Long-Term Care Services

(Draft for Public Review)

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SCC Foreword

A National Standard of Canada is a standard developed by a Standards Council of Canada (SCC) accredited Standards Development Organization, in compliance with requirements and guidance set out by SCC. More information on National Standards of Canada can be found at www.scc.ca.

SCC is a Crown corporation within the portfolio of Innovation, Science and Economic Development (ISED) Canada. With the goal of enhancing Canada's economic competitiveness and social well-being, SCC leads and facilitates the development and use of national and international standards. SCC also coordinates Canadian participation in standards development and identifies strategies to advance Canadian standardization efforts.

Accreditation services are provided by SCC to various customers, including product certifiers, testing laboratories, and standards development organizations. A list of SCC programs and accredited bodies is publicly available at www.scc.ca.

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This standard was developed in compliance with Standards Council of Canada Requirements and Guidance for Standards Development Organizations.

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Technical Committee Members

Long-Term Care Services

HSO's Technical Committees include diverse representation from multiple stakeholder groups including people with lived experiences, care providers, clinicians, researchers, and policy makers who lead the development of HSO's standards. Working with an HSO project team, Technical Committees oversee the standard development process, ensuring that all points of view are represented.

The development and publication of this standard would not have been possible without the contributions of the Technical Committee members listed below. The generous voluntary time commitment and insights that each member provided is greatly appreciated.

Please note that the views of the Technical Committee members on HSO's TC 008 Long-Term Care Services are representative of their expertise and not of their respective organizations.

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Preface

Health Standards Organization (HSO) develops evidence-based health and social services standards, assessment programs, and quality improvement solutions. Recognized as a Standards Development Organization by the Standards Council of Canada, we work with leading experts and people with lived experiences from around the world, using a rigorous public engagement process, to co-design standards that are people-centred, integrated and promote safe and reliable care. For more information visit www.healthstandards.org.

HSO's People-Centred Care Philosophy and Approach

People-centred care (PCC) is an integral component of HSO's philosophy and approach. PCC is defined by the World Health Organization as: "An approach to care that consciously adopts the perspectives of individuals, families and communities, and sees them as participants as well as beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways. People-centred care requires that people have the education and support they need to make decisions and participate in their own care. It is organized around the health needs and expectations of people rather than diseases" (World Health Organization, 2016). This definition is inclusive of all individuals – patients, residents, clients, families, caregivers, and diverse communities.

As such, PCC guides both what HSO does and how HSO does it. PCC calls for a renewed focus on the interaction and collaboration between people, leading to stronger teamwork, higher morale, and improved co-ordination of care (Frampton et al., 2017). This ensures people receive the appropriate type of care in the right care environment.

With a mission to inspire people, in Canada and around the world, to make positive change that improves the quality of health and social services for all, HSO has developed the following guiding PCC principles:

1. ***Integrity and relevance:*** *Upholding the expertise of people in their lived experiences of care; Planning and delivering care through processes that make space for mutual understanding of needs/perspectives and allow for outcomes that have been influenced by the expertise of all.*
2. ***Communication and trust:*** *Communicating and sharing complete and unbiased information in ways that are affirming and useful; Providing timely, complete, and accurate information to effectively participate in care and decision making.*
3. ***Inclusion and preparation:*** *Ensuring that people from diverse backgrounds and contexts have fair access to care and opportunities to plan and evaluate services; Encouraging and supporting people to participate in care and decision making to the extent that they wish.*
4. ***Humility and learning:*** *Encouraging people to share problems and concerns in order to promote continuous learning and quality improvement; Promoting a just culture and system improvement over blame and judgement.*

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About Our Standards

HSO standards are the foundation on which high-quality care, public policy, and leading-edge accreditation programs are built. Standards create a strong health care structure that the public, care providers, and policy makers can rely on, assuring high-quality health services where it matters most.

HSO's standards are formatted using the following structure.

- **Section:** A section of the standard that relates to a specific topic.
- **Clause:** A thematic statement that introduces a set of criteria.
- **Criteria:** Requirements based on evidence that describe what is needed by people to achieve a particular activity. Each criterion outlines the intent, action, and accountability.
- **Guidelines:** Provide additional information and context to support the implementation of the set of criteria under each clause.

About This Standard

The CAN/HSO 21001:2022 (E) *Long-Term Care Services* standard is a revision of the HSO 21001:2020 – *Long-Term Care Services* standard. It focuses on enabling resident-centred and high-quality care, a healthy and competent workforce, and an outcome-focused organizational culture in long-term care (LTC) homes.

The target audiences for the use of this standard includes residents, teams and the workforce, organizational leaders, and governing bodies of LTC homes. It is structured into the following sections:

1) Governing LTC Home's Strategies, Activities, and Outcomes
2) Promoting Resident-Centred Care with a Compassionate, Team-Based Approach
3) Providing a Welcoming and Safe Home-Like Environment
4) Respecting Residents' Rights
5) Enabling a Meaningful Quality of Life for Residents
6) Delivering High-Quality Care Based on the Life Experiences, Needs, and Preferences of Residents
7) Enabling the Delivery of High-Quality Care Through Safe and Effective Organizational Practices
8) Coordinating Care and Integrated Services
9) Enabling a Healthy and Competent Workforce
10) Promoting Quality Improvement

This standard provides LTC home residents, teams, organizational leaders, and governing bodies with guidance on:

- Providing evidence-informed, resident-centred care that values compassion, respect, dignity, trust, and a meaningful quality of life
- Working in a team-based way to deliver high-quality care that is culturally safe and appropriate to the diverse needs of the residents, the workforce, and the broader team involved in the life of an LTC home
- Enabling a healthy, competent, and resilient LTC home workforce and healthy working conditions
- Upholding strong governance practices and operations and a culture that is outcomes-focused and committed to continuous learning and quality improvement

In addition to the target audiences listed above, the standard also provides:

- Residents, communities, and other stakeholders with information on what to expect from an LTC home

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- External assessment bodies with evidence-informed content to include in LTC assessment programs
- Decision makers with a quality and safety blueprint to guide policy development and requirements to ensure the delivery of high-quality resident-centred care and enable healthy working conditions

This standard is intended to be used as part of a conformity assessment. This standard may also be used alone as a resource document.

This standard will be undergoing periodic maintenance. HSO will review and publish this standard on a schedule not to exceed five years from the date of publication.

Disclaimer

The intended application of this standard is stated in the Scope section below. It is important to note that it remains the responsibility of the users of this standard to judge its suitability for their particular purpose.

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Long-Term Care Services

Introduction

Why long-term care matters now more than ever

In Canada, long-term care (LTC) is the largest type of health care that is neither publicly guaranteed nor insured under the *Canada Health Act*. The provision of LTC is almost universally legislated by the provinces and territories, and each jurisdiction offers a variable range of LTC services. From one jurisdiction to another, there are variations in legislative and regulatory frameworks, coverage levels, qualifying criteria, design, and quality assurance and enforcement standards. There is growing public pressure to ensure that LTC services meet the needs of Canada's ageing population effectively and sustainably. While the current demand for LTC services in Canada is already unprecedented and is only expected to grow, Canada's LTC systems have been plagued by long-standing, systemic vulnerabilities when it comes to funding, staffing, building, and maintaining LTC homes that can consistently deliver high-quality, resident-centred care (National Institute on Ageing, 2019).

Recent reports have only served to further underscore the complexities and vulnerabilities of Canada's LTC systems. These include the need for adequate funding; the need to invest in a healthy and competent workforce; the need for stronger infection prevention and control practices; and the need for better standards and accountability measures that can enable and consistently deliver high-quality, resident-centred care and improve residents' quality of life (Healthcare Excellence Canada, 2020; Royal Society of Canada, 2020; Marrocco et al., 2021; Office of the Seniors Advocate British Columbia, 2021). Multiple LTC reports that have been commissioned over the past decade have generated common recommendations for improvement across Canadian LTC homes that fundamentally call for better coordinated federal and provincial investments and funding into LTC homes to improve staffing levels, the provision of direct care, infrastructure, and the overall capacity of the LTC system to respond to the growing needs of Canada's ageing population (Wong et al., 2020). While the issues related to legislation, regulation, funding, accountability, and determining who can own and/or operate LTC homes are by and large the responsibility of provincial and territorial governments, addressing them will be necessary to enable the successful implementation of the new national standard for LTC being developed by HSO.

