

**قرار وازري رقم (99) لسنة 2025 م  
في شأن اعتماد المعايير الوطنية لدور الرعاية طويلة الأمد**

**وزير الصحة ووقاية المجتمع:**

**بعد الاطلاع:**

- على القانون الاتحادي رقم (1) لسنة 1972م بشأن اختصاصات الوزارات وصلاحيات الوزراء وتعديلاته،
- وعلى القانون الاتحادي رقم (4) لسنة 2015م في شأن المنشآت الصحية الخاصة وتعديلاته،
- وعلى القانون الاتحادي رقم (5) لسنة 2019م في شأن تنظيم مزاوله مهنة الطب البشري ولائحته التنفيذية،
- وعلى القانون الاتحادي رقم (6) لسنة 2023م بشأن مزاوله غير الأطباء والصيادلة لبعض المهن الصحية،
- وعلى المرسوم بقانون اتحادي رقم (4) لسنة 2016م بشأن المسؤولية الطبية وتعديلاته ولائحته التنفيذية،
- وعلى قرار مجلس الوزراء رقم (20) لسنة 2017م باعتماد المعايير الموحدة لترخيص مزاولي المهن الصحية على مستوى الدولة وتعديلاته،
- وعلى قرار مجلس الوزراء رقم (11) لسنة 2021م في شأن الهيكل التنظيمي لوزارة الصحة ووقاية المجتمع.

**وبناء على مقتضيات المصلحة العامة،،**

**قرّر ما يلي:**

**المادة (1):** تعتمد المعايير الوطنية لدور الرعاية طويلة الأمد المرفقة بهذا القرار.

**المادة (2):** ينشر هذا القرار في الجريدة الرسمية ويعمل به اعتباراً من اليوم التالي لتاريخ نشره.

**عبدالرحمن بن محمد العويس**

**وزير الصحة ووقاية المجتمع**

**صدر بتاريخ: 2025/05/12**

مرفق القرار الوزاري رقم (99) لسنة 2025 م  
في شأن اعتماد المعايير الوطنية لدور الرعاية طويلة الأمد

## National Standards for Long-Term Care Facilities

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## INTRODUCTION:

Long term care facilities provide residential care for people with disabilities and individuals who cannot care for themselves. A long-term care facility (LTCF) can describe anything from a person's home to a medical centre. LTCFs can take many different forms, but most of them have a residential component and involves patient interactions that last for months or years. These facilities usually feature an environment that is designed around the needs of the patient and is conducive to their ongoing care.

As part of the LTCF, there are three types of these facilities, Nursing care homes (NCH), Assisted-living care homes (ALCH), and Palliative care homes (PCH).

NCH serve patients requiring preventive, therapeutic, and rehabilitative nursing care services for non-acute, long-term conditions. Specialized clinical and diagnostic services are obtained outside the nursing home. Most residents are frail and aged, but not bedridden, although often using canes, walkers, or wheelchairs. Stays are relatively long, the majority for life. Nursing homes also care for a smaller percentage of convalescent patients of all ages. These patients are in long-term recovery from acute illnesses but no longer require hospitalization.

ALCH serve patients that have disabilities (mentally or physically) who need help with ADL with weekly or monthly basis medical care, like dementia or Alzheimer. This type of facility is important because they provide necessary support and supervision to individuals who are unable to live safely on their own, and who may not be able to receive adequate care from their families.

PCH or can also be called (End-of-life care) refers to the specialized medical care given to patients diagnosed with a serious illness, such as cancer, dementia, heart disease, and more. Palliative care can include administering medication (pain management and treating the symptoms), advising changes to nutrition or diet, techniques for relaxing and relieving pain, emotional support, and more. Each patient case requires a tailored care plan for their unique needs.

#### **PURPOSE:**

This standard aims to provide safe health care for all patients in accordance with the best standards applicable in this field, and also ensure that these facilities deliver high-quality, person-centered care that respects the dignity and rights of residents while promoting their health, safety, and well-being.

#### **SCOPE:**

This standard applies to:

- All licensed Long Term Care Facilities in UAE that provide long term care services which are Nursing Care Homes, Assisted-Living Care Homes, and Palliative Care Homes.
- All healthcare professionals which are employed by these facilities.

## DEFINITIONS:

**Long Term Care Facility:** Provides residential services for 24 hours or more for stable patients who are undergoing treatment for diseases, injuries, deformities, or any abnormal physical or mental condition, or a deficiency in their ability to rely on themselves to perform daily life activities, or their residence for the purpose of convalescence in the period after medical treatment. They need continuous care that does not require overnight stay in hospitals. These facilities do not provide services for emergency cases and intensive care for patients.

**Nursing Care Homes:** also known as a skilled nursing facility (SNF), is a residential facility that provides comprehensive, long-term care for individuals who have significant health issues and require assistance with daily living activities. These facilities are designed to offer 24-hour medical care and support from trained healthcare professionals, including nurses, doctors, and aides. Nursing homes cater to the needs of elderly individuals, as well as younger individuals with chronic illnesses or disabilities who cannot manage their care independently.

**Assisted-Living Care Homes:** is a residential facility designed for older adults who need some help with daily activities but do not require the intensive medical care provided by a nursing home. These facilities help with tasks such as bathing, dressing, medication management, and meal preparation while allowing residents to maintain a level of independence.

**Palliative Care Homes:** is a residential facility that provides specialized care for individuals with serious, life-limiting illnesses. The primary focus of palliative care is to improve the quality of life for residents by managing pain and other distressing symptoms, rather than trying to cure the illness.

**Resident:** an individual who stays in a long-term care facility designed for people who need ongoing assistance with daily activities and medical care. This individual is unable to live independently due to chronic health conditions, disabilities, or age-related issues.

**Referring Physician:** Specialist/ Consultant within the scope of specialty related to the patient's medical condition, who will issue a referral letter to transfer the patient to the relevant LTC. The letter should be co-signed by another specialist/ consultant with experience in medical condition necessitating the referral for LTC.

**Treating Physician:** Specialist or Consultant who will define the patient's treatment plan in line with the recommendations from the referring physician. The treating physician will be responsible for the management of the patient within the LTCF.

**Activity Daily Living:** the basic self-care tasks that individuals perform daily to maintain their independence and well-being. ADLs are used in healthcare assessments to determine a person's level of independence and need for assistance.

These types of activities are bathing, dressing, eating, toileting, transferring, maintaining continence, etc.

