

Long-Term Care Agreement
Financial Responsibilities

This Long-Term Care Agreement is a legally binding agreement, which You (or Your Financially Responsible Person) must sign for residency in Our long-term care home or continuing care program:

COZY NEST CARE HOME INC.

Insert Name of SHA (or other) long-term care home or program above

This Agreement describes Your financial rights and responsibilities that are in place as long as You are a resident of Our long-term care home. If You have any questions or concerns about this Agreement, please ask Us for advice before signing it. If you transfer to a different Saskatchewan Health Authority, or other, long-term care home during your residency, this Agreement will follow You to Your new long-term care home.

In this Agreement, you or your Financially Responsible Person will be called “**You**” or “**Your**”. Our long-term care home will be called “**We**”, “**Us**” or “**Our**”.

Your “**Financially Responsible Person**” means Your attorney or power of attorney, Your property guardian, or the Public Guardian and Trustee, as determined by Your situation.

We agree:

1. To charge You only the rates set by the provincial government in the *Program Guidelines for Special-care Homes* (as adjusted from time to time by the Ministry of Health).
 2. To give You no less than one (1) month’s written notice of any change in Your charges.
 3. To provide greater convenience for You and Your Financially Responsible Person by providing You with the following options (where available):
 - If You desire, monthly statements can be sent by e-mail to eliminate wait time.
 - You have the following payment options:
 - i. Pre-Authorized Debit – an automatic withdrawal will be made for Your long-term care and resident’s trust fund charges. This option eliminates the concern of making timely payments and reduces cost of issuing and mailing payments; OR
 - ii. On-line payments – Your monthly payments can be made on-line with Your specific financial institution.
 - iii. Other payment options, i.e., cash or cheque, may be available.
- Please complete and sign the enclosed forms if You want to receive Your monthly statements by e-mail and/or sign up for pre-authorized debit.
4. Upon long-term care services being no longer required, to assist the long-term care home with necessary turnaround time to move the next resident in, You will be charged the equivalent of three (3) days, starting on the first day. These three days will be charged except for inter-home transfers within SHA (if applicable).

You (or Your Financially Responsible Person) agree(s):

1. To pay Us the first month's resident's fees, or a pro-rated portion (if the first month is less than a full month) upon Move-In and to guarantee that financial arrangements are in place for the continuation of monthly payments on the first business day of each month thereafter.
2. To continue to pay Us Your monthly resident's fees during any short-term absence, while receiving treatment in another health care facility, or longer-term absence for any other reason approved in advance. Your room will be held exclusively for You until Your return or until you no longer require the room. If necessary, You (or Your Financially Responsible Person) will pay Us the equivalent of three (3) days of Your monthly charges if you no longer require the room.

Please review the most current version of the Special-care Home Resident Supply Charges (the “**Charges Document**”) at Section 6.10 of “Program Guidelines for Special Care Homes” (updated from time to time by the Ministry of Health), available at: [Program Guidelines 2016](#) .

You (or Your Financially Responsible Person) further agree(s):

3. To pay Us the monthly personal hygiene supplies charge as specified in Group “D” of the Charges Document.
4. To pay Us the cost of additional charges or expenses for non-insured goods or services that We provide to You, at Our cost as specified in Group “B” and Group “C” of the Charges Document, that are not included in any other fee or charge that You pay.
5. That everything else that We provide to you as specified in Group “A” of the Charges Document will be free of charge to You. Anything else not referred to in the Charges Document is Your responsibility.
6. To provide You with spending money as required from Your trust fund, if available at your location. The amount in Your trust fund at all times must be sufficient to pay for requested withdrawals and/or third-party services, and may be subject to a minimum amount.
7. That outstanding balances owed to Us may be subject to interest charges at the rate currently in effect. All cheques and pre-authorized debits returned from Your financial institution due to non-sufficient funds (NSF) are also subject to Our penalty charge then currently in effect. We may also start a collection or legal process to recover.
8. To submit income information to Us as requested annually to allow the Ministry of Health to determine Your income-tested resident's fee. Alternatively, You may choose to complete a form to give consent to Canada Revenue Agency to release Your income information to the Ministry of Health on a go-forward basis. If income information is not submitted, You will be charged the maximum monthly resident's fee after the first two (2) months.
9. We are committed to keeping all information in our possession relating to You confidential. This includes information related to Your financial affairs. However, Your information may need to be released, as necessary, to authorized personnel in order to enforce payment of Your fees if You are in default.
10. Your signature on this document indicates that You, or Your Financially Responsible Person, have/has read, understand(s) and agree(s) to all parts of this Agreement

Date this: [Click here to enter a date.](#) [Click here to enter text.](#) [Click here to enter text.](#)
(Day/Month/Year) (City/Town) (Province)

Signature for Care Home: [Click here to enter text.](#)

Signature of Designated Financially Responsible Person: [Click here to enter text.](#)

Resident's/Responsible Person's Signature: [Click here to enter text.](#)

**** As of 1 November, 2020, this Agreement supersedes the financial agreements of each of the former Saskatchewan health regions. ****

Every long-term care (LTC) home in Saskatchewan Health Authority (SHA) strives to create a sense of home, a community, where individuals with varied preferences, needs and abilities live together. Open communication, mutual respect and flexibility are some of the foundational principles that enhance life in LTC. These principles also contribute to healthy workplace environments for care team members. It is through mutual commitment to these principles that community is created.