A necessary wake-up call on the state of long-term care in Canada

Canada's LTC homes house close to a quarter of a million mostly older Canadians, and the COVID-19 pandemic exposed significant gaps in the ability of these homes to provide high-quality, resident-centred care (Statistics Canada, 2016). The Canadian Institute for Health Information (2020) reported that during the first few months of the global pandemic, 81 percent of Canada's known COVID-19 deaths occurred within its LTC and retirement homes—the highest rate across all Organization for Economic Co-operation and Development countries and nearly double the overall average reported rates of death. Furthermore, the risk of dying from COVID-19 was found to be 73.7 times greater among older Canadians living in LTC and retirement homes than in their own private dwellings at the outset of the pandemic (Sepulveda et al., 2020).

Now that 54 percent of Canada's LTC and retirement homes have had COVID-19 outbreaks, with over 15,800 resident and 32 workforce deaths, there has been significant public attention and continued calls to improve the provision of LTC services for all Canadians (National Institute on Ageing, n.d).

Enabling the future of long-term care in Canada with new national standards for long-term care

In response to the federal government's commitment in 2020 to improve the provision of LTC across Canada, the Standards Council of Canada (SCC), Health Standards Organization (HSO), and the Canadian Standards Association (CSA Group) agreed to align to develop two new complementary national standards for LTC that would be shaped by the

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needs and voices of Canada's LTC home residents, workforce, local communities, as well as broader members of the public.

HSO standards are evidence- and experience-informed. To enable its work, HSO established an LTC Services Standard Technical Committee that conducted extensive research and solicited input from Canadians through multiple engagement activities. The content of this standard is based on findings from literature reviews, clinical and technical expertise, and listening to and seeking input from those with lived experience.

The HSO LTC Services Standard Technical Committee's Inaugural National Survey to support the development of this standard elicited 16,093 responses from people across every part of Canada. In subsequent consultation exercises, 1,984 more Canadians participated in helping to shape the development of this new standard, and close to 50,000 visited HSO's LTC Services standard website at https://longtermcarestandards.ca/. HSO has published summaries of the results from the National Survey and subsequent consultation exercises in two reports titled *What We Heard Report #1* and *What We Heard Report #2*.

In developing the standard, the HSO LTC Services Standard Technical Committee focused on addressing the following four domains: providing resident-centred care; providing high-quality care; enabling a healthy, competent, and resilient LTC home workforce; and upholding strong governance practices and operations.

At the onset of design, the committee identified six overarching foundational principles to guide and inform the development of the standard, as follows:

1. LTC homes are both homes and workplaces, where the conditions of work are the conditions of care. A healthy and competent workforce is key to creating a home-like environment and delivering high-quality, resident-centred care.
2. Providing high-quality, resident-centred care focuses on adopting resident perspectives to meet the individual needs and preferences of each LTC resident with a supportive and relational approach.
3. The provision of high-quality, resident-centred care is evidence informed; enables equity, diversity, inclusion, and cultural safety; and addresses systemic racism.
4. The right of LTC home residents to choose to live at risk is respected, especially when it does not negatively impact the safety of other LTC home residents or the workforce.
5. Improving the provision of high-quality, resident-centred care in LTC homes requires continuous data collection and monitoring.
6. Federal, provincial, and territorial legislation, regulations, and accountability mechanisms related to the provision of LTC need to enable the achievement of these new national standards for LTC.

While the above principles provide direction, there remains an undercurrent of tensions that need to be acknowledged and carefully managed in the provision of high-quality, resident-centred LTC services. First, there is a need to balance the duality of the environment, given that LTC homes are both homes and workplaces. Second, there is a need to balance rights and safety to maintain the autonomy of individual residents while protecting the collective. Third, there is a need to balance approaches to care provision that ensure consistency and continuity through standardization while also respecting individualization.

Finally, the challenges related to legislation, regulations, funding, accountability, and determining who can own and/or operate LTC homes are by and large the responsibility of provincial and territorial governments. Addressing these challenges in partnership with the federal government will help enable the successful implementation of this new national standard being developed by HSO's LTC Services Standard Technical Committee.

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Scope

LTC homes, also referred to as residential, continuing care, personal care, or nursing homes, are residential settings where the majority of residents often live with complex health care needs. LTC homes are formally recognized by jurisdictions (i.e., are licensed and/or permitted) and are partially funded or subsidized to provide a range of professional health services, lodging, food, and personal care (e.g., assistance with everyday activities) for their residents 24 hours/day, 7 days a week.

LTC services are provided in a variety of settings. While this standard focuses on those delivered in LTC homes including preventive, responsive, and palliative care, many of the requirements in this standard can be applied to the provision of LTC services in any setting.

The standard is structured to provide clear requirements and accountabilities to enable LTC home teams, governing bodies, and other stakeholders to work together toward a common vision for resident-centred, high-quality care.

The standard encompasses the holistic needs of LTC home residents and the workforce, taking into consideration principles of equity, diversity, and inclusion outlined in Annex A.

The standard does not prescribe the use of requirements, assessments, or approaches that are specific to provincial or territorial jurisdictions.

Normative References

A normative reference is a reference to an existing standard or document. It is cited in such a way that some or all its content constitutes a requirement of this standard. The normative references listed below are identified as a criterion in this standard.

- CAN/HSO 34014:2019 – *Medication Management for Community-Based Organizations*
- HSO 4001:2018 – *Infection Prevention and Control*

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Terms and Definitions

Definitions

Care: Actions taken to address social, physical, emotional, psychological, spiritual, and/or medical needs that support the health and well-being of LTC home residents. Care and support are relational and can be provided by both paid and unpaid providers in a variety of settings (ISO, 2021). High-quality care is:

- Resident-centred: Providing care that responds to individual needs, abilities, preferences, and values.
- Effective: Providing results-oriented, evidence-based health care services to those who need them.
- Safe: Avoiding harm to people for whom care is intended (World Health Organization, n.d.).

Cultural safety: An outcome of respectful engagement that is based on recognizing and working to address inherent power imbalances in the health system. It results in an environment free of prejudice, discrimination, and harassment based on an individual's various interconnecting social identities (e.g., age, race, ethnicity, gender identity, sexual identity) where people feel safe when receiving and providing care (First Nations Health Authority, n.d.).

Decision making: A process that consists of a series of steps taken by a resident or a resident's substitute decision maker to determine the best option or course of action to meet the resident's care needs, values, and preferences. Foundational to the process is a trusting and respectful relationship between the resident and their care providers. Decision making has three steps: introducing choices to the resident; describing options, often with the use of appropriate resident decision support tools, and c) helping residents explore their needs, values and preferences, and their capacity to make an informed decision. This model rests on an understanding that resident decisions should be informed and influenced first and foremost by establishing and respecting "what matters most" to them as individuals.

Designated support person: A person or persons chosen by a resident to participate in the resident's ongoing care. Designated support persons, also referred to in some jurisdictions as caregivers or essential caregivers, are not members of the LTC home's workforce. Residents have the right to include or not include any of their designated support persons in any aspect of their personal and other care, and to change who they wish to identify as a designated support person.

Equity, diversity, and inclusion approach: The intentional identification and elimination of systemic barriers and biases so everyone can exercise their human rights to belonging, dignity, and justice (Davis, 2021). An equity, diversity, and inclusion approach strives to create an environment where everyone feels included, welcomed, valued, and respected. It aims to create fair access to resources and opportunities; improve communication and participation that is representative of the diversity of the community; and eliminate discrimination based on factors such as age, ability, gender and gender identity, sexuality and sexual identity, race, ethnicity, language, geography, cultural and religious beliefs, history, colonial legacies, migration status, employment status, income and social status, literacy level, housing status, or health status (Centre for Global Inclusions, n.d.).