#### **ABBREVIATIONS:**

**LTCF:** Long Term Care Facility

**LTC:** Long Term Care

**NCH:** Nursing Care Home

**ALCH:** Assisted-Living Care Home

**PCH:** Palliative Care Home

**SNF:** Skilled Nursing Facility

**UAE:** United Arab Emirates

**MOHAP:** Ministry of Health and Prevention

**FDA:** Food and Drug Administration

**CE:** Conformité Européenne

**ARTG:** Australian Register of Therapeutic Goods

**NICE:** National Institute for Health and Care Excellence

**EMS:** Emergency Medical Service

**AED:** Automated External Defibrillator

**BLS:** Basic Life Support

**CCTV:** Closed Circuit Television

**ADL:** Activity Daily Living

**KPIs:** Key Performance Indicators

**VAE: Ventilator Associated Event**

**CA-SUTI: Catheter Associated Symptomatic Urinary Tract Infection**

**SUTI: Symptomatic Urinary Tract Infection**

**ISQua: International Society for Quality in Healthcare**

**EMR: Electronic Medical Record**



## **1. LICENSURE REQUIREMENTS:**

**1.1. All Long-Term Care Facilities (LTCFs) must adhere to the Federal and Local laws and regulations of the United Arab Emirates (UAE).**

**1.2. LTCFs that are aiming to provide Nursing care homes (NCHs), Assisted-Living care homes (ALCHs), and Palliative care homes (PCHs) must comply with the licensure and administrative procedures of the Concerned Health Authorities.**

**1.3. All types of LTCFs must be open 24 hours a day, 7 days a week.**

**1.4. Licensing requirements and regulations are available on each Concerned Health Authority's website.**

**1.5. All LTCFs are mandated to be accredited in accordance with the requirements set out by each health authority.**

- **The accreditation organizations must be accredited by the International Society for Quality in Healthcare (ISQua).**

**1.6. The equipment that is used in the facility shall be registered with the Ministry of Health and Prevention (MOHAP) in the UAE.**

**1.7. The equipment that is used shall be approved by at least one of the following international authorities:**

- 1.7.1. Food and Drug Administration (FDA)**
- 1.7.2. Health Canada**
- 1.7.3. Conformité Européenne (CE)**
- 1.7.4. Australian Register of Therapeutic Goods (ARTG)**

- 1.7.5. National Institute for Health and Care Excellence (NICE)

## **2. HEALTH FACILITY REQUIREMENTS:**

### **2.1. Design requirements:**

- 2.1.1. The health facility design shall provide assurance of patients and staff safety.
- 2.1.2. The building must be independent in terms of entrance, technical and sanitary services, and mechanical and electrical systems.
- 2.1.3. Access to the facility must be easy and convenient for users of public transportation and private vehicles.
- 2.1.4. The location should be away from noise sources and environmental pollution.
- 2.1.5. The health facility should take into consideration outdoor spaces such as gardens and ensure that they are safe and protected from weather factors (such as sun and rain).
- 2.1.6. The facility must provide a designated parking space to meet the needs of patients, visitors and employees.
- 2.1.7. The recommended manageable size of the facility is 25 beds (but not more than 30 beds)
- 2.1.8. Separate indoor units must be allocated for both genders.
- 2.1.9. The facility must have clearly designated and physically separated sections for pediatric and adult residents to ensure age-appropriate care.
- 2.1.10. The health facility should consider using eco-friendly building materials when possible.

- 2.1.11. Designated isolation rooms with proper air filtration systems to manage infectious diseases and they should follow the national standards for the hospitals.
- 2.1.12. Ensure that the facility follows UAE Accessibility Standards for accessibility, including but not limited to:
  - 2.1.12.1. Wheelchair-accessible entrances, hallways, bathrooms, and patients' rooms.
  - 2.1.12.2. Handrails in corridors and bathrooms.
  - 2.1.12.3. Elevators and ramps where necessary.
- 2.1.13. The environment created within the LTCFs should be closer to a residential environment rather than a conventional hospital environment, and shall have in place the following:
  - 2.1.13.1. Entrance/ Reception which may be shared with adjoining Units:
    - 2.1.13.1.1. Entrance and reception area
    - 2.1.13.1.2. Waiting area
    - 2.1.13.1.3. Consult and Examination Room
    - 2.1.13.1.4. Visitor's Area
  - 2.1.13.2. Patient/ Activities/ Therapy Areas (These will be dependent on the service plan and customized for the patient conditions being treated):
    - 2.1.13.2.1. Patient bedrooms and ensuites
    - 2.1.13.2.2. Dining Area which could also be used for therapy activities
    - 2.1.13.2.3. Pantry/ Serveries, co-located with Dining facilities

**2.1.13.2.4.Lounge and Activities areas with access to outdoor areas**

**2.1.13.2.5.Gymnasium (optional)**

**2.1.13.2.6.Activity Daily Living (ADL) rooms such as ADL Bathroom, Kitchen (optional)**

**2.1.13.2.7.Treatment Room**

**2.1.13.2.8.Patient Laundry**

**2.1.13.2.9.Stores for activity materials and linen**

**2.1.13.2.10. Lockable storage options for residents' personal items and lockable room for property.**

**2.1.13.2.11. Sitting alcoves along corridors for patients to rest**

**2.1.13.3. Clinical Support Areas:**

**2.1.13.3.1.Cleaner's Room**

**2.1.13.3.2.Clean Utilities/ Medication Room**

**2.1.13.3.3.Dirty Utilities**

**2.1.13.3.4.Disposal Room**

**2.1.13.3.5.Nurses Station**

**2.1.13.3.6.Stores for equipment, consumable stock, files, stationary, and patient property.**

**2.1.13.4. Staff Areas:**

**2.1.13.4.1.Offices for administration, management, and clinical staff.**

**2.1.13.4.2.Staff Handover Room which may be collocated with the Staff Station**

2.1.13.4.3.Meeting Room

2.1.13.4.4.Staff Room

2.1.13.4.5.Staff Toilets, Shower, and Lockers

## **2.2. Emergency Medical Equipment:**

- 2.2.1. Emergency Medical Service (EMS) call system.
- 2.2.2. Automated External Defibrillator (AED).
- 2.2.3. Emergency crash cart that includes all emergency supplies and medications.
- 2.2.4. A back-up power supply must be available in case of power failure.
- 2.2.5. First aid kits: Accessible kits stocked with items tailored for elderly patients, including bandages for fragile skin, gauze, and splints.
- 2.2.6. Suction devices: Portable units for clearing airways, especially for residents with swallowing difficulties or aspiration risks.
- 2.2.7. Portable ventilators for transfer patients in emergency situations.
- 2.2.8. Tracheostomy set.
- 2.2.9. Vital signs monitors and pulse oximeters.
- 2.2.10. Transfusion pumps.
- 2.2.11. Blood gas analyzer with capability for electrolytes measurements.

