

A National and International Jurisdictional Review and Comparative Analysis of Long-Term Care Home Legislation, Policies, Directives and Standards with HSO's 2023 National Long-Term Care Services Standard

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The National Institute on Ageing (NIA) is a public policy and research centre based at Toronto Metropolitan University (formerly Ryerson University). The NIA is dedicated to enhancing successful ageing across the life course. It is unique in its mandate to consider ageing issues from a broad range of perspectives, including those of financial, psychological, and social well-being.

The NIA is focused on leading cross-disciplinary, evidence-based, and actionable research to provide a blueprint for better public policy and practices needed to address the multiple challenges and opportunities presented by Canada's ageing population.

The NIA is committed to providing national leadership and public education to productively and collaboratively work with all levels of government, private and public sector partners, academic institutions, ageing related organizations, and Canadians.



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Acronyms

Alberta (AB)

British Columbia (BC)

Canadian Institute for Health Information (CIHI)

health care professional (HCP)

Health Standards Organization (HSO)

infection prevention and control (IPAC)

long-term care (LTC)

Manitoba (MB)

National Institute on Ageing (NIA)

New Brunswick (NB)

Newfoundland and Labrador (NL)

Northwest Territories (NT)

Nova Scotia (NS)

Nunavut (NU)

Ontario (ON)

Organisation for Economic Cooperation and Development (OECD)

Prince Edward Island (PE)

Quebec (QC)

Safe Restart Agreement (SRA)

Saskatchewan (SK)

Standards Council of Canada (SCC)

Yukon (YT)

Introduction

Long-term care (LTC) homes, also known as continuing care, personal care and nursing homes, provide numerous health and personal care services for individuals who need 24-hour care.¹ As of March 2021, there were 2,076 LTC homes in Canada.² The operations of these homes are governed by a range of provincial, territorial and federal legislation, policies and regulations that support varying levels of resident eligibility, funding supports, service coverage, care standards, inspections and enforcement.³

The quality and safety of care in such homes has become of increasing importance for many reasons, one in particular being the impact of the COVID-19 pandemic in these settings. CIHI (2020) and Sepulveda et al. (2020) have reported that Canadian LTC homes have been disproportionately negatively affected by COVID-19 infections and deaths, especially in comparison to most other countries.^{4,5} As of July 1, 2022, 43 per cent of all COVID-19 deaths in Canada occurred in its LTC and retirement homes, whose resident population represent less than one per cent of Canada's population.⁶ Also, with Canada's rapidly ageing population, there will be heightened pressure to provide more individuals care in LTC homes over the coming decades.⁷

Health Standards Organization (HSO) is a non-profit standards development organization dedicated to developing care standards to support assessment and quality improvement efforts in the delivery of health and social services.

HSO recently published its new National Long-Term Care Services Standard in January 2023 (hereafter referred to as the "HSO National LTC Services Standard"),⁸ which addresses the delivery of safe, reliable, and high-quality LTC services.⁹ The standard's 23-month development process involved extensive research and the unprecedented engagement of over 18,800 Canadians and incorporated the latest available evidence and the expertise and experience of a 32-member Technical Committee.^{10,11}

To support the development of the new HSO National LTC Services Standard, HSO and CSA Group established a National LTC Standards Government Advisory Table which invited the participation of government officials from federal, provincial and territorial governments. Each Deputy Minister with a responsibility over the provision of LTC services within each of these jurisdictions was invited to determine who would represent their respective governments on the Advisory Table. It was this table that formally requested this jurisdictional review to be conducted.

The purpose of this jurisdictional review is to provide an overview of existing provincial, territorial and federal LTC legislation (including acts and regulations), policies, directives and standards across Canada to help contextualize the new HSO National LTC Services Standard within Canada's larger LTC home landscape. This review compares and analyzes these various

documents alongside the six sections of the new HSO National LTC Services Standard. The sections include:

1. Governing LTC Home's Strategies, Activities, and Outcomes
2. Upholding Resident-Centred Care
3. Enabling a Meaningful Quality of Life for Residents
4. Ensuring High-Quality and Safe Care
5. Enabling a Healthy and Competent Workforce
6. Promoting Quality Improvement

A better understanding of where gaps and alignment exist between the new HSO National LTC Services Standard—designated by the Standards Council of Canada (SCC) as a National Standard of Canada—and existing legislation, policies, directives and standards can help support provincial, territorial and federal authorities that provide oversight of the delivery of LTC home services in Canada. Furthermore, in understanding where opportunities likely exist to create better alignment with the new HSO National LTC Services Standard, Canadian jurisdictions can identify opportunities to embed standards in policies, directives and guidelines to support LTC homes in delivering the quality of care Canadians want to see in these settings.