Governance: Processes to steer LTC homes and ensure that decisions about a home's goals, priorities, and resources are made in a manner that upholds accountability, transparency, integrity, inclusion and collectivity, participation, integration, efficiency, stewardship, and the capacity of the LTC home to perform and achieve its goals and those of the community (Greer et al., 2016; Kickbusch & Gleicher, 2014; Smith et al., 2012).

Governing body: The legitimate body that holds authority, ultimate decision-making power, and accountability for LTC homes and their services. This may be a board of directors, a Health Advisory Council, a Chief or Council, or another decision-making body or role. In Canada, LTC governing bodies exist and operate within government jurisdictions that define legislation and regulations, which influence how governing bodies provide LTC services.

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Information, communication, and technology: The information and communication technology that people use to share and influence ideas, behaviours, and practices (ODPHP, 2020). Examples of information, communication, and technology used in LTC homes include staff scheduling/shifts; digital care management (collecting, analyzing, or supporting care planning/transitions); documentation; electronic health records; education (technologies to provide virtual training for caregivers/providers); Wi-Fi and access to it; remote monitoring; family caregiver support (virtual peer support); home-to-clinic communication; family/home health management; patient/employer engagement; and staffing and recruitment.

Informed consent: A process through which a resident or their substitute decision maker gives or refuses their consent to receive care; this may include medical treatments, receiving support, or participating in an activity. The provision or refusal of consent must be voluntary and provided with a full understanding of the nature of the treatment, including the benefits, risks, side effects, and alternative options that may be available; and the consequences of not having the treatment. Consent may be implied or it may be specifically expressed in various forms, such as verbally, non-verbally, in writing, or using alternative communication methods. Implied consent can be reflected in the behaviour of the resident (CMPA, 2021). The specific situation will determine the best approach to obtaining consent.

Long-term care (LTC) homes: Also referred to as residential homes, continuing care, personal care homes, or nursing homes, LTC homes are residential settings where the majority of residents often live with complex health care needs. LTC homes are formally recognized by jurisdictions (i.e., are licensed and/or permitted) and are partially funded or subsidized to provide a range of professional health services and personal care (e.g., assistance with everyday activities) for residents 24 hours/day, 7 days a week (Canadian Institute for Health Information, 2021).

Medical equipment and devices: All health technologies, except vaccines and medicines, required for prevention, diagnosis, treatment, monitoring, rehabilitation, and palliation. They are indispensable for universal health coverage, monitoring well-being, and addressing outbreaks or emergencies (World Health Organization, n.d.).

Organizational leaders: Individuals in an LTC home who work in a formal or informal management capacity to guide, manage, or improve their team, unit, organization, or system (Dickson & Tholl, 2014). For the purpose of this standard, an LTC home's governing body is not included in the term "leaders" or "organizational leaders."

Quality improvement plan: A living document developed by an LTC home to plan systematic actions, processes, and measurement to support continuous and resident-centred improvement in relation to the program content. A quality improvement plan is intended to be updated and referenced regularly throughout an LTC home's journey to identify and enable actions required to generate and sustain continuous quality improvement.

Resident: People who live in an LTC home. See also **substitute decision maker.**

Resident care plan: An individualized care plan that is developed with the resident and is based on a comprehensive assessment that takes into account their life experiences, goals of care, needs, abilities, preferences, and values. The plan documents the care, support, interventions, and activities needed to meet the care goals of the resident including supporting their well-being and overall quality of life. The resident care plan is a living document that is continuously updated, with the resident's informed consent, to meet the resident's goals of care.

Resident-centred care/People-centred care (PCC): An approach to care that consciously adopts the perspectives of residents as participants in, and beneficiaries of, trusted health and social services systems. Resident-centred services adopt a resident-centred care approach so that they are organized around the health needs and expectations of people rather than being organized around diseases (World Health Organization, 2016). Resident-centred care ensures that an individual's preferences for care are used to guide decision making.

Restraints: The use of restraints should be minimized and only employed when other ways of providing care without the use of restraints is not possible. Restraints may be physical, chemical, or environmental measures that control or limit a resident or a portion of their body. Physical restraints (e.g., belts, a table fixed to a chair, a bed rail that the resident is unable to lower) limit or restrict a resident's movement. Environmental restraints (e.g., a secure unit, a seclusion area) control a resident's mobility. Chemical restraints are any form of psychoactive medication used to intentionally inhibit a particular

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behaviour or movement rather than to treat illness. Except in an emergency, the use of restraints must occur with the informed consent of a resident's substitute decision maker and be deliberately monitored and continuously reviewed. In Canada, some jurisdictions do not have the necessary appropriate legal structures in place to support the appropriate use of restraints.

Substitute decision maker (SDM): A person who a resident can choose or has chosen, in compliance with their jurisdiction's requirements, to make health care or other personal care decisions for them in the event that the resident is or becomes incapable of making such decisions for themselves. An SDM also may be called a health care representative, an agent, a proxy, a personal guardian, a committee of the person, a temporary decision maker or attorney for personal care, or another name depending on the jurisdiction. Provinces and territories have various terms for substitute decisions makers for health and personal care decisions as defined by provincial law.

> *Note:* A resident must have been capable of the task of choosing their SDM. Many residents of LTC homes are capable of choosing an SDM; however, they may not have thought about it in advance or had anyone help them coordinate it.

Team: All individuals working, volunteering, or learning together within the LTC home to meet the needs and goals of residents. The team includes residents, designated support persons, LTC home organizational leaders, the workforce, contracted service providers, volunteers, and students. As partners in their care, residents are recognized and treated as members of the team and as the decision makers of their own care. The specific composition of a team depends on the type(s) of service(s) provided and/or the care needs and goals of residents.

Team-based care: Multiple care providers from different professional and other backgrounds working together and with residents and their designated support persons to deliver high-quality resident-centred care (Ministry of Health Province of BC, 2020).

Timely access: The ability to provide care quickly after a need is recognized (Health People, 2020). Timely access to appropriate care can help reduce the worsening of a health condition or situation as well as death (Smart & Titus, 2011).

Visitors: People who are not designated support persons but who serve an important social role for residents without engaging as active partners in a resident's care (Healthcare Excellence Canada, 2021).

Well-being: A state of global life satisfaction that includes the presence of positive emotions and moods, the absence of negative emotions, satisfaction with life, fulfillment, and positive functioning. The state of well-being incorporates physical, economic, social, emotional, psychological, intellectual, and spiritual well-being (CDC, 2018).

Workforce/staff: Everyone working in or on behalf of an LTC home on one or more teams, including those who are salaried and hourly-paid, in temporary, term or contract positions, clinical and non-clinical roles, regulated and non-regulated health care professionals, and all support personnel who are involved in delivering care and services for the LTC home and its residents.

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Abbreviations

HSO: Health Standards Organization

LTC: Long-term care

PCC: People-centred care

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1 Governing LTC Home's Strategies, Activities, and Outcomes

1.1 The governing body defines a clear strategic direction for the LTC home that is responsive to the diverse needs of the residents and the teams and provides oversight to ensure the LTC home operates responsibly, and upholds the health and safety of residents and teams.

Guidelines:

The governing body holds authority and ultimate decision-making power and accountability for the LTC home and its services. It is the governing body's responsibility to establish strong governance practices and accountability mechanisms that uphold the highest standard of quality of life and care for residents and healthy and safe working conditions for the LTC home workforce.

1.1.1 The governing body works with the organizational leaders to develop or regularly review its strategic plan, including goals and objectives, in alignment with the LTC home's vision, mission, and values.

1.1.2 The governing body works with the organizational leaders to respond to the diverse needs of the residents, the LTC home workforce, partners, and communities they serve.

1.1.3 The governing body ensures that the organizational leaders have a comprehensive human resources strategy.

1.1.4 The governing body ensures that the organizational leaders allocate adequate resources to meet the forecasted level of demand for services.

