation, the PPC director issues a decision

## Olds Bottle Depot



An integral part of the town of Olds recycling and waste management

systems, keeping over 7 million containers out of the landfills annually.

Provides a significant source of fund-raising for many community initiatives and groups.

### Service Options:

- \* We sort while you wait
- \* Drop Off Service
- \* Bottle Drives with no fees
- \* Recycling Ranger for events

**Hours: Monday—Saturday 10 am to 4 pm**  
4318 - 50 Avenue, Olds, AB  
Phone: 403-556-3818

## Recycling Ranger



Groups can generate income and promote responsible recycling. The ranger can be used **free of charge** for:

Community Events, Bottle Drives, Sports Events, Weddings/Reunions, etc.

Just call to book the ranger for your event!

**Olds Main Office**  
4322-50 Avenue  
Box 3940  
Olds, AB  
T4H 1P6  
Phone: 403-556-4110  
Fax: 403-556-6480



**Strathmore Office**  
Bay 104, 95 Brent Blvd  
Strathmore, AB  
Phone: 403-901-1951  
Fax: 403-901-0540

**Airdrie Office**  
44 Gateway Drive NE  
Airdrie, AB  
Phone: 403-863-2690  
Fax: 403-556-6480



All General Inquiries can

Be forwarded to :

Box 3440

Olds, AB T4H 1W6

Toll Free: 1-866-556-4122

[www.asc-mva.ab.ca](http://www.asc-mva.ab.ca)



ACCREDITED SUPPORTS TO THE COMMUNITY



**“Always Serving Community”  
through:**

**Disability Services for Children & Adults**  
**Acquired Brain Injury Supports**  
**Companion Supports For Seniors**  
**C4E - Careers For Everyone**  
**Healthy Families Services**  
**PCAP-Parent-Child Assistance Program**  
**FUNTIMES and A Little R & R Respite Days**  
**The Olds Bottle Depot**



## Adult Services

### Disability Services:

\*Community Living— Enables people to live as independently as possible in their homes in the communities where they want to live.

\*Community Access— Focuses on inclusion by helping people to develop relationships and social connections, volunteer, and participate in recreation, community events and educational pursuits.

**Acquired Brain Injury**— Supports for people to re-learn skills, make connections and live as independently as possible.



**Companion Support for Seniors**— Provides companionship, community connections and incidental supports for seniors.

## Careers 4 Everyone (C4E)

A Division of Adult Services

**Provides employment services for people with disabilities to gain and maintain employment**

- \*Pre-employment / employment readiness
- \*Job matching
- \*On-site job coaching
- \*Post employment support for employees and employers



ACCREDITED SUPPORTS TO THE COMMUNITY

## MISSION

We support people to work, to learn, to lead and to play.

## VISION

Excellence through listening, learning and leading.

## PRINCIPLES

We believe in honour, dignity and respect.

## Family Support Services

### Children's Disability Services

\*Supports provided directly in family homes and in the community

\*FUNTIMES day activities provide group respite for families and social connections for their children

\*Triple P Positive Parenting Program

\*"Teens 2 Adults" Programs for young people transitioning to adulthood



**A Little R & R-** Provides respite for families of children with Fetal Alcohol Spectrum Disorder (FASD) through fun day camps.

### Parent-Child Assistance Program (PCAP)-

The primary goal of PCAP is to prevent future births of alcohol and drug exposed children. Trained Mentors provide home visitation and support for up to 3 years.

**Healthy Families-** A home visitation service that helps families by building trusting relationships, teaching problem solving skills, encouraging positive parent-child relationships and supporting healthy child growth and development.





ADVANCE CARE PLANNING | GOALS OF CARE

# CONVERSATIONS MATTER

A GUIDE FOR MAKING HEALTHCARE DECISIONS



# What is Advance Care Planning?

Advance Care Planning is a way to help you think about, talk about and document your wishes for health care. It is a process that can assist you in making healthcare decisions now and for the future.

## What are the benefits?

If there is a time when you are unable to speak for yourself, it is important that your loved ones and your healthcare team understand your wishes for health care.

None of us know what tomorrow might bring, or can predict our future health. Planning today can ensure that your wishes are known, no matter what the future holds.

Advance Care Planning may bring comfort and peace of mind to you, your family, and to those who may have to make healthcare decisions on your behalf.

“I want my family to know my feelings about my future health care. That way, if they’re faced with making decisions on my behalf they’ll have peace of mind.”

## Who is it for?

Everyone. We can all benefit from Advance Care Planning. If an unexpected event or change in your health occurs and you are unable to make decisions about your health care, planning in advance ensures your wishes will be known.

## When is a good time to start?

Now. It is important to begin Advance Care Planning conversations before you face a crisis or become seriously ill.