Methods Underlying the NIA's Jurisdictional Review and Comparative Analysis

This jurisdictional review examined provincial, territorial and federal LTC legislation (including acts and regulations), policies, directives and standards across Canada published as of December 31st, 2022. See Table 1 for the definitions of the key terms.

Table 1: Definitions of Key Terms

Term	Definition
Act	A written law of a legislative body, also called a statute. ¹²
Directives	These documents are also called guidelines and guidance documents. Even though they do not have the force of law, they set out how acts and regulations may be applied within a department or regulatory authority. ¹³
Legislation	Statutes enacted by Parliament and regulations made by a person/body whose authority is based on a statute. ¹⁴ Both these documents are forms of law. ¹⁵
Policy	A course of action adopted or proposed by government. Policies are mostly formally recorded and associated to the functions of the public body. ¹⁶
Regulation	A law that is made by a person or body whose authority to make the law is set out in a statute. ¹⁷
Standard	A document that identifies rules, characteristics, or guidelines for activities or their results. Standards also note accepted terminologies, practices and technical requirements. These documents can be mandatory or voluntary. ¹⁸

An online search across government websites using the Google search engine was completed for each jurisdiction in December 2022. For example, when researching LTC-related documents for a province/territory, in addition to reviewing the jurisdiction's government website, a Google search was completed with the following search query format:

["province/territory" (jurisdictional name for LTC homes) (Table 1 key terms)]

E.g., ["Manitoba" personal care homes standards]

At the federal level, in addition to reviewing the Government of Canada website and completing a Google search, separate individual searches were also completed for information across the public websites of the following federal departments and agencies: Veteran Affairs Canada, Indigenous Services Canada, Health Canada and the Public Health Agency of Canada.

Any documents found were further reviewed to ensure they were the most recent version of legislation, policies, directives and standards within each jurisdiction. For documents that were difficult to access through online searches, assistance was provided by the NIA and HSO's network of government officials, including members of the HSO and CSA Group National LTC Standards Government Advisory Table.

All LTC documents that fit one of the key terms noted in Table 1, regardless of whether they have the force of law, were included in the analysis. The only documents excluded were COVID-19

specific directives and orders. These documents were beyond the scope of the review, as the HSO National LTC Services Standard only looked at infection prevention and control (IPAC) more generally, and not specifically at the prevention and management of COVID-19.

A key topic that was addressed in the standard, hours of care being provided in LTC homes, also received an additional online search using the Google search engine. Any form of document or source of information was accepted for this review. The following search query was used:

["province/territory" hours of care (jurisdictional name for LTC homes)]

E.g., ["Quebec" hours of care CHSLD]

To ensure this jurisdictional review provided an accurate understanding of LTC homes in Canada, the preliminary analysis was sent to Health Canada, as well as to representatives from all the provincial and territorial governments, inviting their further feedback and input via email. When requested, both the NIA and HSO representatives also met with provincial and territorial officials to further discuss their feedback and input. Of the 13 jurisdictions, nine provinces and territories responded with specific comments and additional documents: Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Prince Edward Island, Northwest Territories, Nunavut and Yukon. Further drafts of the analysis were sent back to the representatives from these nine jurisdictions to ensure their feedback and comments had been correctly incorporated.

Results of the NIA's Jurisdictional Review and Comparative Analysis

The search resulted in the identification of various legislation, policies, directives and standards across Canada's provinces and territories (see Appendix A for a full list of documents).

At the federal level, the only document influencing the provision of care in LTC homes was the Canada Health Act. This Act requires all medically necessary physician services (including in LTC homes) to be covered by the provincial and territorial health care insurance plans, in order to receive yearly funding from the federal government.¹⁹ There were no other documents pertaining to this review found within federal departments and agencies (Veteran Affairs Canada, Indigenous Services Canada, Health Canada and the Public Health Agency of Canada). This is likely due to the fact that the provision of LTC services has long been held as a provincial and territorial responsibility in Canada.²⁰

It is important to mention, however, that the Government of Canada has still provided specific additional targeted funding programs over the last few years to better support the provision of LTC services in light of the COVID-19 pandemic. This has included:

- \$740 million as part of the Safe Restart Agreement (SRA) in 2020 to support IPAC measures in various COVID-19 vulnerable settings, including LTC homes;²¹

- \$1 billion transferred to provinces and territories through the Safe Long-Term Care Fund in the 2020 Fall Economic Statement to protect people living and working in LTC (e.g., IPAC, staffing and infrastructure);²²
- \$10.7 million provided to Healthcare Excellence Canada since 2020 which has supported over 1,500 LTC homes to implement best practices for COVID-19 prevention and management;^{22a}
- \$3 billion committed over five years in Budget 2021 to apply standards and improve care within LTC homes;²³ and
- \$1.7 billion committed over five years in Budget 2023 for hourly wage increases for personal support workers and associated occupations.^{23a}

The Government of Canada has also committed to develop a Safe LTC Act to ensure high quality and safe LTC in the country, while respecting provincial and territorial jurisdiction. Discussions with stakeholders and Canadians regarding this legislation are now underway.^{23b}

The following analysis of provincial and territorial LTC-specific documents has been organized and framed around the six sections of the new HSO National LTC Services Standard. Among the 117 specific criteria in the Standard, specific statements within each clause are discussed, including how they are currently addressed by existing provincial/territorial legislation,

Table 2: Explanation of Criterion Verdict for Canadian Provinces and Territories in Tables 3-5, 8, 10, 11

Criterion Verdict	Meaning
YES	There is one or more active documents that show this jurisdiction has provided guidance for meeting this criterion for their LTC homes.
POTENTIALLY	The only evidence for meeting this criterion are draft document(s) being actively considered by this jurisdiction that have not been released or implemented as of December 31, 2022.
NO	There are no active or draft documents that show this jurisdiction has provided guidance for meeting this criterion for their LTC homes.

policies, directives and standards (e.g., commonalities and differences). At the end of each section, a table summarizes the implementation of each criterion across all the provinces and territories (Tables 3-5, 8, 10, 11). The following table explains the meaning of the “criterion verdict” found within the tables.

The contents of each of the six sections of the HSO National LTC Services Standard were found to be aligned to varying levels across all jurisdictional documents reviewed. In terms of overall alignment with the standard’s criteria:

- 25 of the 117 criteria (21.4 per cent) were found within documents of all 13 jurisdictions;
- 73 of the 117 criteria (62.4 per cent) were found within documents of at least 10 jurisdictions; and

- 20 of the 117 criteria (17.1 per cent) were found in documents of six or less jurisdictions.

Table 3 shows the average number of jurisdiction’s documents aligned per criteria across the clause(s) within each section. On one end, almost all jurisdiction’s documents on average aligned with criteria surrounding residents’ rights and responsibilities (Clause 2.1) and resident assessment and care plan (Clause 4.1). However, just over half of the jurisdiction’s documents on average discussed quality improvement (Clause 6.1), with just over a third of the jurisdiction’s documents on average discussed collecting workforce data (Clause 5.3).

Table 3: Average Number of Jurisdiction's Documents Aligned Per HSO National LTC Services Standard Clause Criteria

Section (Clause)	Average Number of Jurisdiction's Documents (out of 13) Aligned per Clause Criteria
Section 1 Governing Body (Clause 1.1)	8.3
Section 2 Residents' Rights & Responsibilities (Clause 2.1) Resident-Centered Care (Clause 2.2) Essential Care Partners (Clause 2.3) Resident Communication (Clause 2.4)	12 9.3 10.8 10.3
Section 3 Resident Quality of Life (Clause 3.1)	9.3
Section 4 Resident Assessment and Care Plan (Clause 4.1) Safety and Effectiveness of Care (Clause 4.2) Service Coordination (Clause 4.3)	12.4 10.4 9.1
Section 5 Healthy and Competent Workforce (Clause 5.1) Equipment and Technology (Clause 5.2) Workforce Data (Clause 5.3)	9.4 10.8 4.5
Section 6 Quality Improvement (Clause 6.1)	7.4

HSO National LTC Services Standard Section 1: Governing LTC Home's Strategies, Activities, and Outcomes

Section 1 of the HSO National LTC Services Standard discusses the specific role of a LTC home's governing body around defining a strategic direction and providing oversight for the LTC home. This section has one clause encompassing 15 criteria.

Clause 1: *The governing body guides and oversees the LTC home to ensure it delivers high-quality services that respond to the diverse needs of its residents and workforce.*

This clause focuses on the various responsibilities of a governing body, from meeting the needs of various stakeholders to ensuring compliance with legal obligations.