1.1.5 The governing body monitors the LTC home's workforce experiences in the workplace.

1.1.6 The governing body ensures that the organizational leaders adopt a comprehensive approach to occupational health, safety, and well-being.

1.1.7 The governing body ensures that the organizational leaders have a comprehensive emergency and disaster preparedness plan.

1.1.8 The governing body ensures that the organizational leaders comply with legal, regulatory, and contractual obligations of the LTC home.

1.1.9 The governing body ensures it is kept informed of risks affecting the operations of the LTC home in a timely manner.

1.1.10 The governing body works with jurisdictional partners and authorities when the LTC home is not enabled to provide high-quality care.

1.1.11 The governing body ensures the LTC home has robust financial management systems and quality management systems.

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1.1.12 The governing body regularly reviews the performance of the LTC home in relation to its quality and safety targets.

1.1.13 The governing body ensures that transparent reporting of its performance and quality plan is regularly communicated to its community.

2 Promoting Resident-Centred Care with a Compassionate, Team-Based Approach

2.1 The team promotes a culture of compassionate, culturally safe, and appropriate resident-centred team-based care.

Guidelines:

Team-based care puts an emphasis on bringing together everyone who provides care to residents with a common purpose of striving to meet residents' goals of care, needs, abilities, preferences, and values. There is also an emphasis on actively engaging residents and respecting that they are the ultimate decision makers in their own care.

Providing team-based care is most successful when all members of the team function together to the fullest extent of their skills and competencies. This includes teams sharing clear and common goals, an organizational culture that facilitates teamwork, supportive organizational frameworks, and coaching to promote effective teamwork.

Compassionate, culturally safe, and appropriate care are fundamental to quality resident-centred care and resident quality of life. Compassionate care is provided when the workforce recognizes the needs and distress of residents, feels empathy for residents who are suffering, and acts to meet those needs and alleviate suffering or distress. Culturally safe care both acknowledges the power imbalance in health care and creates an environment free of prejudice, harassment, and discrimination of any kind.

2.1.1 The team respects residents' life experiences and values and how these may influence their care needs, abilities, and preferences.

2.1.2 The team builds compassionate, caring relationships with residents and each other.

2.2 The team demonstrates how they support residents in making their own care decisions.

Guidelines:

Residents are central to managing their health and making decisions about their care. Resident-centred care highlights the importance of ensuring residents are aware of their right to autonomy in making their care decisions.

Respecting and supporting residents in making their care decisions is carried out through determining residents' capacity to make decisions on an ongoing basis and in accordance with the legal requirements in the jurisdiction. It involves providing residents with the appropriate information they need to understand and weigh benefits and risks so they can make an informed decision and provide consent, in alignment with health

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literacy principles. If a resident is not deemed capable of making a care decision, the team involves the resident's substitute decision maker(s).

2.2.1 The team follows the LTC home's procedure to determine the capacity of a resident to make their own care decisions on an ongoing basis.

2.2.2 The team works with residents to identify their goals of care, needs, abilities, and preferences upon admission.

2.2.3 The team gives residents opportunities to redefine their goals of care, needs, abilities, and preferences on an ongoing basis.

2.2.4 The team determines whether a resident has identified a substitute decision maker upon admission.

2.2.5 The team works with the resident if the resident is capable, or in accordance with the legislation in the jurisdiction if the resident is not capable, to identify a substitute decision maker if one has not been identified.

2.3 The organizational leaders and teams support and respect residents' choices to engage others in their care.

Guidelines:

Designated support persons are people chosen by a resident to participate in supporting their ongoing care. It is the resident's right to include, exclude, or redefine who they choose as their designated support persons at any time, and whether to engage a designated support person in any aspect of their care. The team respects the resident's decisions and includes their chosen designated support person(s) when providing care.

2.3.1 The team gives residents opportunities to identify their designated support person(s) on an ongoing basis.

2.3.2 The organizational leaders ensure teams are enabled to support the role of designated support persons in providing care.

2.3.3 The team provides designated support persons with information about the designated support person's rights and responsibilities, as appropriate to their involvement in the resident's care.

2.3.4 The team ensures that designated support persons are aware of who to communicate with on the team and how to contact them.

2.3.5 The team uses an ethical framework to address issues related to conflicts that may arise between team members.

2.4 The organizational leaders and teams communicate in a way that respects residents' individual care needs, abilities, and preferences.

Guidelines:

Communication with residents is foundational to building compassionate caring relationships, well-being, high-quality care, and quality of life. Proper communication

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results in the reduction of stress, anxiety, confusion, omissions of care, and minimizes harm.

Communication tools should be used to promote standardized, effective communication with residents to ensure that the right information is provided by the right people, at the right time, and in the right setting. Sharing detailed and complete information is critical to helping residents make informed choices; provide informed consent; and participate in decision making and other discussions with designated support persons and the workforce. Residents may require varying levels of information at different points in time to support decisions about their care, and this is accommodated wherever possible.

2.4.1 The organizational leaders collaboratively develop and promote the use of communication strategies that facilitate the engagement of all residents.

2.4.2 The team presents information to residents in a clear and understandable way to best enable residents to participate fully in daily life at the LTC home.

2.4.3 The team communicates complete and accurate information to residents about their care in a way that is timely and understandable.

2.4.4 The team communicates complete and accurate information to substitute decision makers in a way that is timely and understandable.

2.4.5 The team provides appropriate information to designated support persons in a way that is timely and understandable.

2.4.6 The team organizes access to translation and interpretation services that are easily accessible and appropriate to the needs of residents and designated support persons.

2.4.7 The team organizes access to communication tools for residents with physical, visual, hearing, or cognitive impairments to ensure residents can effectively engage in their own care.

3 Providing a Welcoming and Safe Home-Like Environment

3.1 The organizational leaders adhere to principles of universal accessibility and safety in designing a physical environment that strives to meet the diverse needs of all residents on an ongoing basis.

Guidelines:

The physical environment of the LTC home should be secure, safe, clean, and co-designed with residents to meet their needs, abilities, preferences, and values. The team conducts regular safety checks of the physical environment to promote resident autonomy and address safety risks to residents, the LTC home workforce and teams, and visitors.

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3.1.1 The organizational leaders create and maintain a universally accessible environment.

3.1.2 The organizational leaders ensure the physical environment of the LTC home meets the physical, spiritual, cultural, and psychosocial needs of residents.

3.1.3 The organizational leaders ensure the LTC home has designated spaces that accommodate the physical, spiritual, cultural, psychosocial, and privacy needs of residents and their designated support persons and visitors.

3.1.4 The organizational leaders demonstrate that they have effective policies and procedures to support equity, diversity, and inclusion for residents.

3.1.5 The organizational leaders demonstrate that they have effective policies and procedures to support cultural safety for residents.

3.2 The organizational leaders and teams strive to provide a welcoming, home-like environment that supports residents' diverse needs, abilities, preferences, values, and identities.

Guidelines:

Resident well-being and quality of life are affected by the environment of the LTC home. A welcoming, home-like environment is provided by designing a space that feels like a home, fosters a sense of community, and is founded on human-centred design principles that address factors such as privacy, noise reduction, comfortable spacing, and lighting.

A home-like environment should put equal emphasis on the care environment as well as the living environment; include physical and psychological safety practices to ensure residents feel comfortable and welcome; and ensure that it facilitates social connection with other residents, the LTC home workforce, designated support persons, and visitors. A culturally safe and appropriate environment that meets the diverse needs of residents, the LTC home workforce, designated support persons, as well as visitors is also crucial to providing a welcoming, home-like environment.

3.2.1 The team follows the LTC home's policies and procedures to protect the physical security and psychological safety of residents, including harassment and discrimination of any kind.

3.2.2 The organizational leaders implement designated support persons and visitor policies that are resident centred.

3.2.3 The team demonstrates how assistive devices and technologies are used to promote the autonomy of, and engagement with and between, all residents.