**Imagine** that without warning, you are seriously injured in a car crash. You are admitted to a hospital intensive care unit and are no longer able to communicate with anyone. Your heartbeat and breathing can only continue with artificial support. Your doctors believe it is unlikely you will recover.

**Imagine** your ability to make your own decisions is gone. You live at a care facility. You cannot feed yourself and no longer know who you are, who your family members are, or what happens from one moment to the next. You will never regain your ability to communicate meaningfully with others and your condition will become worse over time.

**Imagine** you have lived many years with an illness that is getting worse despite treatment and you are nearing the end of your life.

Will your family and healthcare team know your wishes?

# How do I begin?

**Think**   Learn   Choose   Communicate   Document

“It is helpful to think about your goals regarding prolonging life and quality of life, what independence, or being cared for in a familiar place such as your home or care centre means to you.”

## STEP 1

**THINK** about your values and wishes.

What are your values, wishes, and goals for your health care? Think about what is important to you.

Do you have personal beliefs that influence your healthcare wishes?

Are there conditions under which you do or do not want a certain treatment?

Where would you want to be cared for?

Have you had past experiences with family or friends where healthcare decisions had to be made?



STEP 2

**LEARN** about your own health.

If you have an existing medical condition, it's important to talk to your doctor or other healthcare providers. You can ask about your prognosis, that is, what you might expect to experience in the future as a result of your medical

condition. You can learn about the possible medical treatments for your condition and what to expect from these treatments. You can understand the types of healthcare decisions you may need to make.

“While we can never predict exactly what life will bring, I can talk to you generally about what other patients with your condition have experienced.”

STEP 3

**CHOOSE** someone to make decisions and speak on your behalf.

Unexpected or sudden medical events can leave us unable to communicate our wishes. Other medical conditions can slowly take away our ability to communicate or make decisions about our health care. This is why another important step in the Advance Care Planning process is to choose and legally appoint someone who can speak for

you in the event you are unable to make medical decisions for yourself. This person would be your agent.

An agent can be anyone you choose, such as a family member or close friend. It is very important to discuss your values and wishes with the person you are considering to be your agent.

Some of the things you may want to consider:

Do I trust this person to make healthcare decisions with my healthcare team based on my values and wishes?

Are they able to communicate clearly?

Would they be able to make difficult decisions in stressful situations?

Is this person willing and available to speak for me if I were unable to make healthcare decisions for myself?





“I spoke with my son about my advance care plan. At first he wasn’t keen. He tried to tell me I was needlessly worrying, and that I am fit and healthy. I know he gets upset thinking of a time when I won’t be here.

I explained that I intend to stay well, but in case something happens and I can’t speak for myself, I want him to be comfortable making medical decisions with my doctors. I was able to tell him what I value about my health and what my priorities are if I get very sick or when I’m dying. But, more importantly I know he won’t feel burdened or worried about making the right decisions for me, because now he knows the kinds of things that I value in my health.

Later, I called the rest of my family. I wanted to make sure they knew my son was my agent and what we’d talked about. I don’t want any misunderstandings when I’m sick.”

STEP 4

**COMMUNICATE** your wishes and values about health care.

Likely the most important part of advance care planning is the conversations that you have over time with your designated agent, loved ones and healthcare team. Talking about your health with loved ones may be difficult, but understanding your wishes in advance will help them later on. It will help make an already stressful and uncertain time less difficult.

These conversations can also be helpful in determining the medical approach to your care, or Goals of Care Designation, that best reflects your wishes and health circumstances.

Your wishes and values may change over time or with changes in your health, so be sure to keep the conversation open and communicate these changes.

# Think Learn Choose Communicate Document

## STEP 5

## DOCUMENT in a Personal Directive.



The next step in advance care planning is to document your plan. In Alberta, the legal document for this is called a Personal Directive. In a Personal Directive you choose an alternate decision maker to be your 'agent' – that is the person who can collaborate with your healthcare team if you are unable to do so. Your agent makes healthcare decisions on your behalf, in keeping with your wishes. You can also write down any other information about your wishes and values related to health care in your Personal Directive.

The Personal Directive only comes into effect if there

is ever a time that you are unable to make decisions about your health care. It can be helpful in reducing conflict or distress and bringing comfort to those who are close to you, because it clearly states who your healthcare decision maker is and can provide guidance about your wishes.

Your Personal Directive can, and should be reviewed any time you have a change in your health circumstances or your wishes and values. If you would like more information about Personal Directives, you can contact the Office of the Public Guardian for assistance.