It was found that no single province or territory had covered all the criteria stated in this section of the HSO National LTC Services Standard, although Nunavut covered 14 of the 15 criteria. The jurisdictions that covered the least number of criteria (six to seven) were New Brunswick, Northwest Territories and Saskatchewan.

Table 4: HSO National LTC Services Standard Section 1 Criteria Coverage Across Jurisdictions

Standard	#	AB	BC	MB	NB	NL	NT	NS	NU	ON	PE	QC	SK	YT
Section 1. Governing LTC Home's Strategies, Activities, and Outcomes														
1.1 The governing body guides and oversees the LTC home to ensure it delivers high-quality services that respond to the diverse needs of its residents and workforce.														
1.1.1 The governing body ensures the LTC home has a current strategic plan informed by stakeholder input to guide the delivery of its services.	7	YES	YES ^a	POTENTIALLY ^c	NO	YES	NO	NO	YES	YES	YES ^b	NO	NO	YES
1.1.2 The governing body ensures the LTC home delivers services that respond to the diverse needs of its residents.	12	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES ^b	YES	YES	YES
1.1.3 The governing body ensures the LTC home complies with its legal, regulatory, and contractual obligations.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES
1.1.4 The governing body ensures the LTC home engages with jurisdictional authorities to address systemic challenges to delivering high-quality services.	3	NO	NO	NO	NO	YES	NO	NO	YES	NO	NO	NO	NO	YES
1.1.5 The governing body ensures the LTC home has a comprehensive human resources plan.	12	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES ^b	YES	YES	YES
1.1.6 The governing body oversees the LTC home's integrated risk management plan for the delivery of its services.	11	YES	YES ^a	YES	YES	NO	YES	YES	YES	YES	YES ^b	YES	NO	YES
1.1.7 The governing body ensures that the LTC home has a comprehensive emergency and disaster preparedness plan.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	NO	YES	YES
1.1.8 The governing body ensures the LTC home has a trauma-informed approach to care to support the delivery of services.	3	NO	POTENTIALLY	NO	NO	YES	POTENTIALLY	NO	NO	NO	YES ^b	YES	NO	NO
1.1.9 The governing body demonstrates accountability for the quality of care that the LTC home delivers.	12	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES
1.1.10 The governing body ensures the LTC home uses resident experience feedback to improve the quality of its services.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES
1.1.11 The governing body ensures the LTC home uses workforce experience feedback to improve the quality of its services.	6	NO	NO	POTENTIALLY ^c	NO	YES	NO	YES	YES	YES	NO	YES	NO	YES
1.1.12 The governing body holds the executive leader accountable for the delivery of the LTC home's services.	9	YES	YES	YES	NO	YES	NO	YES	YES	YES	NO	YES	NO	YES
1.1.13 The governing body demonstrates it has the required competencies to fulfill its mandate to the LTC home.	6	NO	YES	NO	NO	NO	YES	NO	YES	YES	NO	YES	NO	YES
1.1.14 The governing body provides its members with ongoing education so that it can fulfill its role and responsibilities to the LTC home.	4	YES ^a	NO	POTENTIALLY ^c	NO	NO	NO	NO	YES	YES	NO	YES	NO	NO
1.1.15 The governing body demonstrates a commitment to advancing environmental stewardship.	2	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO

^a Only applies to government-operated LTC homes.

^b Only applies to privately-operated LTC homes.

^c Evidence communicated by government officials.

HSO National LTC Services Standard Section 2: Upholding Resident-Centred Care

Section 2 of the HSO National LTC Services Standard discusses the provision of resident-centered, team-based care, when an LTC home puts an emphasis on bringing together LTC home teams to meet the needs of their residents, while also engaging and respecting residents' rights during decision-making processes. Enabling this philosophy of care was discussed under four major clauses encompassing 25 specific criteria.

Clause 1: *The LTC home leaders and teams respect residents' rights and responsibilities.*

The first clause of Section 2 focuses on LTC leaders and teams respecting the rights and responsibilities of residents.

All jurisdictions specifically require their LTC homes to have policies and procedures surrounding residents' rights and responsibilities (criterion 2.1.1). Similarly, 12 to 13 jurisdictions noted LTC home teams were to follow these procedures to inform residents, address claims of rights' violation, determine capacity and obtain informed consent (criteria 2.1.2, 2.1.3, 2.1.5, 2.1.6). Despite different terms being used across Canada's provinces and territories, at least nine jurisdictions discussed the involvement of substitute decision makers, who are individuals legally designated to make decisions for residents when residents are unable to do so (criteria 2.1.7, 2.1.8).