## **2.3. Supportive health services:**

- 2.3.1. **Clinical Laboratory:** Laboratory procedures may be provided through a contract with an external laboratory service. These procedures/tests must be documented.
- 2.3.2. **Diagnostic imaging services:** Diagnostic procedures may be provided through a contract with an external hospital to meet the needs of patients. These procedures/tests must be documented.
- 2.3.3. **Pharmacy:** The volume and type of services provided in the pharmacy unit depend on the type of drug dispensing system used, the number of patients to be served, and the extent to which services are shared or purchased.
- 2.3.4. **Ambulance services for transporting patients for urgent or emergency cases:** A vehicle or ambulance must be provided with the necessary equipment, provided that they are always ready and have qualified medical staff to transport patients when necessary. For more details, see the ambulance requirements on each Health Authority website.
- 2.3.5. **Nutrition Services:** Professional hygiene rules must be adhered to in the facility kitchen while preparing, preserving and serving food. These services may also be provided in the facility or by an external supplier according to a written agreement. However, if these services are outsourced to external suppliers, the standards of the competent health authorities and the health requirements of the competent authorities must be met.
- 2.3.6. **Laundry services:** The facility must provide laundry services either within the facility itself or through an external provider in accordance with a written agreement. If the service is provided within the

facility, all appropriate equipment must be provided for cleaning and washing clothes, bedding and covers.

- 2.3.7. **Housekeeping services:** The facility shall provide sufficient housekeeping and maintenance personnel to maintain the interior of the facility in good repair and in a safe, clean, orderly, attractive and sanitary manner free from all accumulation of dirt, rubbish and objectionable odors.
- 2.3.8. **Rehabilitation unit services:** Includes physiotherapy, occupational therapy, hydrotherapy, and allied health support.
- 2.3.9. **Mental health services:** Provides access to psychological counselling and emotional support for residents.
- 2.3.10. **Social services:** It offers assistance with social needs, including discharge planning and family counseling.

### **3. HEALTHCARE PROFESSIONAL REQUIREMENTS:**

- 3.1. **LTCF shall be Registered Nurses Led services with a minimum of ten (10) years' experience in long-term care.**
- 3.2. **There must be a professional staff that bears responsibility for the quality of health care provided to patients.**
- 3.3. **All healthcare professionals must comply with the relevant legislation issued by each health authority.**
- 3.4. **All healthcare professionals must adhere to the ethics and professional conduct guide.**
- 3.5. **All healthcare professionals in the health facility shall hold an active license and work within their scope of practice and granted privileges.**

- 3.6. All healthcare professionals should engage in regular Continuing Professional Development (CPD) to stay updated on the latest best practices and innovations in long-term care. Not only clinical skills but also emerging topics like geriatrics, palliative care, mental health, and infection control.**
- 3.7. All healthcare professionals in the health facility shall maintain up to date hands-on in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS).**
- 3.8. The health facility shall employ a sufficient number in accordance with the Concerned Health Authorities of:**
- Registered nurses
  - Nurse assistants
  - Team leader nurses
  - Nursing supervisors
  - Physiotherapists
  - Dietitians
  - Occupational therapists
  - Speech therapists
  - Social workers
  - Psychologists
  - Psychiatrists
  - Pharmacists



- Respiratory Therapists

- 3.9. All healthcare professionals should have an up-to-date medical malpractice insurance according to article 25 and 26 of the UAE Federal Law number 4/2016 concerning Medical Liability.
- 3.10. Ensure an appropriate and sufficient number of healthcare professionals are always present on duty to diagnose, plan, supervise and evaluate patient care.
- 3.11. Nurses must be present in the facility 24/7.
- 3.12. Provide appropriate counseling, complete assessment, and appropriate referral(s) to relevant specialties (when indicated).
- 3.13. Continue to maintain the appropriate skills and knowledge to provide LTC services in accordance with relevant UAE laws and regulations.
- 3.14. The treating physician should ensure that patients have an individualized and adequate care plan developed and are managed by an interdisciplinary team, tailored to the specific needs of each patient and subject to regular review and evaluation. The care level must be determined by the treating physician with input from the interdisciplinary team in accordance with their job duties and privileges assigned by the provider.
- 3.15. LTCFs must ensure to provide all range of services required by their patients to ensure quality services including adults and pediatrics.

#### **4. QUALITY MANAGEMENT:**

- 4.1. Safety and Quality Management System:

**4.1.1.** The safety management system shall be supported by a policy and shall comply with the related federal and local regulation in UAE. The safety officer shall undertake appropriate training relevant to jurisdictional requirements.

**4.1.2.** LTCFs shall ensure that the healthcare environment is safe, functional, supportive and effective for patients, family and staff members.

**4.1.3.** The LTCF shall designate a safety officer person(s) with skills and experience responsible for the safety program's operation and implementation.

**4.1.4.** The safety management system shall include fire safety, hazardous waste, emergencies, and security.

**4.1.4.1.** Staff shall be educated and provided with information on waste management, fire safety, hazardous substances and their responsibilities.

#### **4.2. Fire Safety:**

**4.2.1.** Fire is a potential risk for all healthcare organizations and is critical where immobile patients are in locations that are difficult to evacuate. To respond to fire risk, the LTCF shall:

**4.2.1.1.** Establish a fire safety plan for early detection, confining, extinguishment, Rescue and alerting the Civil Defense.

**4.2.1.2.** Establish a No Smoking policy.

**4.2.1.3.** Assess the fire risks to the facility.

**4.2.1.4.** Understand and manage risks associated with the facility's location and physical structures.

**4.2.1.5.** Maintain and test fire protection and emergency communication systems

**4.2.1.6.** Train staff to respond to a fire event in the building.

**4.2.1.7.** Monitor whether adequate numbers of suitably trained staff are posted across all shifts to respond appropriately to a fire event.

**4.2.1.8.** Rehearse emergency scenarios to assess preparedness.

**4.2.2.** Mobility aids for safe transport during emergencies such as wheelchairs, walkers, and evacuation chairs.

**4.2.3.** Ensure the availability of specialized evacuation equipment, such as evacuation chairs, stretchers, and sleds, to facilitate the safe evacuation of immobile or bed-ridden residents.

