

**First Available Bed (FAB) in  
Newfoundland and Labrador  
(NL)**

# FAB in NL

- Regional Health Authorities Act (May 26, 2006)  
{<http://www.assembly.nl.ca/Legislation/sr/statutes/r07-1.htm>}
- 16. (3) In carrying out its responsibilities, an authority shall
  - (d) manage and allocate resources, including funds provided by the government for health and community services, in accordance with this Act
  - (e) ensure that services are provided in a manner that coordinates and integrates health and community services
  - (g) collect and analyze health and community services information for use in the development and implementation of health and community services policies and programs for its region

# FAB in NL

17. (g) An authority may exercise the other powers that are necessary to carry out its duties and responsibilities and exercise its power under [the] Act

Mandated to supervise, direct, and control the delivery of health and community services across the spectrum

Mandated to manage and allocate resources from government in a manner which integrates and coordinates the provision of these services

# FAB in NL

- Does the legislation provide the framework for this policy?
- Individual rights v. Provision of services across a continuum with limited resources

# FAB in NL

- Provincial LTC Standards (2005)  
{[http://www.health.gov.nl.ca/health/publications/long\\_term\\_care\\_standard.pdf](http://www.health.gov.nl.ca/health/publications/long_term_care_standard.pdf)}
- Section I – Governance
- Standard 1 – Statement of Philosophy of Resident-Centred Care
  - Quality of life
  - Holistic care
  - Dignity and respect
  - Resident and family satisfaction

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- Section III – Care Services
- Standard 1 – Admission, Placement, and Transfer
  - 1.5 The resident signs an agreement which outlines the expectations of both parties regarding provision and acceptance of services.
  - 1.6 The resident participates in the development of his/her integrated care plan, which is initiated on admission

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- Section V – Empowering the Resident
- Standard 1 – Resident's Rights

Outcome – The Resident experiences personal rights, privileges, and basic freedoms, in accordance with the current Bill of Rights of Persons Requiring Long Term Care, Newfoundland Human Rights Association.

1.1.8 The right to refuse medical treatment except where without such treatment the safety of others cannot be assured by any other means within available resources.

1.1.14 The right to participate in making decisions which affect daily life.

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- Standard 7 – Consent for Health Care Intervention – The resident is aware of and involved in his/her care, including invasive procedures and treatment referrals, by being fully informed about expected outcomes of either acceptance or rejection of such care. The resident has the right to accept or reject any health care interventions.



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7.1 – There are policies and procedures in place to ensure that the resident is aware of the right to accept or refuse the provision of authorized health care interventions and related treatments.

# FAB in NL

- In Practical Terms
  - ERHA covers 21,000 km
  - Population of 290,000
  - Urban & rural geographies
  - Urban & rural inconsistencies (BTO Effect)

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## Alternatives?

- Withdrawal of services
- Creation of ALC locations
- Limitations of choice

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