

LTC EXPANDED APPLICATION

FEBRUARY 17, 2021

[LTC+ Acting on Pandemic Learning Together](#) is expanding to support organizations dedicated to caring for people experiencing homelessness or substance use. [LTC Expanded](#) is a collaboration between the [Canadian Centre on Substance Use and Addiction](#) and the newly amalgamated organization that brings together the Canadian Foundation for Healthcare Improvement and Canadian Patient Safety Institute, with partners from across the country.

Community residential substance use facilities, detoxification facilities and shelters serving those experiencing homelessness can join LTC Expanded. Organizations can receive support such as coaching, mentorship and up to \$10,000 to contribute towards pandemic response plans. This funding can be used where the need is the greatest, including vaccine roll-out, staff time, harm reduction training/education or supplies, purchase of personal protective equipment (PPE) and mental health training/support.

We are committed to ensuring the program expansion meets the needs of those participating. We will work with the teams who join in this first phase to co-create a longer-term program and a menu of virtual activities.

Organizations can apply to join LTC Expanded by completing this application form. Please send the completed form to LTC-SLD@cfhi-fcass.ca before March 17, 2021 (11:59pm ET) and a member of our team will follow up within three to five business days.

ELIGIBILITY

In order to qualify for access to this program, including funding, please confirm you meet one of the following criteria:

1. Shelter

I am applying on behalf of a publicly funded facility that is currently operating, serving people experiencing homelessness.

2. Community bed-based services for individuals who use substances or have substance use disorders

Please note: to qualify as a bed-based service you must offer a residential setting with a minimum 24 hour stay.

I am applying for a publicly-funded, bed-based organization that is currently operating and providing service that delivers:

APPLICATION

ORGANIZATIONAL TEAM LEAD

First name	
Last name	
Email address	
Phone number	
Title	
Primary role	
if other, please specify:	
Gender*	
Language preference	
if other, please specify:	
Organization legal name	
Organization address	
City	
Province	
Postal code	
Facility number of beds	

Are you participating in an accreditation program?

Yes No If yes, name of accreditation body:

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Are you are a single site or multi-site organization?

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If multi-site, how many sites does your organization have?

--

Would you like to access funding for each of these sites? Yes No

HOW DID YOU LEARN ABOUT THIS PROGRAM?

If other, please specify:

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* Gender refers to the gender that a person internally feels and/or the gender a person publicly expresses. CFHI is a not-for-profit organization funded by Health Canada. CFHI collects this information as required by our Contribution Agreement with Health Canada. This data is reported in an aggregate format across all programming in our Performance Measurement Framework. The Government of Canada collects this data because it is increasingly focusing on gender-based analysis and considering sex and gender in policy development and programming.

PANDEMIC PREPAREDNESS AND RESPONSE PLANNING SELF-ASSESSMENT

Category	Factors	Considerations	Assessment (select one per row)			
			Completed	Priority Activity for this Project	Gap to be Addressed in the Future	Not applicable
PLAN FOR COVID-19 AND NON-COVID-19 CARE (CONSISTENT ACCESS TO QUALITY CARE)	All clients have a current, person-centered, integrated care plan and access to programming.	<i>Access to high quality programming that can be delivered in place during an outbreak or lockdown.</i>				
	All clients have access to high quality primary health care or substance use treatment plan that can be delivered in place during the outbreak.	<i>Plan in place to support access for all clients to primary healthcare and/or substance use services. The National Rapid Guidance documents developed by CRISM and available at www.crisms.ca/projects/covid provide information on operational changes to address the needs of people who use substances in the context of COVID-19.</i>				
	There is a contingency for prioritizing critical and non-essential services.	<i>Ways to maintain and reorganize specialty and/or chronic care and services for clients.</i>				
	There are psychosocial supports for clients during an outbreak.	<i>Visiting; technology-enabled alternatives to visits and activities during lockdown; end-of-life support; compassionate care visits.</i>				
PEOPLE IN THE WORKFORCE	The community-transmission risk that staff, informal supports, clients and their families face are understood and mitigated where possible.					
	There are psychosocial supports for all members of the care team and they are informed about psychological health and safety.					
	There is a policy in place regarding volunteers, peers or non-medical service providers.					