This agreement is between SHA and:

Name of Resident

Name of Personal Guardian & Relationship
(As applicable)

Name of Proxy

Name of Substitute Decision Maker & Relationship (As applicable)

Name of Two Treatment Providers

(In the absence of a Personal Guardian, Proxy and/or Substitute Decision Maker)

The LTC Moving in Agreement is considered a medical agreement. If a person requires long-term care but lacks the capacity to make a health care decision, The Personal Guardian, appointed by court; Proxy, identified in the Health Care Directive; Substitute Decision Maker, determined by nearest relative list; or two Treatment Providers, in that order of priority, may sign on the Resident's behalf (The Health Care Directives and Substitute Health Care Decision Makers Act, 2015).

If the Personal Guardian or proxy sign this agreement on behalf of the Resident, as the Responsible Party, they agree to enter this agreement on behalf of the Resident.

THE RESIDENT AND/OR RESPONSIBLE PARTY acknowledge and agree to abide by our provincial SHA applicable policies as well as protocols and procedures in place at the LTC Home both now and in the future, including but not limited to the following:

GENERAL CARE

1. Medications

- No pharmaceuticals/medications or other non-prescription treatments are to be kept in the Resident's possession or supplied by relatives or friends without the knowledge and consent of the Manager or designate.
- Medications are to be dispensed and packaged by the pharmacy under contract with the SHA or LTC Home.



2. If the Resident needs new clothing, money or effects, the Resident/Responsible Party will be responsible to supply these. Staff at the LTC Home will not alter clothing without the consent of the Resident or the Responsible Party.

3. Damage or Loss of Property

- Reasonable effort is made for the Resident's protection, but the SHA or LTC Home does not accept responsibility for damage or loss to the Resident's property.
- The Resident/Responsible Party is encouraged to consider obtaining contents insurance (i.e. tenant's pack) for the Resident's belongings, which may include personal or valuable items such as dentures, hearing aids, jewelry, etc. Labelling of personal belongings is also encouraged.

4. Authorization for personal electrical appliances (e.g. fans, humidifiers, keurigs, electric blankets, etc.) must be obtained before use.

5. Structural alterations or additions to the premises are not allowed.

6. The Resident is aware that the LTC Home may have registered pets that either visit or reside in the home. If the Resident does not want a pet to come into his/her room, the Resident will notify the care team and the care team will indicate this in the Resident's care plan.

7. Resident Room

- The Resident is required to bring clothing and is encouraged to bring small personal items to personalize his or her room.
- The Resident understands that after discussion with the Resident/Responsible Party, for sanitary or other safety reasons, the home has the right to request removal and/or disposal of any article by the Resident/Responsible Party.
- Each home has a regular process for staff to review the environment of the home including resident rooms for infection control, safety and security reasons.

8. The SHA or LTC Home will take the Resident's picture for the purpose of identification by staff, medication administration and for resident safety purposes. See SHA consent policy

9. Personal health information will be shared with:

- Care team members including but not limited to; therapies, social work, pastors, acute care staff, etc.
- Elections Canada, Statistics Canada, Canada Census and Saskatchewan Provincial Elections, unless the Resident/Responsible party indicate otherwise

10. Concern handling processes will follow former Regional Health Authority practices.

11. The SHA has zero tolerance for verbal, physical, emotional and psychological abuse of residents, staff, patient and family partners, physicians, etc. Situations of potential or actual abuse will be address by the SHA accordingly.



MEDICAL PROTOCOLS

12. Health Care Directives

- If the Resident has a Health Care Directive, a copy is provided to the home.
- The Health Care Directive or Saskatchewan Medical Order for Scope of Treatment (SMOST) will inform the care team of the Resident's health care choices in the event of a serious illness, sudden collapse and/or cardiac arrest.
- The Resident will be invited to meet with the care team to review an existing Health Care Directive, or discuss and complete one.
 - If the resident does not have capacity to create a health care directive, their substitute decision maker will have an opportunity to engage in shared decision making with the resident's practitioner, to create a SMOST. (Physician or Nurse Practitioner)
 - If there is no Health Care Directive or SMOST at the time a decision is needed, the Substitute Decision Maker will be contact to make the decision
- The care team will offer support and provide information to make informed health care decisions.