3.2.4 The team enables social connection between residents and others within and outside the LTC home.

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4 Respecting Residents' Rights

4.1 The organizational leaders and teams respect, promote, and protect the rights of residents.

Guidelines:

The foundation of treating residents humanely is respecting and protecting their rights. Residents deserve to have their rights protected, which include their right to live with dignity, to be treated with respect, and to be secure and free from exploitation, physical or mental abuse, or neglect. Residents need to be treated fairly, regardless of their age, gender, racial or ethnic background, disability, or other status. Residents should be informed of their rights upon admission and on an ongoing basis.

The ability of residents to consent to care and make decisions about their care are important resident rights that should be addressed on a case-by-case basis. A substitute decision maker is always involved when a resident is not capable of providing consent or making a decision regarding their care.

4.1.1 The organizational leaders have policies and procedures in place to support and protect the rights of residents.

4.1.2 The team follows the LTC home's procedure to communicate information to residents in a timely way about their rights and responsibilities.

4.1.3 The team follows the LTC home's procedure to obtain a resident's informed consent.

4.1.4 The team uses the LTC home's ethical decision-making framework in accordance with applicable legal requirements to respect a resident's wish to live at risk while also maintaining the safety of those living with, caring for, or visiting the resident.

4.1.5 The team ensures that resident's substitute decision makers are aware of who to communicate with on the team and how to contact them.

4.2 The organizational leaders and teams ensure a procedure is in place to prevent, report, address, and resolve violations of resident rights, including instances of abuse and neglect.

Guidelines:

Organizational policies and procedures should follow jurisdictional regulations and include a process for perceived neglect or abuse, regardless of the presence of an obvious violation. Having a formal procedure in place contributes to a just culture, but it is important that the LTC home ensures its organizational culture facilitates an environment where everyone in the LTC home feels comfortable and is protected when voicing their opinion or reporting a violation of resident rights.

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4.2.1 The organizational leaders demonstrate knowledge of and compliance with jurisdictional laws and regulations to address claims of violations of resident rights.

4.2.2 The organizational leaders resolve any violations of a resident's rights in a timely manner and ensure the outcome of the investigation and an appropriate corresponding plan of action are clearly communicated to and understood by the resident.

4.2.3 The organizational leaders have policies and procedures in place to prevent violations of a resident's rights.

4.2.4 The organizational leaders and teams have policies and procedures in place to take action when the rights of a resident have been violated.

4.2.5 The workforce follows the LTC home's procedure to recognize and address violations of a resident's rights.

5 Enabling a Meaningful Quality of Life for Residents

5.1 The organizational leaders and teams provide engaging daily activities that are continuously co-designed with each resident to meet their needs, abilities, and preferences and support achieving their desired quality of life.

Guidelines:

Quality of life is the degree to which a resident is healthy, comfortable, and able to participate in or enjoy life events. Quality of life is distinct from quality of care, as it goes beyond the quality of medical and personal care. It is about living a purposeful and meaningful life. A good quality of life is defined and determined by each individual resident. It is based on a resident's perception in relation to their goals, expectations, standards, and concerns.

The culture of the LTC home should embody a philosophy that values and strives to provide a good quality of life for residents, which typically includes autonomy, choice, privacy, dignity, individuality, safety and security, physical comfort, relationships and connectivity, meaningful activities, desired food, and spiritual well-being.

5.1.1 The organizational leaders ensure daily activities are co-designed with residents to reflect the residents' diverse needs, abilities, preferences, and values.

5.1.2 The organizational leaders integrate resident activities with community engagement activities and events.

5.1.3 The organizational leaders and teams provide a flexible food and beverage service to residents that provides opportunities for eating and drinking beyond set mealtimes.

5.1.4 The team collects feedback from residents on their satisfaction with food and mealtime services.

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5.1.5 The organizational leaders organize access to appropriate transportation services that meet the needs, abilities, and preferences of residents.

5.1.6 The organizational leaders organize access to nature and outdoor activities that meet the needs, abilities, and preferences of residents.

5.1.7 The team integrates daily activities that are meaningful, enjoyable, and important to each resident into the resident's care plan.

5.1.8 The team provides meaningful mealtime experiences (i.e., food choices, space, time, dining partners) that meet the needs, abilities, and preferences of all residents.

5.1.9 The organizational leaders ensure residents have access to information and communication technology that meets the goals of care, needs, abilities, and preferences of residents.

5.1.10 The team provides opportunities for all residents to connect meaningfully with other people.

5.1.11 The team provides opportunities for residents to participate in meaningful and enjoyable activities and to acquire new skills that are relevant to a resident's experiences, abilities, and interests in order to foster a sense of purpose.

5.2 The organizational leaders measure the quality of life, health, and well-being of residents at a minimum annually and use this data to support improvements in resident-centred care.

Guidelines:

Measuring quality of life is important as it provides an opportunity for residents to self-report on their perceptions and experiences of their health, comfort, and happiness. Areas that should be included in the measurement of quality of life include indicators related to the physical, psychological, social, environmental, and spiritual needs and experiences of residents. The results should be used to inform resident care plans and care practices, and to identify ways to continuously improve the working conditions, environment, and overall culture of the LTC home.

5.2.1 The organizational leaders ensure standardized, evidence-informed survey instruments are, at a minimum, used annually to assess the overall quality of life, health, and well-being of residents.

5.2.2 The organizational leaders ensure the results of the surveys are analyzed and that the findings are used to improve the overall quality of life, health, and well-being of residents.

5.2.3 The organizational leaders ensure the results of the surveys are communicated to residents.

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6 Delivering High-Quality Care Based on the Life Experiences, Needs, and Preferences of Residents

6.1 The organizational leaders and teams collaborate to carry out comprehensive assessments of residents that are timely, appropriate, and mindful of the residents' goals of care, needs, abilities, and preferences.

Guidelines:

Quality of care is the measure by which LTC services increase the likelihood of residents' desired health outcomes. The care provided to residents in an LTC home setting touches on many aspects, including personal, medical, social, and spiritual care. Assessing a resident's life experience, needs, and preferences is important to design and provide effective, safe, resident-centred care.

Conducting a comprehensive assessment of each resident when they arrive at the LTC home is foundational to the development of the resident's care plan. The team conducts ongoing assessments of the resident's health status, with the involvement of the resident even if the resident is not capable of making care decisions. Methods to include the resident and guide the assessment include direct observation, active engagement, listening, sharing back what they have heard, as well as proper documentation.

6.1.1 The organizational leaders provide teams with standardized tools to conduct resident assessments.

6.1.2 The organizational leaders ensure assessment tools include the resident's cognitive health status.

6.1.3 The organizational leaders ensure assessment tools include the resident's mental health and addictions status.

6.1.4 The organizational leaders ensure assessment tools include the resident's pain status.

6.1.5 The organizational leaders ensure assessment tools include the resident's functional status.

6.1.6 The organizational leaders ensure assessment tools include the resident's nutritional status, including food preferences and swallowing and eating capacity status.

6.1.7 The organizational leaders ensure assessment tools include the resident's sensory capacity status.

6.1.8 The organizational leaders ensure assessment tools include the resident's oral health status.

6.1.9 The organizational leaders ensure assessment tools include the resident's medication and allergy profile.

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6.1.10 The organizational leaders ensure assessment tools include the resident's antibiotic resistant colonization and infection status.

6.1.11 The organizational leaders ensure the assessment tools include the resident's immunization status.

6.1.12 The organizational leaders ensure assessment tools include the resident's mobility status and need for assistive devices, including their risk of falls, and ability to benefit from rehabilitative or restorative care.

6.1.13 The organizational leaders ensure assessment tools include the resident's bladder and bowel continence status.

6.1.14 The organizational leaders ensure assessment tools include the resident's skin integrity status.

6.1.15 The organizational leaders ensure assessment tools include the resident's goals of care, as well as palliative and end-of life care needs and preferences.

6.1.16 The team carries out a comprehensive assessment of resident's care and other needs and preferences upon admission.

6.1.17 The team captures the resident's lived experience in the comprehensive assessment upon admission.

6.1.18 The team carries out ongoing assessments according to the resident's changing needs and uses this information to update the resident's care plan.