#### **4.3. Waste and Environmental Management**

**4.3.1.** Waste and environmental management shall support safe practice and a safe environment. The LTCF shall develop and implement a waste and environmental management policy. The policy shall include the segregation and disposal of LTCF clinical waste responsibly in accordance with federal and local regulations in the UAE.

**4.3.2.** The waste management policy shall cover handling, storing, transporting, and disposing of all kinds of waste.

**4.3.3. Proper storage and containers for disposing of waste material shall be maintained.**

**4.3.4. Contracting with a specialized company to transport and destroy medical waste materials.**

**4.3.5. Cleanliness throughout the LTCF shall be maintained by trained staff.**

**4.4. Emergency and Disaster Management**

**4.4.1. The LTCF shall develop a plan and policies for dealing with and managing emergencies and disasters,**

**which shall include:**

**4.4.1.1. Duties and responsibilities of healthcare professionals and employees in the LTCF.**

**4.4.1.2. Identifying the responsible person who announces the emergency state and calls local authority.**

**4.4.1.3. The triage areas, their locations, and triage action cards.**

**4.4.1.4. The names of all staff called, including their contact details.**

**4.4.2. The LTCF shall conduct Emergency practice/drill exercises, including fire and evacuation, to test the**

**following:**

**4.4.2.1. The timely response of staff to the emergency call.**

**4.4.2.2. The efficiency of the communication system, e.g. bleeps, mobile phone and overhead paging system.**

**4.4.2.3. If all staff can perform their expected roles.**

**4.4.2.4. The time taken to evacuate the patients.**

4.4.3. External service providers shall comply with the LTCF requirements for the prevention of emergencies.

4.4.4. Staff is educated and trained annually in fire and evacuation.

#### 4.5. Security Management

4.5.1. The facility management may assign specific personnel to take care of security in the LTCF or ensure security by installing a CCTV camera or other surveillance means.

4.5.2. Areas installed with CCTV shall be informed by public with posting charts.

4.5.3. Identify zones that require access control.

4.5.4. Security personnel (if available) shall be educated and provided with information in relation to security risks and responsibilities and oriented on their scope of work, fire safety and emergency codes.

4.5.4.1. Major security risks shall be identified in the LTCF.

### 5. EQUIPMENT REQUIREMENTS:

5.1. There must be strict adherence to protocols provided by manufacturers of equipment (maintenance and calibration).

5.2. There must be a dated recording of the service history of all the technical equipment in use.

5.3. All staff using equipment must have completed training in the safe clinical use of the equipment and demonstrated documented competence to people appointed by the Medical Advisory Committee or an equivalent clinical management group.

5.4. Equipment shall be available to support the provision of safe and quality health care at the facility.

- 5.5. The health facility shall install and operate equipment required for the provision of proposed services in accordance with the manufacturer's specifications.
- 5.6. Equipment must be located and stored in a way that ensures safe and effective use.
- 5.7. Equipment must be clean and maintained in a safe working condition.
- 5.8. The health facility shall use eco-friendly equipment if applicable.
- 5.9. Patient transport equipment like stretchers or transfer boards for safely moving residents.
- 5.10. For types of equipment and how to use them, refer to appendix (1).

## **6. POLICIES AND PROCEDURES:**

Policies and procedures for LTCFs are designed to ensure the safety, health, and well-being of patients. These policies are typically aligned with each Concerned Health Authorities' regulations and standards:

- 6.1. Admission and Discharge Policies
- 6.2. Patient Care Plans
- 6.3. Patient acceptance/referral criteria
- 6.4. Medication Management Policies
- 6.5. Nutritional Services Policies
- 6.6. Infection Control Policies
- 6.7. Emergency Preparedness Policies

- 6.8. Fall Prevention Policies**
- 6.9. Staffing and Training Policies**
- 6.10. Staffing plan, staff management, and clinical and privileges**
- 6.11. Clinical Audit**
- 6.12. Patient Rights and Advocacy Policies**
- 6.13. Patient education, communication, and informed consent**
- 6.14. Grievance Procedures**
- 6.15. Abuse and Neglect Prevention Policies**
- 6.16. Quality Improvement and Compliance**
- 6.17. Safety Management**
- 6.18. Quality Assurance Programs**
- 6.19. Regulatory Compliance Procedures**
- 6.20. Incident Reporting Guidelines**
- 6.21. Privacy and Confidentiality Policies**
- 6.22. Environmental Safety Procedures**
- 6.23. Equipment inspection and maintenance**
- 6.24. Preventive Maintenance Procedures**
- 6.25. Social Activity Programs**

**6.26. Community Integration**

**6.27. Violence against Staff/ Zero Tolerance**

**6.28. Narcotic Handling Policy which covers all the steps from ordering until discard to ensure that narcotics are not misused**

**6.29. Lost and Found Policy**

**6.30. Code of Ethics**

**6.31. Data Protection Policy or Cybersecurity Policy**

## **7. PATIENT'S CENTERED CARE:**

### **7.1. Informed Consent:**

**7.1.1. Patient informed consent is obtained through a process defined by the LTCF and is carried out by trained staff.**

**7.1.2. Patients and families receive adequate information about the illness, proposed treatment, and health professionals so that they can make care and services decisions.**

**7.1.3. The LTCF establishes a process, within the context of existing law and culture, for when others can grant consent.**

### **7.2. Care Delivery:**

**7.2.1. Policies, procedures, and applicable laws and regulations guide the uniform care and services of all patients.**



**7.2.2.** The care and services planned for each patient are evidence based, individualized, and written in the clinical record.

**7.2.2.1.** Care and services provided to the patient maintain the patient's daily routine when possible and meet the patient's identified needs.

**7.2.2.2.** The patient's plan of care and services are revised when indicated by a change in the patient's condition.

**7.2.3.** The LTCF identifies those permitted to write orders and the uniform location in which those orders are to be written in the clinical record.

**7.2.4.** Policies and procedures guide the care of high-risk patients, including when the care or services pose a high risk.

**7.2.5.** All of the clinical records should be recorded in the Electronic Medical Record (EMR).

**7.3. Food and Nutrition Therapy:**

**7.3.1.** A variety of nutritional food choices, consistent with the patient's physical condition and clinical care and services, is regularly available.

**7.3.2.** All patients are hydrated according to their fluid tolerance.

**7.3.3.** Policies and procedures govern the preparation, handling, storage, and distribution of parenteral and enteral tube nutrition therapy.