Category	Factors	Considerations	Assessment (select one per row)			
			Completed	Priority Activity for this Project	Gap to be Addressed in the Future	Not applicable
PREPARATION	There is a comprehensive, clear and well-communicated pandemic plan in place.	<i>Leadership; reporting and communication; infection prevention and control policy and strategy, case recognition, staff and client management, supply/ use of personal protective equipment (PPE), testing, screening, monitoring, isolation, lockdown, surge capacity, client transfers and admissions, and regularly scheduled inspections by local Public Health supporting implementation of pandemic plans and environmental safety.</i>				
	There is there a comprehensive, clear and well-communicated outbreak plan in place.					
	There is a co-designed regional partner response for different outbreak scenarios.	<i>Input from health system planners.</i>				
	Infection prevention and control (IPAC) protocols, education, training, compliance measures and signage are updated and implemented in the case of an outbreak.	<i>Hand hygiene, PPE), cleaning, controlled access points, screening and testing procedures; third-party assessments and/or guidance with IPAC protocols; plans to monitor and manage consumable supplies and PPE.</i>				
	There is a plan in place for communicating with regional/ territorial/ provincial Public Health authorities during a pandemic or outbreak.	<i>Being informed on emerging pandemic surveillance or guidance; informing the local public health unit on suspected or known client and staff cases.</i>				
	Leadership responsibilities during the outbreak/pandemic response are clearly stated and communicated.	<i>A multidisciplinary committee/team to address pandemic preparedness, planning and response; involvement of clients(s) and care partner(s); clinical leadership from a medical director or suitable replacement physically on-site during an outbreak; identification of person(s) to liaise with the local public health unit.</i>				

Category	Factors	Considerations	Assessment (select one per row)			
			Completed	Priority Activity for this Project	Gap to be Addressed in the Future	Not applicable
PREPARATION (cont'd)	It is clear how staff, clients, visitors and care partners are informed of emerging pandemic or outbreak information points of contact within the facility.	<i>Disclosing a known or suspected client or staff case; providing necessary education and training on relevant policies, IPAC, risk assessment, reporting processes, source control, routine practices and additional precautions; identifying person(s) to support clients, staff and care partners seeking direction, support or assistance.</i>				
	There is an understanding of when an outbreak can be declared over.					
COVID-19 PREVENTION[†]	There are there procedures in place for screening and testing clients, staff, visitors and care partners (including but not limited to procedures for when clients spend time outside of the facility)	<i>Frequency of screening and/or testing, source control while in the facility, staff responsibilities, transporting specimens to laboratory for testing.</i>				
	There are procedures in place around client mask use within the facility.	<i>Use of masks within all public areas of the facility and how to support compliance with this policy.</i>				
	It is clear how the facility will respond to a suspected or known case.	<i>Immediate testing of symptomatic clients and contacts; contact tracing; notifying Public Health; case management protocols; informing clients, staff, care partners; client cohorting; enforcing droplet/contact precautions; stopping in-person group activities; providing meals in the clients room.</i>				

[†] Refer to COVID-19-specific checklists for guidance on outbreak prevention, surveillance, management, and resolution in your setting.