6.1.19 The team follows the LTC home's procedure to share the results of the assessment with the resident and appropriate team members.

6.2 The organizational leaders and teams collaborate to develop and continuously update the resident's care plan based on each resident's comprehensive assessment.

Guidelines:

A resident's care plan should always be developed based on the results of residents' assessments and follow evidence-informed practice guidelines. Comprehensive assessments are ongoing, conducted with the active participation of the resident, and provide the information needed to develop and update the resident's care plan. The resident's care plan is a well-defined and tailored document that is developed and shared with the resident and anyone with whom the resident chooses to share it. Care plans also serve as a tool to communicate with residents, as it is a living document that articulates how the care required by the resident will be provided.

6.2.1 The organizational leaders provide the team with a standardized tool to develop a resident's care plan.

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6.2.2 The team identifies each resident's required care and services based on the results of the comprehensive assessments to enable their individualized care plans.

6.2.3 The team works with the resident to develop and document an individualized care plan based on the resident's goals of care, needs, abilities, preferences, and values.

6.2.4 The team uses the resident's care plan to collaboratively deliver high-quality care.

6.2.5 The organizational leaders collaborate with other service providers to provide coordinated care and services based on the resident's goals of care, needs, abilities, preferences, and values.

6.2.6 The organizational leaders ensure the implementation of evidence-informed vaccination programs to optimize protection of residents from vaccine preventable disease.

6.2.7 The team continually adjusts the resident's care plan based on the results of ongoing assessments either conducted on a routine basis or in response to an acute change in the resident's health status.

6.2.8 The team continuously engages the resident in the development and update of the resident's care plan.

6.2.9 The team reviews the resident's care plan after a resident has received external care or services.

6.2.10 The team engages each resident in advance care planning and works with them to develop an individualized palliative and end-of life care plan based on the resident's goals of care, needs, abilities, preferences, and values.

6.2.11 The team follows the LTC home's procedure to share the resident's care plan with the resident and appropriate team members.

7 Enabling the Delivery of High-Quality of Care Through Safe and Effective Organizational Practices

7.1 The organizational leaders and teams work collaboratively to design, deliver, and continuously evaluate the safety and effectiveness of care throughout the LTC home.

Guidelines:

To provide residents with high-quality care, organizational leaders and teams implement safety practices and programs that are standardized and supported by protocols or validated tools. Each practice and program should reflect principles of preventive, responsive, and palliative care approaches that are guided by the resident's goals of care, needs, abilities, preferences, and values. Of utmost importance are practices for medication management, antimicrobial stewardship, minimal or no use of restraints,

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infection prevention and control, immunization, prevention and management of pain, prevention and management of falls and injuries, prevention and management of functional decline, prevention and management of wound care, prevention and management of pressure injury, prevention and management of aggressive behaviours, and prevention and management of malnutrition and dehydration.

7.1.1 The team conforms to the requirements contained in HSO 34014:2019 – *Medication Management for Community-Based Organizations* to ensure medications are delivered, stored, and administered in a safe way.

7.1.2 The team uses evidence-informed practices for medication reconciliation at care transitions to reduce medication error.

7.1.3 The team works collaboratively to adjust resident medications when appropriate to meet the resident's evolving goals of care, needs, abilities, preferences, and values.

7.1.4 The team conforms to the requirements in HSO 4001:2018 – *Infection Prevention and Control* to plan, implement, and evaluate an effective infection prevention and control program.

7.1.5 The organizational leaders regularly review the resident's immunization status to make improvements in immunization coverage within the LTC home.

7.1.6 The organizational leaders demonstrate the LTC home's participation in an evidence-informed antimicrobial stewardship program.

7.1.7 The team uses standardized order sets that provide evidence-informed criteria to make decisions about diagnostic testing, and the initiation and choice of antibiotics for common infections.

7.1.8 The team conforms to the LTC home's evidence-informed practices with respect to the avoidance of or minimal use of restraints to ensure the safety of all.

7.1.9 The team uses comprehensive, evidence-informed practices for the prevention of and management of pain.

7.1.10 The team uses comprehensive, evidence-informed practices for the prevention of falls and reduction of injuries.

7.1.11 The team uses comprehensive, evidence-informed practices for the prevention of and management of functional decline.

7.1.12 The team uses comprehensive, evidence-informed practices for effective skin and wound care.

7.1.13 The team uses comprehensive, evidence-informed practices for the prevention and management of pressure injuries.

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7.1.14 The team uses comprehensive, evidence-informed practices for the prevention and management of any responsive, aggressive, or violent behaviours.

7.1.15 The team uses comprehensive, evidence-informed practices for the prevention of and management of malnutrition and dehydration.

7.2 The organizational leaders and teams have policies and procedures in place to effectively respond to emergencies and disasters, including outbreaks.

Guidelines:

An emergency or disaster is a situation or an impending situation that constitutes a danger of major proportions. It could result in serious harm to persons or substantial damage to property, and can be caused by the forces of nature, a disease (including epidemics) or other health risk, an accident, or an act whether intentional or otherwise. Emergency and disaster preparedness and management for LTC homes is important in ensuring the health and safety of the residents, the workforce, and the community. Managing emergencies and disasters is a collective accountability among partners in the community, such as public health, emergency response services, and local or regional health care organizations.

Policies and procedures to prevent and respond safely to emergencies and disasters, including the safe evacuation of the LTC home's residents and workforce, should be developed in collaboration with relevant community partners and subject matter experts (e.g., public health, emergency response services, local or regional health care organizations).

Regular simulations of emergency and disaster management plans should be conducted. The LTC home ensures that the policies, procedures, and plans comply with relevant laws and regulations and are aligned with the emergency and disaster management plans of their local jurisdiction.

7.2.1 The organizational leaders engage with internal and external stakeholders in emergency and disaster planning.

7.2.2 The organizational leaders have a standardized emergency and disaster preparedness and management policy and procedure in place that include outbreak management.

7.2.3 The organizational leaders have a standardized procedure to safely evacuate the LTC home or part of the LTC home if it is unable to safely provide services.

7.2.4 The team conducts regular simulations of the LTC home's emergency and disaster preparedness plans.

7.2.5 The organizational leaders continually assess and adjust organizational policies and procedures to ensure they are current and aligned with relevant legislation and evidence-informed best practices.

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8 Coordinating Care and Integrated Services

8.1 The organizational leaders and teams coordinate services to ensure that necessary care is available when, where, and how it is needed by the resident.

Guidelines:

Care coordination involves deliberately organizing activities related to resident's care, and sharing information among all of the participants in resident's care, to meet resident care needs. The care provided in LTC homes is complex, and coordinating the services provided is important to delivering team-based care that is responsive to resident needs and improves their overall well-being. Whether the services are provided by the LTC home's workforce or externally, coordination is essential to improve efficiency, quality of care, and positive health outcomes. As services are coordinated and provided, each resident's goals of care, needs, abilities, preferences, and care plan should be considered to ensure services are provided in the right place and at the right time by the right provider.

8.1.1 The organizational leaders define the scope of services they are able to provide residents and identify those that are provided externally.

8.1.2 The organizational leaders ensure that internal and external services are coordinated to meet residents' individual goals of care, needs, abilities, and preferences.

8.1.3 The organizational leaders ensure there is continuous and appropriate medical oversight and accountability for service delivery and care coordination within the LTC home.

8.1.4 The team uses defined criteria to determine when to initiate a service for residents.

8.2 The organizational leaders and teams organize timely access to external services, based on a resident's individual and evolving needs.

Guidelines:

External services are services provided by individuals who are not part of the LTC home's workforce. The LTC home's workforce cannot provide all types of care that residents may require during their stay; therefore, external services must also be available to residents. Establishing partnerships and coordinating with external services enables LTC homes and their teams to address residents' evolving health and individual needs and improve their overall well-being.

External services can be provided either on-site, where the service provider comes to the resident at the LTC home, or off-site, where the resident travels elsewhere to access the service. Ensuring timely access to external services requires standardized procedures to be in place, regardless of whether the service is expected or planned, or is an unexpected or unplanned event that requires an immediate need for service. Effective care coordination between external services and the LTC home's workforce contributes to continuity of care and helps ensure that relevant updates to the resident's care plan are made.