13. Resuscitative Services

- In accordance with the Saskatchewan Ministry of Health Program Guidelines for Special Care Homes, staff at the LTC Home will provide resuscitative service to Residents indicating their wish to receive it in the event of a cardiac arrest.
- Staff not certified in CPR will perform Hands Only CPR as directed by 911 dispatchers. Staff certified in CPR shall proceed as trained. Automated External Defibrillators (AEDs), where available, may also be used.
- In the event the Health Care Directive or SMOST indicates a resident wishes further treatment, they may be transferred by staff to an acute care facility for further treatment.

14. The LTC Home will coordinate the purchase of medications, etc. with the community pharmacy contracted by the LTC Home (sharing of Personal Health Information with community pharmacies for this purpose will occur).

15. Medical treatment, nursing care, medication administration, immunization, and therapeutic services for the Resident will be supported by the home where indicated and appropriate consents reviewed.

TRANSFER/RELOCATION/END OF SERVICE PROTOCOL/DEATH

16. The SHA or LTC Home reserves the right to transfer/relocate a Resident to a different room or LTC Home. The SHA or LTC Home will discuss transfer/relocation with the Resident and/or Responsible Party. If the situation is urgent, contact with the Responsible Party will be made as soon as possible once the Resident's care needs are met and explanations will be provided. Under these conditions, the SHA or LTC Home accepts responsibility to move the Resident's personal belongings to the Resident's new location and the associated costs.

17. If it is determined by the SHA or LTC Home that relocation or end of service is appropriate because the Resident's health has improved sufficiently so that the Resident no longer needs the services of the LTC Home, the Resident's care will be assessed, coordinated, and planned in collaboration with the Resident and/or the Responsible Party and an SHA Assessor Coordinator.

18. The Resident's personal health information will be shared with the receiving home when resident is transferred from one LTC to another LTC Home, acute care facility, medical clinic, etc. including the return from acute care.

19. The Resident/Responsible Party may request a transfer to another room within the home. The SHA or LTC Home will strive to accommodate such requests taking into consideration space availability, appropriateness of the transfer, the care needs of the Resident and other residents and the capacity of the home. The Resident/Responsible Party will collaborate with the SHA or LTC Home to arrange timely relocation of the Resident's belongings.

20. Resident/ Responsible Party may appeal a decision following the former Regional Health Authority practices and where applicable SHA policies.

21. The Resident/Responsible Party may request a transfer to another home that is able to support the care needs of the resident and providing there is no balance owing on the account.

22. In accordance with the SHA Finance policy and the Resident's financial agreement, the Resident/Responsible Party must ensure all payments are made and up to date at the end of service. The SHA will take the steps required to address any overdue funds at end of service, per the Saskatchewan Ministry of Health Program Guidelines for Special Care Homes, the SHA Finance policy and the Resident's financial agreement.

23. End of Service/Discharge/Death

- The circumstances surrounding Resident discharge/ end of service can be a sensitive and uncomfortable time for the Responsible party; ensuring end of service plans are arranged for removal of personal belongings can increase the Responsible party's ability to navigate the end of service with ease.
- The Resident/ Responsible party will ensure a plan is in place to remove the Resident's personal belongings within 48 hours of the end of service, unless otherwise discussed and agreed upon by the Responsible party and the LTC Home Manager/Director.
- Resident belongings are to be picked up within 14 days of Discharge/Death. After 14 days belongings will be disposed of, unless otherwise arranged between the Responsible Party and the LTC Home.

24. If the Resident and/or the Responsible Party fails to comply with this agreement

- A meeting between the Resident/Responsible Party and the administrator/Manager will be scheduled to discuss the areas of concern.
- Notice of end of service (exit from long-term care services as a final option) may also be given by the LTC Home.



LTC HOME CONTACT INFORMATION

Open and honest communication, full disclosure and mutual respect are cornerstones of establishing and maintaining relationships between care providers and recipients of care. SHA and its affiliates support a culture of openness and willingness to learn from issues and concerns and are committed to working with you to seek resolution. In the event that questions or concerns arise, they may be directed to:

Name/Title

Phone Number

AGREEMENT SCOPE

I, the undersigned Resident and/or Responsible Party, upon the Resident's move to a LTC Home within Saskatchewan Health Authority agree to the items outlined, as discussed, and I recognize that this agreement will remain in effect in the event of a subsequent move to another LTC Home.

DATED at _____, Saskatchewan, this _____ day of _____, 20____.

Signature of Resident, Responsible Party and/or PROXY

Signature of Witness

- Always talk with the person if they have capacity to make their own decisions.
- If the person can't make their own decisions, ensure you have identified the correct substitute decision maker.
 - It is important to set yourself up for quality conversation and good communication.
- FAQs are not a replacement for reasonable clinical judgement; the Advance Care Planning Program (ACPP)

1. What is the difference between a Health Care Directive (HCD) and Saskatchewan Medical Order for Scope of Treatment (SMOST)?

The Saskatchewan Medical Order for Scope of Treatment (SMOST) is a practitioner order which is signed by a physician or nurse practitioner. Similar to any other practitioner order, it's not signed by the patient. The SMOST is created as a result of shared decision making involving the health care team and the patient/ Substitute Decision Maker (SDM), and may include other support people if desired by the patient/SDM.