**7.3.4.** A nutritional plan is developed and implemented for patients assessed to be at nutritional risk, and the response to the plan is monitored and recorded.

**7.3.5.** Implement strict food safety and hygiene protocols to prevent foodborne illnesses, including training for all staff.

**7.3.6.** Provide adaptive equipment to assist residents with physical limitations or swallowing difficulties and ensure they can eat comfortably and independently.

**7.4. Pain Management:**

**7.4.1.** Pain assessment and management are designed to meet the patient's needs and support the care and services provided.

**7.4.2.** Pain management for patients, when provided within the LTCF, is included in the patient's plan for care and services.

**7.5. Palliative Care:**

**7.5.1.** The LTCF addresses palliative care.

**7.5.2.** Care of the dying patient optimizes his or her comfort and dignity.

**7.5.3.** The LTCF should be aware of institutional standards regarding potentially inappropriate or futile care concerning interventions that are not resuscitative or life-sustaining sustaining. (Refer to Healthcare Workforce Bioethics Guidelines)

**7.6. Transfer of Residents:**

- 7.6.1. There is a process to transfer patients to other health facilities or health professionals to meet their continuing care and service needs.
- 7.6.2. The transferring facility determines that the receiving facility can meet the patient's continuing care and service needs.
- 7.6.3. The receiving facility is given a written summary of the patient's clinical and non-clinical condition, and the care provided.
- 7.6.4. During direct transfer, a qualified staff member monitors the patient's condition.
- 7.6.5. The transfer process is documented in the patient's record.
- 7.6.6. The process for referring, transferring, or arranging needed services considers transportation needs.
- 7.6.7. Have a written transfer agreement with a hospital (s) for patients who need further treatment in accordance with federal law.
- 7.6.8. A contract between the facility and a hospital to accept patients during emergencies.

## **8. PATIENT'S RIGHTS AND RESPONSIBILITIES:**

- 8.1. The LTCF shall be responsible for providing processes that support the patients' and families' rights and responsibilities during care and services.
  - 8.1.1. Care and services are considerate and respectful of the patient's personal values and beliefs and support the patient's personal freedom, dignity, independent expression, and choices.

- 8.1.2. Care and services support patients' abilities to reach their highest practical, social, physical, and functional level within the LTCF's mission and services.
- 8.2. Care and services are respectful of patients' need for privacy.
- 8.3. The patient has the right to keep and use personal clothing and possessions and to have those possessions protected from theft, damage, or loss when living in the LTCF.
- 8.3.1. The LTCF provides an environment that contributes to the patient's well-being and dignity.
- 8.3.2. The LTCF supports patient contact with family, visitors, and others.
- 8.3.3. The LTCF supports patient communication outside the organization.
- 8.3.4. The patient's decisions to participate or not to participate in spiritual, social, or other activities or groups are supported.
- 8.4. The patient has the right to receive protection from neglect, exploitation, and abuse.
- 8.5. Patient information is confidential and protected from loss or misuse.
- 8.6. The LTCF supports the patients' and families' rights to participate in the care and services process.
- 8.6.1. The LTCF informs patients and families, in a method and language they can understand, about how they will be told of medical conditions and treatments and how they can participate in care and services decisions, to the extent they wish to participate.
- 8.6.2. The LTCF informs patients and families about their rights and responsibilities related to refusing or discontinuing treatment.

- 8.6.3. The LTCF respects patient wishes and preference about resuscitative services and forgoing or withdrawing life-sustaining treatments.
- 8.7. The LTCF informs patients and families about its process to receive and act on complaints, conflicts, and differences of opinion about patient care and services and about the patient's right to participate in these processes.
  - 8.7.1. The LTCF allows patients and/or families to meet as an organized group to discuss issues of importance related to patient care and services provided by the organization.
- 8.8. All patients are informed about their rights and responsibilities in a manner and language they can understand.
- 8.9. For more information on patients' rights and responsibilities, refer to Ministerial Resolution No. (14) of 2021.

## **9. PATIENT SELECTION CRITERIA:**

- 9.1. Patients must be stable and no longer require continuation of medical care in an acute care setting.
- 9.2. The patient's needs cannot be effectively and safely met in a lower level of care (e.g. Home Health Care or Outpatient Setting) due to the complexity of their medical condition, which includes the need for 24-hour nursing care.
  - 9.2.1. They have not yet reached the level of stability and safety to move away from the supportive services a hospital will provide 24/7 but are stable enough to embark on specialized rehabilitation services parallel with other complex medical management such as ventilator weaning or advanced wound care.
  - 9.2.2. They require intensive management of complex medical needs, such as:

**9.2.2.1. Multiple/ prolonged IV therapies.**

**9.2.2.2. Frequent assessment that may require intervention (>6 times/ day) for complex conditions such as but not limited to:**

- Ventilator management
- Cardiac monitoring
- Complex wound care

**9.2.3. They need the use of specialized equipment like cardiac monitoring, on-site dialysis, lab and radiology support, and blood bank service.**

**9.3. Patients require extended hospital level of health care including 24 hours of nursing care 7 days a week, daily physician visits and restorative therapies (physical, occupational, speech therapy), as needed. The medical necessity of this level of care must be verified and confirmed by the treating physician.**

**9.4. The required services cannot be safely and effectively performed at an alternative level of healthcare (e.g., at Home Health Care or Outpatient Setting).**

**9.5. Patients requiring palliative care for symptoms management, pain relief, and emotional support during the final stages of life.**

## **10. KEY PERFORMANCE INDICATORS (KPIs):**

**10.1. A record of KPIs must be maintained. This includes tracking metrics such as:**

**10.1.1. Rate of emergency attendance**

**10.1.2. Rate of unplanned hospital admission**

**10.1.3. Rate of deep vein thrombosis**

**10.1.4. Incidence of Sepsis**

**10.1.5. Clostridioides Difficile Infection Rate**

**10.1.6. Rate of Multidrug-Resistant Organisms (MRSA)**

**10.1.7. Rate of newly acquired or worsening pressure injury (Stage II and above)**

**10.1.8. Ventilator associated event (VAE)**

**10.1.9. Rate of falls resulting in any injury per 1000 resident days**

**10.1.10. Catheter-associated symptomatic urinary tract infection (CA-SUTI) per 1000 resident days**

**10.1.11. Non-catheter associated symptomatic urinary tract infection (SUTI) per 1000 resident days**

**10.1.12. Gastroenteritis cases per 1000 resident days**

## 11. APPENDIX (1): Identifying Problems and Implementing Solutions for Resident

### Lifting and Repositioning:

#### Transfer from Sitting to Standing

##### Description:

Powered sit-to-stand or standing assist devices.