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			Completed	Priority Activity for this Project	Gap to be Addressed in the Future	Not applicable
PANDEMIC RESPONSE AND SURGE CAPACITY	There are surveillance methods to proactively identify an outbreak or where surge capacity may be needed.	<i>For example, data and/or dashboards.</i>				
	Leadership knows where to turn for assistance in the region/ province/ territory if there is an outbreak.	<i>Surge capacity and ready response teams; identification of local public health unit liaison; process for infectious disease testing if unavailable internally.</i>				
	There is a pre-agreed plan in place for surge capacity support.	<i>Uncovering ways to identify minimum staffing needs and staffing shortages; increasing capacity through training and recruitment as required.</i>				
	There are criteria for grouping clients and maintaining/offering appropriate plans of care in the case of an outbreak.	<i>Ways to reduce the risk of cross-infection; managing palliative care, access to medications, and pain control.</i>				
	There are measures for safe admissions during a pandemic and/or outbreak.	<i>Droplet/contact precautions; testing upon admission (excluding shelters); isolation measures, cessation of admissions during an outbreak.</i>				
PRESENCE OF FAMILY: FAMILIES CAREGIVERS AS ESSENTIAL PARTNERS IN CARE	Families are recognized and supported as partners in care.					
	It is clear how visiting policies will be updated as new information emerges during a pandemic and/or outbreak. When and how will clients and/or family caregivers be consulted to inform changes.	<i>Updating information on screening; restrictions or requirements; education on hand hygiene.</i>				

ADDITIONAL QUESTIONS

DOES YOUR ORGANIZATION WISH TO HAVE ACCESS TO POSSIBLE FUNDING?

In some cases funding of up to \$10,000 will be available to support pandemic response. Organizations accessing coaching and/or funding will be asked to sign a Letter of Agreement (LOA), which outlines the program's commitments and expectations. The LOA will be provided by email to organizations once requests are approved.

Yes

No

Letter of Agreement (LOA) Signing Authority

IMPROVEMENT OBJECTIVE

Which category does your improvement objective fall within? Please see the assessment tool above to identify which category your objective falls within. Click all that apply:

Plan for COVID-19 and non-COVID-19 care

COVID-19 Prevention

People in the Workforce

Pandemic Response and Surge Capacity

Preparation

Presence of Family

BUDGET

Please ensure that your funding request as identified in this budget is tied to an improvement objective identified above e.g. if you are looking to purchase harm reduction supplies you would indicate your improvement objective as 'Plan for COVID-19 and non COVID-19 care.' Complete a high-level budget, as below. Combined amounts cannot exceed \$10,000.

	Item/Activity	Amount
Staff		
Travel		
Equipment		
Supplies and services		

LEARNING OUTCOMES

What are three things you are hoping to learn through your participation in this program?

Please indicate which of the following you are interested in (check all that apply):

Change management

Infection prevention and control practices

Vaccination

Virtual care

Supporting people in the workforce

Staffing

Other:

We are currently examining how best to support the selected organizations with opportunities to share their learning and emerging best/promising practices. Understanding the capacity of organizations will vary given their service delivery commitments, we would like to know what opportunities would work best for you. Please select one of the options below.

Periodic Webinars: An opportunity for a facilitated discussion twice over the life of the initiative where projects could share emerging best practices and learnings. Time commitment: 2, 1-hour sessions over the duration of the project.

Huddles: Learning sessions that would be an opportunity for teams to come together in small groups to share their learnings and emerging best practices. Time commitment: 4, 1-hour sessions to ensure projects have the opportunity to overlap in their engagement with each other.

Coaching: Project teams would be paired with coaches for one-on-one sessions regularly throughout the project to receive expert mentorship and advice on project activities and approaches. Coaching support would be provided by subject matter experts related to change management and quality improvement. Time commitment: 1-hour sessions, bi-monthly over the duration of the project.

If you have any other ideas regarding how to best engage, please let us know below.

THANK YOU

Please send the completed form to LTC-SLD@cfhi-fcass.ca before March 17, 2021 (11:59pm ET) and a member of our team will follow up within three to five business days.

About The Canadian Foundation for Healthcare Improvement and the Canadian Patient Safety Institute

The newly amalgamated organization that brings together the Canadian Foundation for Healthcare Improvement and the Canadian Patient Safety Institute works with partners to share proven healthcare innovations and best practices in patient safety and healthcare quality. Working together with patients and other partners, we can deliver lasting improvement in patient experience, work life of healthcare providers, value for money and the health of everyone in Canada. The organization is a not-for-profit charity funded by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada. Visit cfhi-fcass.ca and patientsafetyinstitute.ca for more information.