A Health Care Directive is a legal document where a person with capacity provides instruction and guidance for future health care decision making. It is signed and dated by the person and cannot be created by a substitute decision maker. **A Health Care Directive is only in effect when the person can't make decisions.** A Health Care Directive can only be created by the person and is not signed by a practitioner or other health care professional. In contrast to the SMOST, a health care directive can be created unilaterally by a person without involvement from a medical professional.

2. What is a medical directive?

Medical directives are overarching practitioner orders that authorize nursing to implement specific protocols for a patient population. They are not related to advance care planning and are not the same as a health care directive.

3. Is the SMOST only used/in effect when the person can't make their own decisions?

The SMOST, like all orders, is in effect once it is signed and dated by the practitioner who completes it.

A completed SMOST does not replace ongoing communication with the patient if they have capacity, or with their SDM if they do not have capacity. The SMOST is not intended to prevent continuing discussions about care plans as a patient's condition and/or wishes change. A new SMOST can be completed as appropriate to ensure clarity on the scope of treatment that matches the patient's goals.

Also, see Question 8: What happens if a SMOST was created when a person had capacity but has now lost capacity?

4. What is the role of non-physician/Nurse Practitioner (NP) team members in the completion of the SMOST?

All interdisciplinary team members may be involved in all aspects of the advance care planning processes, including supporting the patient/SDM and physician/NP during the shared decision making process, which will lead to the completion of the SMOST. The interdisciplinary team members have an important role in supporting and communicating with physicians and others in the interdisciplinary team about what the patient/SDM prefers.

This may include (where clinically appropriate and supported as part of the workflows in the care areas):

- having conversations with patients and SDMs about:
 - their current and future preferences,
 - medical and non-medical goals,
 - previous health experiences and how that impacts their preferences,
- supporting the patient's/SDMs understanding of their current health status and possible options, and
- sharing and documenting this information to support physicians/NPs in the completion of the SMOST.

Team members work within their scope of practice and job duties in their areas. In some care areas, certain team members' roles may be limited.

5. How can a SMOST be completed when practitioner availability on site is limited? What are the roles of the interdisciplinary team and the practitioner in completing the SMOST? Can a team member fill out the SMOST and have the physician sign it by phone or fax?

The multidisciplinary team can have conversations about goals of care and document those conversations to inform the completion of the SMOST. Team members ensure they are adequately comfortable with this task and have the education and understanding to be involved in goals of care conversations, including identifying the SDM if the patient does not have the capacity.

The scope of treatment that will be offered and recorded on the SMOST that appropriately reflects the goals of care for the resident/patient is the responsibility of the practitioner signing the SMOST. The practitioner can use information from the multidisciplinary team to complete the SMOST. The physician ensures they have had adequate involvement in the process and confirmation of the shared decision to be comfortable being accountable for the choices on the SMOST and their signature.

Follow the Clinical Documentation and Communication Standard [Practitioner Orders \(CS-CDCS-0049\)](#) for information about order sets and phone and fax orders.



6. When is the SMOST reviewed? When can it be changed?

The SMOST is reviewed:

- upon admission or move into a facility,
- upon transfer from unit to unit or facility to facility,
- when there is a change in the person's health,
- when requested by the patient/SDM or any member of the care team,
- at the annual conference in a long term care home.

The SMOST can be rewritten when the patient's health status or clinical condition changes or when the patient/SDM requests it. The SMOST is voided when a new SMOST is created.

7. When does the SMOST remain in effect?

The SMOST remains in effect when the patient:

- is transferred internally (between units in a facility);
- is transferred externally, directly from one hospital to another, including repatriations;
- moved into a long term care home directly from the hospital or goes to the hospital from a long term care home; and
- presents for ongoing care at specific outpatient units which have a process for the use of the SMOST in their area.

8. How is the SMOST managed when a patient is discharged home?

As an order set, the SMOST does not remain in effect after the patient is discharged home (except when the patient is transferred to another acute care or continuing care facility).

The SMOST is voided but remains in the green sleeve and can be used as information for further discussions with patients/SDMs. See [When and How to Use the SMOST - Advance Care Planning \(CS-G-0159\)](#) (#6).

9. What is the difference between C1 and C2?

C1 patients are not expected to die imminently, and there may be patients who live for a significant period of time with a C1 designation. C1 is for situations where a cure for the underlying condition is not the goal or is not possible and where death is eventually expected. The focus is on symptom control and quality of life; however, treatment of intercurrent illnesses could be contemplated after discussion with the patient/SDM if it is expected to help with symptoms, quality of life, and aligns with their values and wishes.

People may live for an extended period of time on C1, but their goal is to focus on comfort, not to extend their life.