##### When to Use:

Transferring residents who are partially dependent, have some weight-bearing capacity, are cooperative, can sit up on the edge of the bed with or without assistance, and can bend hips and knees. Transfers from bed to chair (wheelchair,

Geri or cardiac chair), or chair to bed, or for bathing and toileting. Can be used for repositioning where space or storage is limited.

##### Points to Remember:

Look for a device that has a variety of sling sizes, lift height range, battery portability, hand-held control, emergency shut-off, and manual override. Ensure the device is rated for the resident weight. Electric/battery powered lifts are preferred to crank or pump type devices to allow smoother movement for the resident, and less physical exertion by the caregiver.



#### Resident Lifting

##### Description:

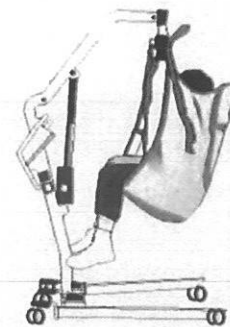
Portable lift device (sling type): can be a universal/hammock sling or a hand/leg sling.

##### When to Use:

Lifting residents who are totally dependent, are partial- or non-weight bearing, are very heavy, or have other physical limitations. Transfers from bed to chair (wheelchair, Geri or cardiac chair), chair or floor to bed, for bathing and toileting, or after a resident fall.

##### Points to Remember:

More than one caregiver may be needed. Look for a device with a variety of slings, lift-height range, battery portability, hand-held control, emergency shut-off, manual override, boom pressure sensitive switch, that can easily move around equipment, and has a support base that goes under beds. Having multiple slings allow one of them to remain in place while the resident is in bed or chair for only a short period, reducing the number of times the caregiver lifts and positions resident. Portable compact lifts may be useful where space or storage is limited. Ensure the device is rated for the resident weight. Electric/battery powered lifts are preferred to crank or pump type devices to allow a smoother movement for the resident, and less physical exertion by the caregiver. Enhances resident safety and comfort.





## Repositioning in Chair

### Description:

Variable position Geri and Cardiac chairs.

### When to Use:

Repositioning partial or non-weight bearing residents who are cooperative.

### Points to Remember:

More than one caregiver is needed and use of a friction reducing device is needed if resident cannot assist to reposition self in chair. Ensure use of good body mechanics by caregivers. Wheels on chairs add versatility.

Ensure that the chair is easy to adjust, move, and steering. Lock wheels on chair before repositioning.

Remove trays, footrests, and seat belts where appropriate. Ensure the device is rated for the resident weight.



## Ambulation

### Description:

Ambulation assist device.

### When to Use:

For residents who are weight bearing and cooperative and who need extra security and assistance when ambulating.

### Points to Remember:

Increases resident safety during ambulation and reduces risk of falls. The device supports residents as they walk and push it along during ambulation. Ensure height adjustment is correct for resident before ambulation. Ensure the device is in good working order before use and rate for the resident weight to be lifted. Apply brakes before positioning resident in or releasing resident from device.



## Resident Lifting

### Description:

Ceiling mounted lift device.

### When to Use:

Lifting residents who are totally dependent, are partial- or non-weight bearing, very heavy, or have other physical limitations. Transfers from bed to chair (wheelchair, Geri or cardiac chair), chair or floor to bed, for bathing and toileting, or after a resident fall. A horizontal frame system or litter attached to the ceiling-mounted device can be used when transferring residents who cannot be transferred safely between 2 horizontal surfaces, such as a bed to a stretcher or gurney while lying on their back, using other devices.

**Points to Remember:**

More than one caregiver may be needed. Some residents can use the device without assistance. May be quicker to use than portable device. Motors can be fixed or portable (lightweight). Device can be operated by hand-held control attached to unit or by infrared remote control. Ensure the device is rated for the resident weight. Increases residents' safety and comfort during transfer.



**Lateral Transfer; Repositioning**

**Description:**

Devices to reduce friction force when transferring a resident such as a draw sheet or transfer cot with handles to be used in combination slippery sheets, low friction mattress covers, or slide boards, boards or mats with vinyl coverings and rollers; gurneys with transfer devices; and air-assist lateral sliding aid or flexible mattress inflated by portable air supply.

**When to Use:**

Transferring a partial- or non-weight bearing resident between 2 horizontal surfaces such as a bed to a stretcher or gurney while lying on their back or when repositioning resident in bed.

**Points to Remember:**

- More than one caregiver is needed to perform this type of transfer or repositioning. Additional assistance may be needed depending upon resident status, e.g., for heavier or non-cooperative residents. Some devices may not be suitable for bariatric residents. When using a draw sheet combination use a good handhold by rolling up draw sheets or use other friction-reducing devices with handles such as slippery sheets. Narrower slippery sheets with webbing handles positioned on the long edge of the sheet may be easier to use than wider sheets. When using boards or mats with vinyl coverings and rollers use a gentle push and pull motion to move resident to new surface.
- Look for a combination of devices that will increase resident's comfort and minimize risk of skin trauma. Ensure transfer surfaces are at same level and at a height that allows caregivers to work at waist level to avoid extended reaches and bending of the back. Count down and synchronize the transfer motion between caregivers.



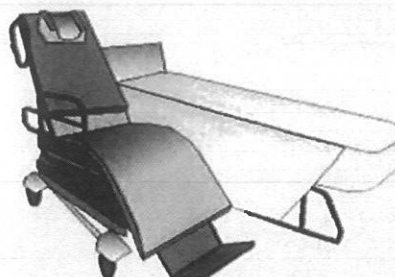
**Lateral Transfer; Repositioning**

**Description:**

Convertible wheelchair, Geri or cardiac chair to bed; beds that convert to chairs.

**When to Use:**

For lateral transfer of residents who are partial- or non-weight bearing. Eliminates the need to perform lift transfer in and out of wheelchairs. Can also be used to assist residents who are partially weight bearing from a sit-to-stand position. Beds that convert to chairs can aid repositioning residents who are totally dependent, non-weight



bearing, very heavy, or have other physical limitations.