Ten jurisdictions have directly stated or inferred that LTC homes are to follow a risk-management approach to respect a resident's right to live with risk and the safety of other residents (criterion 2.1.4). Of these jurisdictions, all but British Columbia and Nunavut note the inclusion of the risks and associated preventative measures in a resident's care plan or health record. Also, Alberta, Saskatchewan and Yukon indicate the need to develop a risk agreement form that is to be signed by the resident or substitute decision maker.

Clause 2: *The LTC home leaders and teams enable resident-centred care.*

The second clause of Section 2 looks at how LTC home leaders and teams enable resident-centred care within the LTC home.

All jurisdictions have indicated that their LTC home leaders will be expected to enforce the principles of resident-centered care within the delivery of their services, which include: respecting lived experiences, transparency in communication, inclusion of all people, humility and continuous learning (criterion 2.2.1). In terms of enabling resident autonomy and their active engagement in their care, this was also emphasized across all 13 jurisdictions (criterion 2.2.6).

All provinces and territories have demonstrated a commitment to equity and inclusion, mainly through the development of care plans, recreational activities and menus (criterion 2.2.2). However, only four jurisdictions have indicated some form of commitment to cultural safety and humility, with

Northwest Territories, Nunavut and Yukon specifically requiring staff to be trained and educated around this (criterion 2.2.3).

Only seven jurisdictions appear to discuss the need for their LTC homes to have a decision-making approach to deal with ethical issues, with Newfoundland and Labrador, Nova Scotia and Quebec also stating the need for their compliance with a code of ethics (criterion 2.2.5).

Northwest Territories, Prince Edward Island, Quebec and Yukon appear to be the only jurisdictions noting the need to implement a trauma-informed approach to care, for example, by teams acknowledging and providing support for stressful events (criterion 2.2.4).

Clause 3: *The LTC home leaders and teams promote the role and presence of essential care partners.*

The third clause of Section 2 focuses on LTC home leaders and teams promoting the role of essential care partners within the lives of LTC home residents.

Essential care partners are individuals chosen by residents or their substitute decision makers to take part in a resident's care (e.g., family members, caregivers, close friends). All the provinces and territories have specified the need for the governing bodies of LTC homes to enable their teams to support the presence of essential care partners, with the following seven jurisdictions indicating the need to create and support family councils: Alberta, British Columbia,

Newfoundland and Labrador, Northwest Territories, Nova Scotia, Ontario and Saskatchewan (criterion 2.3.1). This is a platform that allows essential care partners to not only bring up their collective interests and concerns, but also allows them to communicate these to the governing body of a LTC home.

Similarly, at least 11 jurisdictions have indicated the need for LTC home teams to provide needed information (e.g., about one's rights and responsibilities) to essential care partners and ensure timely communication with them around the provision of resident care (e.g., development of a resident's care plan, notification of safety-related incidents, a resident's discharge) (criteria 2.3.3, 2.3.4).

Clause 4: *The LTC home leaders and teams actively communicate with residents.*

The fourth clause of Section 2 discusses criteria surrounding LTC home leaders and teams actively communicating with residents.

Eleven jurisdictions have indicated their requirement for the leadership of LTC homes to promote communication strategies to facilitate resident engagement (criterion 2.4.1) using various avenues – communication devices, resident councils and providing information in an accessible format. However, only seven provinces and territories have also explicitly noted the need for LTC homes to ensure translation and interpretation services are available for LTC home residents (criterion 2.4.2).

Table 5: HSO National LTC Services Standard Section 2 Criteria Coverage Across Jurisdictions