**Office of the  
Public Guardian**

**1-877-427-4525**

[www.humanservices.alberta.ca/  
guardianship-trusteeship/  
office-public-guardian.html](http://www.humanservices.alberta.ca/guardianship-trusteeship/office-public-guardian.html)



# Goals of Care Designations

Advance care planning conversations can help guide healthcare decisions. Goals of Care Designations are used by your healthcare providers to describe the general aims of your health care and the preferred location of that care. In a medical emergency, your Goals of Care Designation guides your healthcare team to provide timely care that best reflects your health condition, the treatments that will be of benefit to you, and your own wishes and values.

“When a patient talks to me about what is important to them, and what their hopes are in light of what they are experiencing with their health, we can work together to define the goals for their care. These conversations help me understand the patient’s unique wishes in the context of their health circumstances so that an appropriate Goals of Care Designation can be determined.”

## There are three general approaches to care, or Goals of Care Designations:



**Resuscitative Care** – The focus is to prolong or preserve life using any medical or surgical means including, if needed, resuscitation and admission to Intensive Care.



**Medical Care** – Medical tests and interventions are used to cure or manage an illness as well as possible but don’t use resuscitative or life support measures. This is appropriate when resuscitative and life support measures won’t work or when the person chooses not to receive such treatments. Medical care can be provided in many locations, depending on the person’s wishes and values as well as medical appropriateness.



**Comfort Care** – In this approach to care, the aim of medical tests and interventions are for optimal symptom control and maintenance of function when cure or control of an underlying condition is no longer possible or desired. Transfer to a hospital may occur in order to better understand or control symptoms.

Within these three main approaches to care (Resuscitation, Medical, and Comfort Care), there are sub-categories. These are used to further define and communicate your goal of care designation to healthcare providers.



Decisions about Goals of Care Designations usually arise through conversations between you, your agent or loved ones, and your healthcare team.

It is helpful to think and talk about your own wishes for health care. If your health deteriorated today what guidance would you give to your healthcare team and family?

**Here are some starting points for your own conversations:**

My wish is to use all medical therapies including resuscitation and artificial life-sustaining treatments in intensive care, to keep me alive if at all possible. (R)

Length of life is most important to me regardless of my recovery or changes in the quality of my life.

My wish is for full medical care but without the use of resuscitation or artificial life-sustaining intensive treatments, if these are either unlikely to prolong my life or restore me to a certain quality of life. (M)

My wish is for health care to focus on my comfort and alleviate suffering. I would like medical care that focuses only on my quality of life. I would like to avoid being kept alive by medical treatments, resuscitation or artificial life-sustaining intensive treatments. (C)

I am accepting of treatments that try to fix problems but if I'm not getting better or going to achieve a certain quality of life, I would want to switch to focusing only on my comfort and allowing natural death to occur.

It is important for me to discuss what I mean by quality of life.

Under what circumstances would I want to avoid being kept alive by medical treatments, resuscitation or intensive care?

What kind of changes to my health or life in the future might affect my wishes?

# When are Goals of Care Designations Discussed or Changed?

Your healthcare team will approach you to discuss the goals for your care:

- When you are admitted to a hospital or care facility
- Before you have surgery
- When you are transferred from one healthcare facility to another
- If you come to an emergency department or urgent care centre
- At your annual check up with your family doctor
- Any time there is a change in your health circumstances
- At your discretion, whenever you are preparing or reviewing your advance care plan

In most cases, you, your agent, your loved ones and healthcare team will agree about the Goals of Care Designation that is most appropriate for you. However, if there is a time when reaching an agreement is hard to do, there is a Dispute Resolution process in place to help support decision-making. Ask your healthcare provider for more information.



## Speak to your healthcare provider about how you can obtain a Green Sleeve.

The Goals of Care Designation order is documented on an Alberta Health Services form by your physician or nurse practitioner and is recognized across healthcare services. This order, along with a copy of your Personal Directive and any other advance care planning documentation is kept in a plastic Green Sleeve. When you are at home, you should keep your Green Sleeve on or near your fridge as that is where healthcare providers such as Emergency Medical Services will look for it upon entering your home. Any time you go to the hospital or to any healthcare provider, take your Green Sleeve with you and be sure it comes with you when you leave. Your Green Sleeve is an important part of communicating your advance care planning and Goals of Care Designation.