The **C2** status is for situations where a person is imminently dying, where maximum efforts are focused on symptom control, and this may prompt consideration of moving to a private room, initiation of end-of-life orders, etc.

10. What is the difference between R3 and M?

There are variations across the province in the definition and understanding of “resuscitation” and “CPR”. This variation demonstrates the need for provincialization of resuscitation policy/practice and code blue responses. Feedback is sought for the first 90 days of implementation to consider clarification or revisions.

R3 is for persons who would accept resuscitation. **M** is for persons who would accept medical care.

- Specific interventions may fall into multiple categories depending on the situation.
- Clinical judgement, good communication, and documentation will be important to clarify what is clinically applicable and what can be agreed to or declined based on the person’s situation.
- The additional orders/ parameters section will be helpful for these situations.
- Interpretation may be influenced by local practices and understanding; therefore, it is imperative to review upon transfer.

11. What is the process when a long term care resident with a M2 or C1 designation has an acute injury and may need to be transferred to acute care?

If a long term care home resident suffers an acute injury that cannot be assessed or treated in the home, **transfer may be considered after discussion with the patient/SDM** when clinically appropriate. The SMOST is not intended to create barriers to assessment or treatment for unforeseen injuries. If known, any desired limits to tests or interventions for the possible injury (either from a HCD or from a conversation with the patient/SDM) should be shared with the acute care team. The SMOST does not need to be changed prior to the transfer. It is reviewed after assessment in acute care, considering the new clinical information available. A new SMOST outlining the agreed-upon scope of treatment for the injury may be created, or the current SMOST could remain in effect if there is no

change in the desired scope of treatment.

12. Can/should a person living in a long term care home with an M2 or C1 designation be sent to an acute care facility for assessment or treatment of an acute illness?

M2 Status

An M2 status indicates the patient or SDM has expressed a desire not to be transferred to acute care and only to receive interventions available in the current location, so they would not typically be transferred. It would be helpful to understand the patient/SDM preference for treatments of conditions that may be reversible if transferred but are not reversible in the current location.

If the patient changes their mind and requests transfer to a higher level of care, that can be done without re-writing the SMOST. Thorough documentation from the team members involved in the discussion with the patient is important and should be shared with acute care as part of the transfer plan. This information is documented and shared with the acute care team upon transfer.

If the SDM requests transfer, conversations should focus on the patients' wishes and what the patient would want in this situation, and would need to align with a HCD if one exists. When possible, conversations about transfer should include the MRP for the patient and can occur by phone. If the MRP is not available and the transfer decision is time sensitive, other team members responsible for the patients' care use clinical judgement and thorough documentation regarding the transfer decision.

If the person's symptoms cannot be managed in their current location, it is appropriate to consider transferring to a location equipped to manage their symptoms.

C1 Status

For patients with a C1 status, the focus is on symptom control and quality of life. It would be helpful to understand the patient/SDM preference for treatments of conditions that may be reversible if transferred but are not reversible in the current location. If the person's symptoms cannot be managed in their current location, it is appropriate to consider transferring to a location equipped to manage their symptoms.

For patients with a C1 status, transfer to acute care for the assessment or possible treatment of an acute illness may be appropriate for the purpose of symptom control and quality of life. This would typically happen after a discussion with the patient/SDM about their wishes and desired limits to interventions in acute care. At that time, discussion would be about a change to C2 status and preparation for imminent death or a request for more active treatment of the acute illness. *If the patient is unable to make the decision, the discussion with the SDM about possible changes to the scope of treatment should focus on what the patient's wishes are and what the patient would want in the situation.*

13. Does a SMOST category impact how staff should respond to a choking patient?

Choking is a medical emergency. Staff should respond to medical emergencies according to their training.

The SMOST is not a barrier to providing appropriate assistance to a choking patient. Interventions, including abdominal thrusts or chest thrusts used as per BLS procedure is not CPR and should not be withheld from a patient whose SMOST indicates no resuscitation.

If the situation progresses and the patient's heart stops, CPR would not be initiated if resuscitation does not align with their goals or the scope of treatment on the SMOST.

14. What happens if a SMOST was created when a person had capacity but has lost capacity? Can the SDM now request an escalation of care or a more aggressive scope of treatment than the patient previously chose?

The SMOST is an order that is written after shared decision making. If a patient and their MRP came to a shared decision about a treatment plan where the patient refuses to accept specific interventions such as resuscitation or transfer to another facility, there should be a *very high threshold to disregard this instruction from the patient*.

There may be times when a change in health status or life circumstances makes it reasonable for a care team and SDM to reach a different shared decision.

Team members should have conversations with SDMs/family/support people to understand why they feel a different care pathway should be pursued compared to what the patient chose when they had capacity.

Team members need to seek to understand the reasoning for the SDM/family's concerns by asking or framing the question as: "Is there any new information that the patient did not have/had not considered? If so, would that information change their decision at this time?" If there is no new information, possible phrasing: "I'm not hearing anything from you today that helps me understand why your loved one would have chosen something different. What am I not understanding?"