**Points to Remember:**

More than one caregiver is needed to perform lateral transfer. Additional assistance for lateral transfer may be needed depending on residents' status, e.g., for heavier or non-cooperative residents. Additional friction-reducing devices may be required to reposition resident. Heavy duty beds are available for bariatric residents. Device should have easy-to-use controls located within easy reach of the caregiver, sufficient foot clearance, and wide range of adjustment. Motorized height adjustable devices are preferred to those adjusted by crank mechanism to minimize physical exertion. Always ensure the device is in good working order before use. Ensure wheels on equipment are locked. Ensure transfer surfaces are at same level and at a height that allows caregivers to work at waist level to avoid extended reaches and bending of the back.

**Sitting Position**

**Description:**

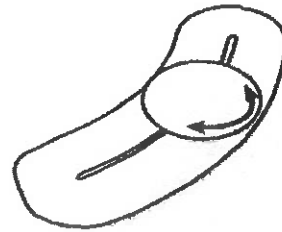
Transfer boards — wood or plastic (some with movable seats).

**When to Use:**

Transferring (sliding) residents who have good sitting balance and are cooperative from one level surface to another, e.g., bed to wheelchair, wheelchair to car seat or toilet. Can also be used by residents who require limited assistance but need additional safety and support.

**Points to Remember:**

Movable seats increase resident comfort and reduce incidence of tissue damage during transfer. More than one caregiver is needed to perform lateral transfer. Ensure clothing is present between the resident's skin and the transfer device. The seat may be cushioned with a small towel for comfort. May be uncomfortable for larger residents. Usually used in conjunction with gait belts for safety depending on resident status. Ensure boards have tapered ends, rounded edges, and appropriate weight capacity. Ensure wheels on the bed or chair are locked and transfer surfaces are at the same level. Remove lower bedrails from bed and remove arms and footrests from chairs as appropriate.



**Standing Position**

**Description:**

Lift cushions and lift chairs.

**When to Use:**

Transferring residents who are weight bearing and cooperative but need assistance when standing and ambulating. Can be used for independent residents who need an extra boost to stand.

**Points to Remember:**

Lift cushions use a lever that activates a spring action to assist residents to rise. Lift cushions may not be appropriate for heavier residents. Lift chairs are operated via a hand-held control that tilts forward slowly, raising the resident. Residents need to have physical and cognitive capacity to be able to operate lever or controls. Always ensure the device is in good working order before use and is rated for the resident weight to be lifted. Can aid resident independence.



## Standing Position

### Description:

Stand-assist devices can be fixed to bed or chair or be free-standing. There is a variety of such devices on the market.

### When to Use:

Transferring residents who are weight-bearing and cooperative and can pull themselves up from sitting to standing position. Can be used for independent residents who need extra support to stand.

### Points to Remember:

Check that device is stable before use and is rated for resident weight to be supported. Ensure the frame is firmly attached to the bed, or if it relies on mattress support that mattress is heavy enough to hold the frame. Can aid resident independence.

## Weighing

### Description:

Scales with ramp to accommodate wheelchairs; portable-powered lift devices with built-in scales; beds with built-in scales.

### When to Use:

To reduce the need for additional transfer of partial or non-weightbearing or totally dependent residents to weighing device.

### Points to Remember:

Some wheelchair scales can accommodate larger wheelchairs. Built-in bed scales may increase the weight of the bed and prevent it from lowering to appropriate work heights.



## Transfer from Sitting to Standing Position.

### Ambulation

### Description:

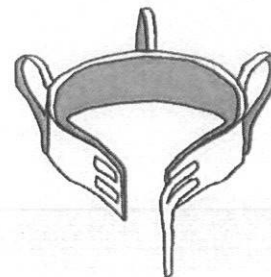
Gait belts/transfer belts with handles.

### When to Use:

Transferring residents who are partially dependent, have some weight-bearing capacity, and are cooperative. Transfers such as bed to chair, chair to chair, or chair to car; when repositioning residents in chairs; supporting residents during ambulation; and in some cases when guiding and controlling falls or assisting a resident after a fall.

### Points to Remember:

•More than one caregiver may be needed. Belts with padded handles are easier to grip and increase security and control. Always transfer to resident's strongest side. Use good body mechanics and a rocking and pulling motion rather than lifting when using a belt. Belts may not be suitable for ambulation of heavy residents or residents with recent abdominal or back surgery, abdominal aneurysm, etc. Should not be used for lifting residents. Ensure the belt is securely fastened and cannot be easily undone by the resident during transfer. Ensure a layer of clothing is between residents' skin and the belt to avoid abrasion. Keep residents as close as possible to caregivers during transfer. Lower bedrails, remove arms and footrests from chairs, and other items that may obstruct the transfer.



• For use after a fall, always assess the resident for injury prior to movement. If a resident can regain standing position with minimal assistance, use gait or transfer belts with handles to aid resident. Keep back straight, bend legs and stay as close to residents as possible. If a resident cannot stand with minimal assistance, use a powered portable or ceiling-mounted lift device to move resident.

### **Repositioning**

#### **Description:**

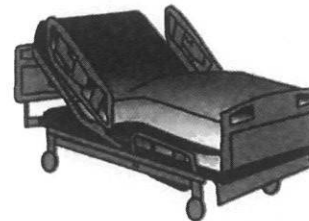
Electric powered height adjustable bed.

#### **When to Use:**

For all activities involving resident care, transfer, repositioning in bed, etc., to reduce caregiver bending when interacting with residents.

#### **Points to Remember:**

Device should have easy-to-use controls located within easy reach of the caregiver to promote use of the electric adjustment, sufficient foot clearance, and wide range of adjustment. Adjustments must be completed in 20 seconds or less to ensure staff use. For residents that may be at risk of falling from bed some beds that are lower closer to the floor may be needed. Heavy duty beds are available for bariatric residents. Beds raised and lowered with electric motors are preferred over crank-adjust beds to allow a smoother movement for the resident and less physical exertion to the caregiver.



### **Repositioning**

#### **Description:**

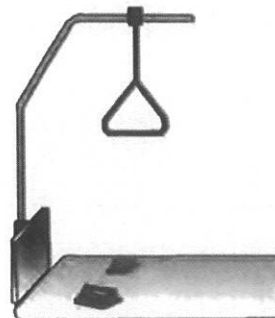
Trapeze bar; hand blocks and push up bars attached to the bed frame.

#### **When to Use:**

Reposition residents that have the ability to assist the caregiver during the activity, i.e., residents with upper body strength and use of extremities, who are cooperative and can follow instructions.