## Advance Care Planning Checklist

If you would like to obtain a wallet card identifying contact information for your agent, in the event of a medical emergency, contact the Office of the Public Guardian:  
1-877-427-4525

- I have thought about my values and beliefs and personal goals as they relate to my health care
- I have spoken to my healthcare provider(s) about my current health and what future healthcare decisions I might need to make
- I have chosen an agent to whom I have spoken to about my wishes
- I have discussed my healthcare treatment wishes with my family and/or trusted friends
- My doctors and I have spoken together about my Goals of Care Designation
- I have completed a Personal Directive and given copies to my agent and healthcare provider(s)
- I have a Green Sleeve to hold my documents (including my Personal Directive and Goals of Care Designation order) and have placed it on or near my fridge
- I will bring my Green Sleeve to the hospital or other healthcare appointments whenever I go



Resources for healthcare decision making:

- Brochures
- Videos



For more information, please contact  
your healthcare provider or visit:

[www.conversationsmatter.ca](http://www.conversationsmatter.ca)

## Additional Information

For information on publicly funded health and personal care services available in a supportive living setting, contact:

[www.albertahealthservices.ca](http://www.albertahealthservices.ca)  
1-866-408-5465

For information on income and health related supports to eligible low-income Albertans, contact:

[www.albertasupports.ca](http://www.albertasupports.ca)  
Edmonton - 780-644-9992  
Toll free - 1-877-644-9992

## Complaints

The province has the authority to investigate complaints of non-compliance with the provincial accommodation standards. They also have the authority to take the necessary steps if an operator continually fails to meet standards, and if residents are in danger.

If you have a concern with accommodations, accommodation services or the safety of a resident in a licensed supportive living accommodation, call:  
**1-888-357-9339.**

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## Finding Supportive Living

Many organizations that support seniors and persons with disabilities have listings for different supportive living operators or resources that can assist individuals to find the accommodations and services that best meets their needs.

### Alberta

The Government of Alberta public reporting website provides information on all licensed supportive living settings in the province:  
[www.asalreporting.gov.ab.ca/astraj](http://www.asalreporting.gov.ab.ca/astraj)

The Alberta Senior Citizens' Housing Association (ASCHA) at [www.ascha.com](http://www.ascha.com).

### Edmonton Area

Seniors Association of Greater Edmonton (SAGE) at **780-423-5510** or [www.mysage.ca](http://www.mysage.ca).

### Calgary Area

The Kerby Centre at **403-265-0661** or [www.kerbycentre.com](http://www.kerbycentre.com).

### Red Deer Area

The Golden Circle Senior Resource Centre at **403-343-6074** or [www.goldencircle.ca](http://www.goldencircle.ca).

[www.health.alberta.ca](http://www.health.alberta.ca)

# Supportive Living in Alberta

August 2013

Alberta Government

## Supportive Living

Supportive living provides accommodation in a home-like setting, where individuals can remain as independent as possible while they have access to the accommodations and services that they need to meet their changing needs.

Supportive living serves the needs of a wide range of individuals. Residents in a supportive living setting can range from seniors who require support services due to age, chronic conditions and frailty to young adults with mental health or physical disabilities.

Supportive living accommodations vary by size, appearance and types of services provided. Supportive living includes many different types of settings such as (but not limited to) seniors lodges, group homes, mental health and designated supportive living accommodations.

## Access to Supportive Living

Each supportive living accommodation is different and not all settings can meet the accommodation and service needs of a resident. To find an accommodation that best meets your needs, meet with a facility operator, tour an accommodation or talk to residents.

## Licensing & Accommodation Standards

Under the *Supportive Living Accommodation Licensing Act*, all supportive living accommodations must be licensed when the operator provides permanent accommodation to four or more adults and the operator provides or arranges for services related to safety and security of the residents as well as at least one meal a day or housekeeping services.

The Alberta government sets provincial accommodation standards, and monitors compliance to the standards through annual site inspections. The standards apply to accommodation and related services such as facility maintenance, meals, housekeeping, and areas that impact a resident's safety and security. Each accommodation is inspected at least once a year, more often if required. An operator must meet all accommodation standards to achieve compliance.

For more information on licensing and on the Supportive Living Accommodation Standards, please visit [www.health.alberta.ca](http://www.health.alberta.ca) or call 780-644-8428.

## Continuing Care Health Service Standards

The Alberta government sets standards for publicly funded continuing care health services and monitors providers to ensure they provide quality continuing care health services that take into consideration the individual needs, preferences and abilities of each resident. For more information visit [www.health.alberta.ca](http://www.health.alberta.ca).

## Alberta Health Services

Alberta Health Services (AHS) is responsible for the delivery of publicly funded continuing care health services to Albertans. AHS provides publicly funded continuing care health and support services to residents in supportive living settings through the AHS's Home Care program or in designated supportive living.

For more information on these programs or to be assessed by a health care professional to determine eligibility for these services please visit [www.albertahealthservices.ca](http://www.albertahealthservices.ca) or call HEALTHlink at 1-866-408-5465.

## Supportive Living Costs

In a supportive living accommodation, residents are responsible for paying for their accommodation costs such as room, meals, housekeeping and any optional services that may be offered by the supportive living operator. Additional accommodation services may be included in the basic package or are available for an extra fee to the resident.

Publicly funded health and personal care services provided through the AHS Home Care program or in designated supportive living are paid for by the government.