Standard	#	AB	BC	MB	NB	NL	NT	NS	NU	ON	PE	QC	SK	YT
Section 2. Upholding Resident-Centred Care														
2.1 The LTC home leaders and teams respect residents' rights and responsibilities.														
2.1.1 The LTC home leaders provide teams with a policy and procedures that uphold residents' rights and responsibilities.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES
2.1.2 Teams follow the LTC home's procedure to inform residents about their rights and responsibilities.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES
2.1.3 Teams follow the LTC home's procedure to address claims that residents' rights have been violated.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES
2.1.4 Teams use a risk management approach to balance residents' right to live with risk with the safety of others.	10	YES	YES ^a	POTENTIALLY ^c	NO	YES	YES	YES	YES	YES	YES ^b	NO	YES	YES
2.1.5 Teams follow the LTC home's procedure to determine residents' capacity to make their own care decisions.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	YES	NO	YES
2.1.6 Teams follow the LTC home's procedure to obtain residents' informed consent to receive care.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES
2.1.7 Teams follow the LTC home's procedure to inquire whether residents have an appointed substitute decision maker.	9	YES	NO	POTENTIALLY ^c	NO	YES	YES	YES	YES	YES	YES	NO	YES	YES
2.1.8 Teams follow the LTC home's procedure to communicate with residents' substitute decision makers.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
2.2 The LTC home leaders and teams enable resident-centred care.														
2.2.1 The LTC home leaders uphold the principles of resident-centred care in the delivery of services.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES
2.2.2 The LTC home leaders demonstrate a commitment to equity, diversity, and inclusion.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES
2.2.3 The LTC home leaders demonstrate a commitment to cultural safety and humility.	4	NO	POTENTIALLY	POTENTIALLY ^c	NO	NO	YES	NO	YES	YES	NO	NO	NO	YES
2.2.4 The LTC home leaders implement a trauma-informed approach to care in the delivery of services.	4	NO	POTENTIALLY	NO	NO	NO	YES ^a	NO	NO	NO	YES ^b	YES	NO	YES
2.2.5 Teams use the LTC home's ethical decision-making approach to support the delivery of care.	7	NO	NO	NO	NO	YES	YES	YES	YES	NO	YES ^a	YES	NO	YES
2.2.6 Teams enable residents' autonomy in their daily life and care activities.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
2.2.7 Teams ensure residents are actively engaged in their daily life and care activities.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
2.2.8 Teams take time to build caring relationships with residents.	7	NO	YES ^a	POTENTIALLY ^c	NO	YES	NO	YES	YES	NO	YES ^b	YES	NO	YES

Standard	#	AB	BC	MB	NB	NL	NT	NS	NU	ON	PE	QC	SK	YT
2.3 The LTC home leaders and teams promote the role and presence of essential care partners.														
2.3.1 The LTC home leaders enable teams to support the presence of essential care partners in residents' daily life and care activities.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
2.3.2 Teams ensure residents have the opportunity to choose essential care partners to participate in their daily life and care activities.	7	YES	NO	POTENTIALLY ^c	NO	NO	POTENTIALLY	YES	NO	YES	YES ^b	YES	YES	YES
2.3.3 Teams provide essential care partners with information about their rights and responsibilities when participating in residents' daily life and care activities.	11	YES	YES ^a	YES	YES	NO	YES	YES	YES	YES	YES ^b	NO	NO	YES
2.3.4 Teams ensure timely communication with essential care partners to support their participation in residents' daily life and care activities.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES
2.3.5 The LTC home leaders provide teams with a visitor policy and procedures that promote the presence of essential care partners and other visitors.	11	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES ^b	NO	YES	YES
2.4. The LTC home leaders and teams actively communicate with residents.														
2.4.1 The LTC home leaders promote communication strategies that facilitate the engagement of all residents.	11	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	NO	YES	YES
2.4.2 The LTC home leaders ensure timely translation and interpretation services are available to meet residents' needs.	7	NO	YES ^a	NO	NO	YES	YES	NO	YES	YES	YES ^b	NO	NO	YES
2.4.3 Teams use active communication to engage residents in their daily life and care activities.	11	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES ^b	NO	YES	YES
2.4.4 Teams address residents' complaints in a timely manner.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	NO	YES	YES

^a Only applies to government-operated LTC homes.

^b Only applies to privately-operated LTC homes.

^c Evidence communicated by government officials.

HSO National LTC Services Standard Section 3: Enabling a Meaningful Quality of Life for Residents

Section 3 of the HSO National LTC Services Standard discusses the concept of quality of life as a person's sense of well-being and experiences in life that are influenced by numerous factors from one's goals and value systems to their culture. Enabling this philosophy of resident-centred care was discussed under one major clause encompassing 11 specific criteria.

Clause 1: *The LTC home leaders and teams enable residents' meaningful quality of life by providing a welcoming, home-like environment and purposeful daily activities.*

This clause of Section 3 discusses the various avenues the LTC home leaders and teams will be able to positively support residents' quality of life.

