POLICY:	**Non-forced Care in Personal Care Homes & Transitional Care Units**
Program Area:	**Personal Care Home**
Section:	**General**
Reference Number:	**CLI.6410.PL.033**
Approved by:	**Regional Lead - Community & Continuing Care**
Date:	Issued 2024/11/14

PURPOSE:
This document outlines expectations related to meeting Manitoba Health Personal Care Home Standards and the application of Southern Health-Santé Sud Organizational Core Values (Integrity, Excellence, Respect, Compassion and Innovation) when providing care to residents in personal care homes (PCH)/transitional care units (TCUs).

BOARD POLICY REFERENCE:
Executive Limitation 1 (EL-1) Global Executive Restraint & Risk Management
Executive Limitation 2 (EL-2) Treatment of Clients
Executive Limitation 7 (EL–7) Corporate Risk

POLICY:
Southern Health-Santé Sud supports a non-forced approach to the delivery of care which aligns with a person-centered philosophy.

In accordance with Southern Health-Santé Sud's core values and the Resident Bill of Rights, no resident, whether deemed competent or incompetent, is to receive care against their will. Residents and/or alternate decision-makers are to be informed of this approach to care prior to or upon admission to the personal care home/transitional care unit.

DEFINITIONS:

Alternate Decision-maker: a person who has decision-making capacity and is willing to make decisions on behalf of a resident who does not have the capacity to make a decision. An alternate may be legally authorized (e.g. health care proxy or committee) or may be a person designated (e.g. family member) in the absence of a legally authorized individual.

Dignity of Risk: beliefs and actions that support residents to make decisions that affect their lives, and to have those decisions respected by others, even if there is some inherent actual or potential risk.

Person-Centered Care: demonstrates respect for a person's unique history, preferences and abilities and focuses on the person rather than a task at hand and encourages a person to participate in decisions about their own care.

Resident: any person who resides at a personal care home or is awaiting placement for a personal care home in a transitional care unit.

IMPORTANT POINTS TO CONSIDER:
Residents and/or their alternate-decision-makers are to have the freedom to make decisions about their own/the resident's care which may include taking some inherent actual or potential risks and to have those decisions respected by others (referred to as dignity of risk).

Documentation in the health record is important to demonstrate due diligence should any concerns or complaints arise regarding a resident's care.

PROCEDURE:

Prior to or upon admission:

- Social worker/admitting staff person is to inform the resident and/or alternate decision-maker about the region's non-forced approach to care and person-centered philosophy.

While resident resides at the PCH/TCU:

1. If a resident declines any aspect of care, the nurse on duty is to assess and document the resident's reason for refusal, if known, and attempt to allay any concerns and adapt the care, where possible, to suit the resident's needs and expectations. Documentation is to be on the Integrated Process Notes (IPN) and if it involves the refusal of medications documentation is also to occur on the medication administration record (MAR).
2. If a resident declines any aspect of care on a re-occurring basis, nursing is to:
    a. Assess if the resident is experiencing any pain, acute medical issues (e.g. delirium, infections, etc.) and that the resident's basic needs and environment are assessed prior to the development of a care plan.
    b. Notify the alternate decision-maker to make them aware of the matter and obtain any additional information that may assist with care planning. Documentation of the notification to the alternate decision-maker and any of their suggestions to minimize resistance are to be documented on the IPN.
    c. Develop a plan of care with documentation on the integrated care plan (ICP) including the implementation of any strategies to minimize any resistance to care.
    d. If the resident is experiencing violent and/or aggressive behaviour, the Violence Prevention Program Care Plan (ORG.1513.SG.OO1.FORM.02) is to be utilized, in addition to the ICP. The Violence Prevention Program in Personal Care Homes Policy (CLI.6410.PR.001) is also to be followed.
    e. Consult with the resident's physician to consider any medication changes and/or a referral to the Mental Health & Addictions, Seniors Consultation Team to obtain any recommendations on how to proceed.
3. If a resident consistently declines care, nursing staff are to regularly offer that care in a manner consistent with the plan of care.

4. If the resident continues to decline care and clinical dilemmas are arising about how to address the matter, interdisciplinary team members are to refer to the Ethical Decision-Making Policy (ORG.1810.PL.005) and Ethical Decision-Making Framework and Worksheet (ORG.1810.PL.005.FORM.01) to assist with care planning.
5. Site leader is to inform the alternate decision-maker about the strategies used to provide care and whether there has been (or has not been) any success in providing consistent care to the resident. Documentation of the conversation to the alternate decision-maker is to be made in the IPN.

REFERENCES:

CLI.6410.PR.001 Violence Prevention Program in Personal Care Homes

ORG.1513.SG.001.FORM.02 Violence Prevention Program Care Plan

ORG.1810.PL.005 Ethical Decision-Making Policy

Goodman, M., Funk, L., & Herron, R., (2024). *Non-forced care policy as a person-centered, harm reduction approach to violence in long-term residential care. Safe Places For Aging and Care, Community Dissemination & Participant Check [Virtual]*

Heritage Life Personal Care Home Policy (LTC-N-005) (2015). *Non-forced Care*

Southern Health-Santé Sud (2020). *Mental Health Seniors Consultation Team. Person-Centered Care and Skills for Caregiving video.*