#### **Points to Remember:**

Residents use trapeze bar by grasping bar suspended from an overhead frame to raise themselves up and reposition themselves in bed. Heavy duty trapeze frames are available for bariatric residents. If a caregiver is assisting, ensure that bed wheels are locked, bedrails are lowered, and the bed is adjusted to caregiver's waist height. Blocks also enable residents to raise themselves up and reposition themselves in bed. Bars attached to the bed frame serve the same purpose. Can aid resident independence.



### **Repositioning**

#### **Description:**

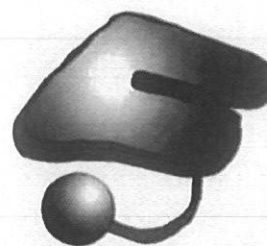
Pelvic lift devices (hip lifters).

#### **When to Use:**

To assist residents who are cooperative and can sit up to a position on a special bed pan.

#### **Points to Remember:**

The convenience of the device may reduce the need for resident lifting during toileting. The device is positioned under the pelvis. The part of the device located under the pelvis gets inflated, so the pelvis is raised, and a special bedpan is put underneath. The head of the bed is raised slightly during this procedure. Use correct body mechanics, lower bedrails, and adjust bed to caregiver's waist height to reduce bending.



### **Bathtub, Shower, and Toileting Activities**

#### **Description:**

Height adjustable bathtub and easy entry bathtubs.

#### **When to Use:**

Bathing residents who sit directly in the bathtub, or to assist ambulatory residents climb more easily into a low tub, or easy access tub. Bathing residents in portable-powered or ceiling mounted lift device using appropriate bathing sling.

#### **Points to Remember:**

Reduces awkward postures for caregivers and those who clean the tub after use. The tub can be raised to eliminate bending and reach for the caregiver. Use correct body mechanics and adjust the tub to the caregiver's waist height when performing hygiene activities. Increases resident safety and comfort.



### **Bathtub, Shower, and Toileting Activities**

#### **Description:**

Shower and toileting chairs.

#### **When to Use:**

Showering and toileting residents who are partially dependent, have some weight bearing capacity, can sit up unaided, and are able to bend hips and knees...

#### **Points to Remember:**

Ensure that wheels move easily and smoothly, chair is high enough to fit over toilet, chair has removable arms, adjustable footrests, safety belts, and is heavy enough to be stable; and that the seat is comfortable, accommodates larger residents, and has a removable commode bucket for toileting. Ensure that brakes lock and hold effectively and that weight capacity is sufficient.



### Bathtub, Shower, and Toileting Activities

#### Description:

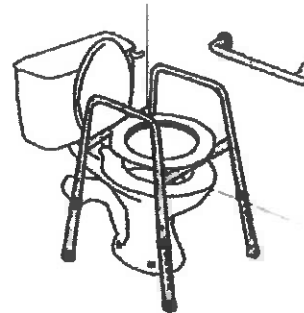
Toilet seat risers.

#### When to Use:

For toileting partially weight-bearing residents who can sit up unaided, use upper extremities (Have upper body strength), can bend hips and knees, and are cooperative. Independent residents can also use these devices.

#### Points to Remember:

Risers decrease the distance and amount of effort required to lower and raise residents. Grab bars and height-adjustable legs add safety and versatility to the device. Ensure device is stable and can accommodate resident's weight and size.



### Bathtub, Shower, and Toileting Activities

#### Description:

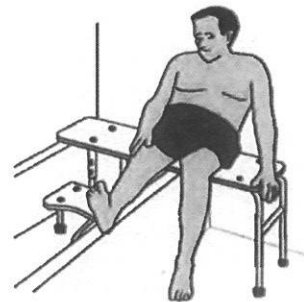
Bath boards and transfer benches.

#### When to Use:

Bathing residents who are partially weight bearing, have good sitting balance, can use upper extremities (have upper body strength), are cooperative, and can follow instructions. Independent residents can also use these devices.

#### Points to Remember:

To reduce friction and possible skin tears, use clothing or material between the resident's skin and the board. Can be used with a gait or transfer belt and/or grab bars to aid transfer. Back support and vinyl padded seats add to bathing comfort. Look for devices that allow for water drainage and have height adjustable legs. May not be suitable for heavy residents. If a wheelchair is used, ensure wheels are locked, the transfer surfaces are at the same level, and device is securely in place and rated for weight to be transferred. Remove arms and footrests from chairs as appropriate and ensure that the floor is dry.





### Bathub, Shower, and Toileting Activities

#### Description:

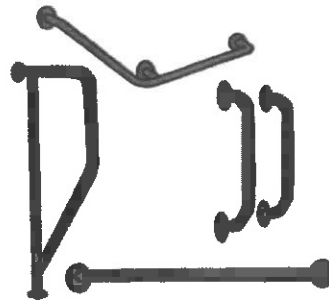
Grab bars and stand assists; can be fixed or mobile. Long handled or extended shower heads, or brushes can be used for personal hygiene.

#### When to Use:

Bars and assists help when toileting, bathing, and/or showering residents who need extra support and security. Residents must be partially weight bearing, able to use upper extremities (have upper body strength) and be cooperative. Long-handled devices reduce the amount of bending, reaching, and twisting required by the caregiver when washing feet, legs, and trunk of residents. Independent residents who have difficulty reaching lower extremities can also use these devices.

#### Points to Remember:

Movable grab bars on toilets minimize workplace congestion. Ensure bars are securely fastened to the wall before use.



### Bathub, Shower, And Toileting Activities

#### Description:

Height adjustable shower gurney or lift bath cart with waterproof top.

#### When to Use:

For bathing non-weight bearing residents who are unable to sit up. Transfer resident to cart with lift or lateral transfer boards or other friction-reducing devices.

#### Points to Remember:

The cart can be raised to eliminate bending and reaching the caregiver. Foot and head support are available for resident comfort. May not be suitable for bariatric residents. Look for carts that are power-driven to reduce force required to move and position device.



### Bathub, Shower, and Toileting Activities

#### Description:

Built-in or fixed bath lifts.

#### When to Use:

Bathing residents who are partially weight bearing, have good sitting balance, can use upper extremities (Have upper body strength), are cooperative, and can follow instructions. Useful in small bathrooms where space is limited.

#### Points to Remember:

Ensure that the seat raises so resident's feet clear tub and lowers resident into water. May not be suitable for heavy residents. Always ensure the lifting device is in good working order before use and rated for the resident weight. Choose a device with lift mechanism that does not require excessive effort by caregiver when raising and lowering the device.