When a patient no longer has capacity, their HCD is now in effect. If there is a directive that clearly anticipates and gives directions relating to treatment for the specific circumstances that exist, then it must be followed and a SMOST needs to align with the health care directive.

The care team would also need to consider if the patient created a health care directive which does not clearly anticipate the circumstance that exists, but the directive provides information about the patient's wishes. This directive would inform the shared decision making process and may limit the choices available to the SDM.

15. What should the care team consider when there has been a request for a less aggressive scope of treatment, compared with what the patient previously wanted or agreed to during a SMOST conversation, and the patient no longer has capacity?

The MRP and care team are not obligated to offer treatments which are inappropriate, not clinically indicated, outside the standard of care, or have no reasonable expectation of benefits.

If there are treatments which may be considered clinically indicated, but there is a request or recommendation for a scope of treatment that does not include them, consider the following:

- Is the patient's incapacity believed to be permanent? If there is a reasonable chance the capacity may return, this could allow for further discussions with the patient.
- Is the clinical situation different now than when the SMOST was completed?
 - When there has been a change in the person's clinical condition (such as a medical event which resulted in a permanent loss of capacity) or a general decline in their overall health status, it may be reasonable to agree to a different care plan.
- In the time since the SMOST was completed, is there documentation of further conversations with the patient when they still had capacity? If so, this information should support shared decision making with the SDM.

16. When is a second practitioner's signature needed on the SMOST? Can the second signature be a nurse?

A second signature is only needed when the patient does not have capacity to make the medical decision and a reasonable attempt to locate a substitute decision maker has been unsuccessful.

If required, a second practitioner's signature does not have to be on the SMOST. Two treatment providers must agree in writing to the scope of treatment. One physician/NP signature must be on the SMOST; the other documentation could be written in the ACP documentation record or a dictated or written consult/progress note with a notation in the ACP record of where to find the documentation.

17. Where (in phase one) is the SMOST used and not used?

In phase one, the SMOST is used in acute care, long term care homes, inpatient rehabilitation units, and transitional care units. It will also be used in selected outpatient units, which have established processes for the management of the SMOST in consultation with the Advance Care Planning Program (ACPP).

18. Does a new SMOST need to be completed when a person is admitted to acute care from a long term care home?

The SMOST is reviewed, but if no changes are required, a new SMOST does not need to be completed. The SMOST from acute care remains in effect in the long term care home until changed.

19. Does a SMOST need to be completed for a new acute care admission?

A SMOST from a previous admission does not remain in effect. If clinical judgement determines a SMOST is needed, a new SMOST is completed after a new shared decision making conversation for each new acute care admission.

Residents of a long term care home who already have a SMOST in effect will not require a new SMOST to be completed for each acute care admission unless their wishes or conditions change. The SMOST from the long term care home remains in effect until it is changed.

20. Where should staff go if they have questions about advance care planning?

Please contact the ACPP intake phone line or email directly for support.

Contact the Advance Care Planning Program Monday to Friday, 8:00 a.m. to 4:30 p.m. (except statutory holidays).

306-766-5922 or toll-free 1-833-544-2255

advancecareplanningprgm@saskhealthauthority.ca

See the [Advance Care Planning Program](#) intranet page for additional helpful resources. →



PRACTITIONER ORDER

Site/Home _____

**COVID-19 VACCINE ADMINISTRATION FOR AGES 12 AND OVER
in Long Term Care**

Allergies: ☐ See Regional Allergy / Intolerance Record OR:

Resident Weight

Kg

☐ Actual

☐ Estimated

To complete the order form, fill in required blanks and initial the appropriate boxes (□).

Pre-checked boxes (☒) are initiated automatically. To delete orders, draw one line through the item and initial.

**Processed
(Initials)**
Refer to appropriate Procedure for further information and guidance:
[CV-19 CP0014 COVID-19 Vaccine - PEDIATRIC Administration – WITH a Patient Specific Order CV-19](#)
[CP0012 COVID-19 Vaccine ADULT Administration – WITH Patient Specific Order](#)
Eligibility, Screening and Consent
****If resident is under the age of 12, obtain resident-specific practitioner order and follow Procedure [CV-19 CP0014](#), OR refer to a public health clinic or community pharmacy if applicable****
This section may be completed by any licensed health care provider

Review full [Moderna XBB.1.5 or Pfizer BioNTech XBB.1.5 Vaccine Screening Questions](#)* to determine if any precautions or contraindications exist

**DONE
(Initial)**

*<https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/covid-19-vaccine/covid-19-information/covid-19-vaccine-details>

Consent is required for every dose

Verbal consent (from residents with capacity) or confirmation of previous consent (within the last year from residents without capacity) obtained from:

**DONE
(Initial)**

_____(e.g. resident, Sept 2023 consent)

OR

If no previous consent completed, and resident is unable to consent or sign for medical services, complete COVID-19 Vaccine Consent Form ([SHA 0096](#)¹ or [SHA 0132](#)²) with legal SDM if appropriate **NOTE:** Consent may be completed by immunization provider