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8.2.1 The organizational leaders ensure the LTC home has formal agreements with external service providers to meet residents' care needs and preferences.

8.2.2 The team follows an established procedure to provide residents with access to safe external services inside and outside of the LTC home to organize timely and appropriate care when and where they need it.

8.2.3 The team organizes timely access to primary care and specialist medical services based on the needs of the resident.

8.2.4 The team organizes access to virtual health services for residents when appropriate to support timely access to services.

8.2.5 The team follows a standardized protocol to coordinate external services for residents.

8.2.6 The team integrates services provided internally and externally to meet the needs of the resident.

8.2.7 The team organizes timely access to hearing, vision, and oral health services based on the needs of the resident.

8.2.8 The team organizes timely access to rehabilitation services based on the needs of the resident.

8.2.9 The team organizes timely access to cognitive and behavioural support services based on the needs of the resident.

8.2.10 The team organizes timely access to mental health and addiction services based on the needs of the resident.

8.2.11 The team organizes timely access to clinical pharmacy services based on the needs of the resident.

8.2.12 The team organizes timely access to palliative and end-of-life services based on the needs of the resident.

8.2.13 The team organizes timely access to laboratory and diagnostic services based on the needs of the resident.

8.2.14 The team collaborates with a nutrition subject matter expert to meet the needs of the resident.

8.3 The team works in a systematic and coordinated way to plan and prepare for high-quality care transitions.

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Guidelines:

A care transition occurs when a resident experiences a change in their health status or needs that requires them to move from one care provider or setting to another. Typically, care transitions are planned events that require planning before the transition and follow-up afterwards.

Planning and preparing for care transitions should include standardized processes, as well as collaboration with residents and care providers. Preparation should include processes for effective communication wherein there is a timely exchange of information with residents and care providers before, during, and after the transition, to eliminate or minimize misunderstanding. Effective communication between the team and the external care provider both before, during, and after the care transition allows for continuity of care, decreases the risk of adverse events, and avoids having residents repeat information to multiple providers or team members. Effective communication between the team and residents (including their designated support person(s) if appropriate) should consider health literacy principles and aim to include residents in the transition plan as well as prepare residents for the transition, be it physically or mentally.

8.3.1 The organizational leaders implement evidence-informed, standardized care transition procedures that are in alignment with the resident's care plan.

8.3.2 The team documents all recent and forthcoming care transitions in the resident's care plan.

8.3.3 The team has a designated team member to coordinate care transitions to support the resident's continuity of care.

8.3.4 The team follows a standardized care transition protocol when medical transportation services are required to access external services.

8.3.5 The team uses comprehensive, evidence-informed practices for information transfer at care transitions to help ensure accurate and timely exchange of information.

9 Enabling a Healthy and Competent Workforce

9.1 The organizational leaders ensure that working conditions at the LTC home enable the workforce to exercise their skills and respond to the individual needs, abilities, and preferences of residents.

Guidelines:

Conditions of work have a direct influence on the conditions of care that can be provided to residents by an LTC home's workforce. Growing demands placed on the workforce in LTC homes further increase workloads, causing health and safety concerns for the LTC home workforce and, ultimately, residents. This, in turn, contributes to worsening staffing levels that further exacerbate workloads and their related health and safety concerns. Good working conditions for the workforce depend greatly on sufficient jurisdictional

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legislation, funding, and regulation to enable the provision of safe, reliable, and high-quality care. Good working conditions also require engaged organizational leaders, appropriate human resource strategies, and staffing approaches that provide safe and appropriate staffing levels and mixes that reflect and respond to the evolving complexity of LTC settings and resident needs. Organizational leaders must work with the jurisdiction and the LTC home workforce towards the realization of heightened LTC home workforce standards.

9.1.1 The organizational leaders demonstrate they are providing appropriate and sufficient evidence-informed staffing levels to meet the evolving needs of residents in a timely manner.

9.1.2 The organizational leaders demonstrate they are providing appropriate and sufficient evidence-informed staffing levels to meet the required hours of care per resident day.

9.1.3 The organizational leaders demonstrate they are providing an appropriate and sufficient evidence-informed staffing mix to meet the evolving care needs of residents in a timely manner.

9.1.4 The organizational leaders demonstrate they have a documented procedure in place to meet resident care needs if the LTC home's workforce is understaffed.

9.1.5 The organizational leaders continuously update the human resources strategy, policies, and procedures to align and respond to the diverse needs of residents and aligns with the strategic direction of the LTC home.

9.1.6 The organizational leaders provide equitable compensation, including benefits, to the LTC home's workforce, that reflect the level of skill, effort, responsibilities, and working conditions.

9.1.7 The organizational leaders have appropriate policies and procedures to ensure effective recruitment and retention strategies.

9.1.8 The organizational leaders demonstrate their support of the LTC home's workforce in ongoing skill and career development.

9.1.9 The organizational leaders reward the LTC home's workforce for providing care and services outside their core responsibilities but within their scope of practice.

9.1.10 The organizational leaders collaborate with the LTC home's workforce to develop and implement policies and practices to address prejudice, harassment, and discrimination of any kind against the workforce.

9.1.11 The organizational leaders demonstrate that they have effective policies and procedures to support equity, diversity, and inclusion and promote cultural safety for the LTC home's workforce.

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9.1.12 The organizational leaders demonstrate that communication structures and strategies support proper and timely communication with and from the LTC home's workforce.

9.2 The organizational leaders promote the health and safety of the LTC home's workforce.

Guidelines:

Health and safety are important aspects to ensure the well-being of the workforce by preventing all types of injury, reducing prevalence of burnout and high turnover rates which have a detrimental effect on the quality of care provided, as well as the quality of life of residents. The LTC home demonstrates its commitment to the health and safety of everyone within the LTC home by developing and following a comprehensive approach to workforce health and safety that embeds physical safety, psychological safety, cultural safety, and wellness as part of the organizational culture.

The LTC home's culture promotes a human-centred design of the physical environment, ongoing learning opportunities, evidence informed occupational health, safety, and wellness policies to ensure a healthy and competent workforce.

9.2.1 The organizational leaders collaborate with the LTC home's workforce to develop, implement, and maintain occupational health, safety, and well-being policies, procedures, and practices.

9.2.2 The organizational leaders collaborate with the LTC home's workforce to develop and implement whistleblower protection strategies within its health and safety policies and practices.

9.2.3 The organizational leaders collaborate with the LTC home's workforce to develop and implement policies and procedures to protect and support the workforce from all forms of abuse and violence.

9.2.4 The organizational leaders provide education and training to the LTC home's workforce on its occupational health, safety, and well-being policies and practices.

9.2.5 The organizational leaders provide ongoing education and training to the LTC home's workforce on preventing and managing any responsive, aggressive, or violent behaviour in a resident-centred way.

9.2.6 The organizational leaders provide the LTC home's workforce with quiet spaces to use for their own well-being.

9.2.7 The organizational leaders have effective policies and procedures to support the mental health and well-being of the LTC home's workforce.

9.2.8 The organizational leaders continually evaluate and report the outcomes of the LTC home's policies, procedures, and practices on occupational health, safety, and well-being.

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9.3 The organizational leaders ensure that the LTC home's workforce is qualified and have the relevant competencies to provide care.

Guidelines:

Providing high-quality care in an LTC home must meet the diverse and evolving needs of residents. An LTC home's workforce is typically comprised of people with many differing qualifications and competencies. The LTC home's organizational leaders are accountable for ensuring the workforce has the qualifications and skills to provide the care residents require. The LTC home's organizational leaders are also responsible for providing the workforce with strong leadership and a supportive environment.

9.3.1 The organizational leaders ensure that the LTC home's workforce have the relevant qualifications, competencies, and skills to respond to the needs of individual residents and to protect their own health.

9.3.2 The organizational leaders ensure the provision of relevant ongoing continuing education for the LTC home's workforce to enable them to deliver high-quality care.