All jurisdictions have noted the need for LTC homes to have a physical environment that meets residents' comprehensive needs (criterion 3.1.1). The prevailing theme across most of these jurisdictions is a focus on accessibility (e.g., areas that are wheelchair accessible) – Alberta, British Columbia, Manitoba, New Brunswick, Nova Scotia, Ontario, Prince Edward Island, Saskatchewan and Yukon.

Twelve jurisdictions have emphasized the need for their LTC homes to enable meaningful daily activities for residents (criterion 3.1.3). Similarly, all jurisdictions noted for residents to have meaningful mealtime experiences (criteria 3.1.4). While the following five provinces have indicated that food service programs should align with resident interests and needs: British Columbia, Manitoba, Newfoundland and Labrador, Ontario and Prince Edward Island; six jurisdictions have explicitly indicated that input is to be provided by residents and/or essential care partners: Alberta, New Brunswick, Northwest Territories, Nova Scotia, Nunavut and Quebec.

Nine jurisdictions have indicated the need to support volunteer roles in enhancing the lives of residents (criterion 3.1.7). All of these provinces and territories discussed the need for policies and orientation; however, only four jurisdictions provided specific guidance on how to further provide support for volunteers, either through ongoing training (Northwest Territories and Nova Scotia) or monitoring/evaluation (Newfoundland and Labrador and Nunavut).

Table 6: HSO National LTC Services Standard Section 3 Criteria Coverage Across Jurisdictions

Standard	#	AB	BC	MB	NB	NL	NT	NS	NU	ON	PE	QC	SK	YT
Section 3. Enabling a Meaningful Quality of Life for Residents														
3.1 The LTC home leaders and teams enable residents' meaningful quality of life by providing a welcoming, home-like environment and purposeful daily activities.														
3.1.1 The LTC home leaders ensure the home's physical environment meets residents' comprehensive needs to enhance their quality of life.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES
3.1.2 Teams follow the LTC home's procedures to ensure residents' safety.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES
3.1.3 The LTC home leaders enable meaningful daily activities that foster residents' sense of purpose.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	NO	YES	YES
3.1.4 The LTC home leaders enable meaningful mealtime experiences that meet residents' needs and preferences.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES
3.1.5 Teams provide residents with flexible food and beverage options outside set mealtimes.	10	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES ^b	NO	YES	NO
3.1.6 Teams promote access to nature and outdoor activities that meet residents' goals, needs and preferences.	5	NO	NO	POTENTIALLY ^c	YES	NO	NO	YES	YES	YES	NO	NO	NO	YES
3.1.7 The LTC home leaders support the role of volunteers in enabling residents' meaningful quality of life.	9	YES	YES	NO	NO	YES	YES	YES	YES	YES	NO	NO	YES	YES
3.1.8 The LTC home leaders promote residents' participation in community activities.	10	YES	YES	POTENTIALLY ^c	NO	YES	NO	YES	YES	YES	YES ^b	YES	YES	YES
3.1.9 Teams use information and communication technology to promote social interactions that enhance residents' quality of life.	7	YES	YES	POTENTIALLY ^c	NO	NO	YES	YES	YES	YES	YES ^b	NO	NO	NO
3.1.10 Teams facilitate access to appropriate transportation services that meet residents' needs, abilities, and preferences.	7	NO	YES	NO	NO	YES	YES	YES	YES	YES	NO	NO	NO	YES
3.1.11 The LTC home leaders communicate the results of annual quality-of-life surveys to teams.	3	NO	NO	POTENTIALLY ^c	NO	NO	NO	YES	YES	YES	NO	NO	NO	NO

^b Only applies to privately-operated LTC homes.

^c Evidence communicated by government officials.

HSO National LTC Services Standard Section 4: Ensuring High-Quality and Safe Care

Section 4 of the HSO National LTC Services Standard discusses how high-quality and safe care is to be provided to residents by the LTC home. Enabling this approach was discussed under three major clauses, encompassing 42 specific criteria.