Ages 12 – 17: Refer to [CV-19 G0140](#) for further information and guidelines regarding obtaining informed consent for Mature Minors and Children

¹<https://www.saskhealthauthority.ca/system/files/2022-09/SHA-0096-Vaccine-Consent-with-Substitute-Decision-Maker.pdf>
²<https://www.saskhealthauthority.ca/system/files/2022-09/SHA-0132-Vaccine-Consent-without-Substitute-Decision-Maker.pdf>
COVID-19 Vaccine Administration

Patient [immunocompromised](#)³? ☐ No ☐ Yes

(If “Yes”, refer to **Table 2** of [XBB.1.5 COVID-19 Vaccine Schedules](#)⁴ for dosing and intervals) Last

dose of COVID-19 vaccine: _____(date) **OR** ☐ No previous dose(s)

³ <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-26-covid-19-vaccine.html#a6.4.considerations>
⁴ <https://www.ehealthsask.ca/services/Manuals/Documents/sim-chapter10.pdf#page=9>
Practitioner:

PRINTED NAME

SIGNATURE

DATE/TIME

Approved by: Department of Population & Public Health, March 2023

Approved for use by: SHA Order Set Committee, April 2023

PRACTITIONER ORDER
**COVID-19 VACCINE ADMINISTRATION FOR AGES 12 AND OVER
in Long Term Care**


To complete the order form, fill in required blanks and initial the appropriate boxes (□).

Pre-checked boxes (☒) are initiated automatically. To delete orders, draw one line through the item and initial.

Processed
(Initials)

Administer ONE vaccine (Pfizer BioNTech XBB.1.5 OR Moderna XBB.1.5),
based on availability and/or eligibility

Follow local process for obtaining vaccine

Pfizer BioNTech XBB.1.5

(Grey Cap & Label Border)

DO NOT DILUTE

Moderna XBB.1.5

(Royal Blue Cap/Coral Blue Label)

DO NOT DILUTE

For individuals who are NOT immunocompromised:

- ☒ **0.3 mL (30 mcg)** IM x 1 dose as per **Table 1** of
[XBB.1.5 COVID-19 Vaccine Schedules⁴](#)

**For individuals who are NOT
immunocompromised:**

- ☒ **0.5 mL (50 mcg)** IM x 1 dose as per **Table 1**
of [XBB.1.5 COVID-19 Vaccine Schedules⁴](#)

**For moderately to severely immunocompromised³
individuals ONLY:**

- ☒ **0.3 mL (30 mcg)** IM x 1 dose as per **Table 2** of
[XBB.1.5 COVID-19 Vaccine Schedules⁴](#)
- ☒ Repeat **0.3 mL (30 mcg)** IM for number of doses
and interval indicated in **Table 2** of [XBB.1.5
COVID-19 Vaccine Schedules⁴](#)

**For moderately to severely
immunocompromised³ individuals ONLY:**

- ☒ **0.5 mL (50 mcg)** IM x 1 dose as per **Table 2**
of [XBB.1.5 COVID-19 Vaccine Schedules⁴](#)
- ☒ Repeat **0.5 mL (50 mcg)** IM for number of
doses and interval indicated in **Table 2** of
[XBB.1.5 COVID-19 Vaccine Schedules⁴](#)

³ <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-26-covid-19-vaccine.html#a6.4.considerations>

⁴ <https://www.ehealthask.ca/services/Manuals/Documents/sim-chapter10.pdf#page=9>

- ☒ If resident is discharged or transferred prior to receiving any additional required dose(s) inform resident and/or Substitute Decision Maker of next dose(s) due date(s), and follow local process to have appointment(s) booked

Management of a suspected anaphylactic reaction

- ☒ Refer to Clinical Procedure [CS-CP-0014 Anaphylaxis – Identification and Initial Treatment – Acute and Continuing Care Settings](#)
- ☒ For non-SHA employees and/or affiliates, refer to orders on Page 3

Practitioner:

PRINTED NAME

SIGNATURE

DATE/TIME

PRACTITIONER ORDER
**COVID-19 VACCINE ADMINISTRATION FOR AGES 12 AND OVER
in Long Term Care**


To complete the order form, fill in required blanks and initial the appropriate boxes (☐).
Pre-checked boxes (☑) are initiated automatically. To delete orders, draw one line through the item and initial.

Processed
(Initials)

Management of a suspected anaphylactic reaction

☑ Escalate as per local area and setting specific practices (e.g. Code Blue, Call 911)

****Where physician/emergency assistance (e.g. Code Team, EMS) is not immediately available, use EPINEPHrine as ordered below:**

EPINEPHrine

☑ Administer EPINEPHrine intramuscular (IM) into vastus lateralis (anterolateral thigh) x 1 dose

☑ Repeat every 5 minutes PRN to a **maximum of 3 doses total**

☑ Refer to table below for appropriate dose relative to patient weight / age

NOTE: If weight is unknown or is not readily available, then dosing by age is next appropriate practice.