9.4 The organizational leaders ensure that the LTC home's workforce data are collected, reported, and used to understand workforce needs, planning, and resourcing.

Guidelines:

Collecting data on the LTC home's workforce is crucial to planning for and investing in a strong workforce that can provide high-quality, resident-centred care that meets the needs of all residents, and the changing population needs. Quality LTC workforce data is unavailable, which is causing ongoing challenges to properly define the appropriate staffing levels and mixes that are required to respond to residents' needs.

9.4.1 The organizational leaders ensure data systems are in place to undertake ongoing LTC home workforce data collection and analysis to address workforce needs, scenario planning, and reporting.

9.4.2 The organizational leaders ensure investment in appropriate resources to support the collection, analysis, and communication of data about the LTC home's workforce.

9.4.3 The organizational leaders collect self-reported data from the LTC home's workforce on the LTC home culture and working conditions.

9.4.4 The organizational leaders collect socio-demographic workforce data to demonstrate a commitment to support and acknowledge diversity in the LTC home's workforce.

9.4.5 The organizational leaders ensure the LTC home has the capacity to continuously monitor staffing time and schedules.

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9.4.6 The organizational leaders ensure routine data collection and analysis of the LTC home's workforce events are in place to monitor and address absences or departures (e.g., turnover, retention, injury rates).

9.4.7 The organizational leaders monitor the quality and adequacy of the LTC home's workforce data collection.

9.4.8 The organizational leaders demonstrate a commitment to ongoing evaluation of the LTC home's workforce and environmental data to ensure the workforce is achieving timely training, testing, and certification.

9.5 The organizational leaders provide supportive technology to improve working conditions and support the provision of high-quality, resident-centred care.

Guidelines:

Leveraging technology (information, communication and/or equipment) improves working conditions for the LTC home's workforce and in turn contributes to the provision of high-quality care to residents. The organizational leaders need to ensure that investments in new technologies are co-designed with the voice of the workforce, and that new introduction of technology or upgrades includes appropriate training.

9.5.1 The organizational leaders ensure there is an information and communication technology strategy that is co-designed with the LTC home's workforce.

9.5.2 The organizational leaders ensure that the LTC home's workforce has access to supportive information and communication technology that enhances communication between each other, with residents and designated support persons, and members of the care team external to the LTC home.

9.5.3 The organizational leaders ensure that the LTC home's workforce has access to ongoing training to implement and maintain the LTC home's supportive information and communication technology.

9.5.4 The organizational leaders ensure that information and communication technology policies are in place to protect the privacy of the LTC home's workforce and residents.

9.5.5 The organizational leaders ensure that the LTC home's workforce has access to appropriate health care equipment (e.g., lifts to support mobilization and transfers, customized wheelchairs) to meet the needs of residents and deliver high-quality care.

9.5.6 The organizational leaders demonstrate they have a standardized procedure to procure equipment, medical devices, and other technologies.

9.5.7 The organizational leaders demonstrate they have a standardized procedure to provide training for the LTC home's workforce on the safe operation of equipment, medical devices, and other technologies.

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9.5.8 The organizational leaders demonstrate they have a standardized procedure to ensure that the LTC home's workforce members who use specialized medical devices and equipment are authorized and trained to do so.

9.5.9 The organizational leaders ensure that a preventive maintenance program for medical devices, medical equipment, and medical technology is implemented.

10 Promoting Quality Improvement

10.1 The organizational leaders and teams use quality improvement methods to identify and act on continuous targeted improvements.

Guidelines:

Investing in quality involves a commitment to quality assurance and quality improvement. Improving LTC services requires dedicated time and effort for organizational leaders, teams, and residents to choose a quality improvement framework, establish clear quality goals and measurable targets, participate in reflective practices, establish an action plan, and collect information to measure the outcomes of actions.

10.1.1 The team uses evidence-informed quality improvement methods to act on relevant information about resident experience over time.

10.1.2 The team uses evidence-informed quality improvement methods to act on relevant information about resident quality of care over time.

10.1.3 The team uses evidence-informed quality improvement methods to act on relevant information about resident quality of life over time.

10.1.4 The organizational leaders use evidence-informed quality improvement methods to address workforce abilities, experience, satisfaction, and well-being that may influence resident experience, care quality, and quality of life.

10.1.5 The organizational leaders use evidence-informed quality improvement methods to address the experience, content, and usability of the LTC home's information and communication technology.

10.1.6 The organizational leaders use evidence to assess overall organizational culture with regard to team safety, quality of care, work environment, and well-being.

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Annex A (Informative)

Equity, Diversity, and Inclusion Guiding Principles for this Standard

Health inequities refer to the social, economic, environmental, and structural disparities that disadvantageously affect certain population groups over others, leading to differences in health outcomes and in the ability of all peoples to access and receive high-quality care in the same way (National Academies of Sciences, Engineering, and Medicine, 2017). They are influenced by and further intensify, the social and structural determinants of health (such as race and ethnicity, gender and gender identity, sexual orientation, religion, location, and class) ingrained within society, leading to stigma and biases in the way that care is designed and delivered to disadvantaged groups.

For far too long, health inequities have affected the rights of these groups to equitably, safely, and successfully access and receive care and services in a way that is timely, respectful, and mindful of their unique needs. Disadvantaged groups across Canada (referred to in this standard as underserved, racialized, and/or marginalized groups, including 2SLGBTQ+ peoples, Black peoples, Indigenous peoples, People of Colour, and those who come from immigrant, refugee, and other ethnocultural communities) remain unable, or unwilling, to access and receive care and services because these services are not tailored to their needs or are simply not available to them.

In many ways, our health system remains moulded by barriers to equitable care and is shaped by structural stigmas and implicit biases toward race, ethnicity, gender identity, religion, beliefs, and in many cases, mental illness or addictions. A system that is inattentive to the needs of its diverse communities loses its ability to serve those who need it the most – if people cannot see themselves as part of the system, they lose their sense of belonging and with it their hope and desire to seek help.

To that end, HSO encourages health and social services organizations to commit to and make use of the following principles of equity, diversity, and inclusion in their approaches to the integrated design and delivery of equitable care and services, including when actioning the criteria and recommendations in this standard:

- Adhere to the values of Equity-Oriented Health Care to co-design and co-distribute services in a just and fair way, moving toward an equity paradigm for health and social services.
- Respect, acknowledge, and make the effort to understand the beliefs, values, and identities of all peoples.
- Actively commit to multiculturalism by *doing* – work with members of all population groups to effectively co-design and co-deliver culturally safe and appropriate services that meet their unique needs.
- Adopt an inclusive approach and build intercultural competencies by including and fostering a multicultural group of care and service providers across all services and settings, and by carrying out equity training to raise awareness for, and effectively manage the needs of, all population groups.
- Recognize Indigenous people's sovereignty and adopt a conscious de-colonizing approach in all interactions and in the design and delivery of all services, as per

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the United Nations Declaration on the Rights of Indigenous Peoples and the decrees outlined in the 2015 Truth and Reconciliation Calls to Action.

- Recognize and respect the unique health and well-being needs of ethnocultural groups, including those of Black people and people of African descent, when designing and delivering services, and creating unique care delivery models that adhere to these needs. Refer to Hatcher and colleagues (2017) and Karenga (1996) for more information.
- Recognize and respect the unique health and well-being needs of 2SLGBTQ+ peoples when designing and delivering services, and creating unique care delivery models that adhere to these needs. Refer to the work by the Canadian Mental Health Association Ontario and Rainbow Health Ontario (n.d.) for more information.
- Actively recognize, understand, and work collaboratively to address issues of stigma and discrimination faced by underserved, racialized, and/or marginalized groups in each community.
- Actively recognize, understand, and work collaboratively to eliminate systemic racism, raising awareness for issues of prejudice and discrimination and fostering cross-collaborative efforts to address these.
- Foster social accountability to equitable health outcomes, recognizing that the voice and vulnerabilities of all population groups can lead to generating this accountability across the health and social services.

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