- Use **ONLY EPINEPHrine 1 mg/mL**
- Use patient supply as last resort if available

Weight (kg)	Weight (pounds)	Age	EPINEPHrine 1 mg/mL
2 – 5.4	4 – 11	0 – 6 months	0.05 mg IM
5.5 – 10.4	12 – 22	7 – 24 months	0.1 mg IM
10.5 – 15.4	23 – 33	3 years	0.15 mg IM
15.5 – 20.4	34 – 44	4 – 5 years	0.2 mg IM
20.5 – 25.4	45 – 55	6 – 7 years	0.25 mg IM
25.5 – 35.4	56 – 77	8 – 10 years	0.3 mg IM
35.5 – 45.4	78 – 99	11 – 12 years	0.4 mg IM
45.5 kg and over	100 pounds and over	13 years and older	0.5 mg IM

Or Auto-Injector

Weight	Auto-injector
Children 30 kg and over Adolescents 30 kg to less than 60 kg Adults less than 60 kg	0.3 mg (EpiPen® or Emerade®)

☑ Notify Practitioner immediately for assessment and further orders

☑ Complete [Report of Adverse Events Following Immunization \(AEFI\)](https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/aefi-form-july23-2020-eng.pdf) and forward to area MHO
(<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/aefi-form-july23-2020-eng.pdf>)

Practitioner:			
	PRINTED NAME	SIGNATURE	DATE/TIME



PRACTITIONER ORDER



514 Queen Street, Saskatoon, SK, S7K 0M5

P (306) 653-5112

F (306) 653-1661

Email: cheethamspharmacy@gmail.com

Payment Authorization form

I authorize Cheetham's Pharmacy Inc. and its associated financial institution to begin regular deductions from my/our financial institution or credit card for my/our associated charges related to pharmacy services received from Cheetham's Pharmacy. Payments of the charges associated with received pharmacy services will be deducted within the first 3 days of each month. The charges will be for the pharmacy services that resident(s) received in the previous month, for example charges for services received in January will be processed in February and so on. **You have waived the right to receive pre notification of the PAD and have agreed that you do not require advance notice of the amount of PAD/PAP prior to processing the charges.** Cheetham's Pharmacy Inc. will seek prior authorization for any charges that are sporadic or non-pharmacy related.

This authorization remains in effect until Cheetham's Pharmacy receives a written authorization of change or termination. Once the notice is received I/we agree that Cheetham's Pharmacy will process the final charges and once the final charges are processed, the payment agreement is terminated. The change or termination notice can be provided to the Pharmacy by email or mailing to the address provided below.

Cheetham's Pharmacy Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to us. I/we have certain recourse rights if any debit/charge does not comply with this agreement. For example, I/We have the right to receive reimbursement for any PAD/PAP that is not authorized or is not consistent with this PAD/PAP Agreement. In case of non-sufficient funds, there will be a \$10 charge per instance. Please fill the information below.

Name of the resident: _____ SK Health Card #: _____

Power of Attorney Full Name: _____ (Please provide POA Document)

POA Correspondence Name: _____, Email: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Ph # 1) _____ 2) _____

I, _____ (resident or POA), authorize Cheetham's Pharmacy to transmit personal health information via email for the listed patient.

Authorized Signature: _____

Date: ____/____/____



514 Queen Street, Saskatoon, SK, S7K 0M5

P (306) 653-5112

F (306) 653-1661

Email: cheethamspharmacy@gmail.com

Payment Options:

Option 1:

Pre authorized debit: Please provide a copy of Pre Authorized Debit form from the Financial institution or a copy of a VOID cheque.

Option 2:

Credit Card Authorization (please be advised that there will be a 1.5% service charge applied to the payment when using the credit card for auto payment.)

Please fill in the information below and email mail or fax to the pharmacy.

Credit Card (Visa/ MasterCard/ Amex # _____ (16 digit or 15 digit for AMEX)

Card Expiration Date: ____ (MM) ____ (YYYY) CVV: ____ (3 or 4 digits)

Authorized signature: _____ Date: _____

Medication Change and Medication Review Authorization

I am aware that medications may be modified and changed for the resident by the physician/prescriber from time to time.

I am aware that Cheetham's Pharmacy will conduct medication reviews from time to time and suggest possible changes to the medications to the physician in order to ensure the most appropriate medications are being used, drug interactions are prevented, and the resident'/ patient's health is at the forefront of therapies. These reviews may be conducted in collaboration with physicians, the home's care staff, and any other health care professional involved in the care of the resident/ patient.

I am aware and agree that Cheetham's Pharmacy can and will make changes to the medication regimen according to the physician's orders.

Please complete this authorization and return to the above mentioned address or email address.

Authorized Signature _____ Date _____