Clause 1: *The LTC home leaders and teams collaborate to develop, implement, and continuously update residents' individualized care plans based on comprehensive assessments of residents' needs.*

The first clause of Section 4 discusses how LTC home leaders and teams should use various aspects of a comprehensive assessment to develop and update individualized care plans. With regard to conducting assessments, all jurisdictions apart from Quebec indicated their requirement for the use of a standardized template to conduct comprehensive needs assessments of a resident's care (criterion 4.1.1.). The following eight provinces and territories noted that their LTC homes must specifically look to use standardized tools (e.g., the interRAI LTCF or RAI MDS 2.0 assessment systems): Alberta, British Columbia, New Brunswick, Northwest Territories, Nova Scotia, Nunavut, Saskatchewan and Yukon. Also, apart from Quebec, all jurisdictions indicated their requirement for LTC homes to carry out comprehensive

assessments of a resident's care, needs and preferences upon admission (criterion 4.1.2). The following ten jurisdictions specifically noted a time range in which this should be completed (24 hours to two weeks): British Columbia, Manitoba, New Brunswick, Northwest Territories, Nova Scotia, Nunavut, Ontario, Prince Edward Island, Saskatchewan and Yukon.

With regard to the development of care plans, all jurisdictions stated a specific template to follow (criterion 4.1.8). These provinces and territories have also indicated the need to involve residents within the development of their care plans (criterion 4.1.9). It is important to note that the following nine jurisdictions have highlighted the use of care conferences as an avenue to involve residents and their substitute decision makers with the LTC home team: Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Nunavut, Prince Edward Island and Saskatchewan. In terms of monitoring care plans, all jurisdictions have indicated that LTC homes should look to review their care plans at varying intervals (three months to one year) and for various reasons (e.g., change in needs, plan not effective) (criterion 4.1.10).

Clause 2: *The LTC home leaders and teams collaborate to design, deliver, and continuously evaluate the safety and effectiveness of care.*

The second clause of Section 4 discusses the provision of safe and effective care through two sets of criteria, the first

around the implementation of a particular set of safety programs, and the second around the development of procedures to respond to safety incidents and emergencies and disasters. The specific

safety programs highlighted in the HSO National LTC Services Standard have been found to be irregularly applied across provincial and territorial jurisdictions (as seen in Table 7).

Table 7: Safety Practices Enforced by Standards, Legislation, Directives, and Policies

Standard	AB	BC	MB	NB	NL	NT	NS	NU	ON	PE	QC	SK	YT
Resident Identity	YES	NO	YES	YES	YES	YES	YES	YES	NO	YES ^b	NO	NO	YES
Nutrition and Hydration	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	NO	YES	YES
Oral Health	YES	YES	YES	YES	YES	POTENTIALLY	YES	YES	YES	YES ^b	YES	YES	NO
Skin Integrity	YES	YES ^a	YES	YES	YES	YES	YES	YES	YES	YES ^b	NO	YES	YES
Pain Management	YES	YES ^a	POTENTIALLY ^c	YES	YES	NO	YES	YES	YES	YES ^b	NO	YES	YES
Falls Management	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES
Responsive Behaviours	YES	YES ^a	NO	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES
Least Restraint	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES
Review Resident Medication Profile	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Reconcile Medication	YES	NO	YES	YES	YES	YES	YES	YES	NO	YES ^a	NO	YES	YES
Reduce Antipsychotic Medication	YES	NO	YES	NO	YES	POTENTIALLY	NO	YES	YES	YES ^a	YES	YES	YES
Infection Prevention and Control (IPAC)	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES
Standardized Order Sets	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
Immunizations	YES	YES	NO	NO	YES	YES	YES	YES	YES	YES ^b	NO	NO	YES

^a Only applies to government-operated LTC homes.

^b Only applies to privately-operated LTC homes.

^c Evidence communicated by government officials.

Among the 13 provincial and territorial jurisdictions, only Nunavut noted all of the listed safety practices (See Table 7) in the HSO National LTC Services Standard, with Alberta, Newfoundland and Labrador, and Prince Edward Island following next in both supporting at least 13 of the 14 practices. The most commonly found enforced safety practices related to restraint use, IPAC, nutrition and hydration, skin integrity, and review of resident medication profile where at least 12 jurisdictions enforced these practices (criteria 4.2.8, 4.2.12, 4.2.2, 4.2.4, 4.2.9). Across the provinces and territories, different methods were recommended and used to ensure high-quality of care, including legislation, the promotion of best practices, the use of standardized tools, interdisciplinary team coordination

and having a stand-alone committee (e.g., wound care committee, medication safety and advisory committee). It is important to highlight that some jurisdictions require LTC homes to be accredited, therefore the accreditation body might be the way that the jurisdiction ensures that oversight is provided around safety practices that are not explicitly noted in a jurisdiction's requirements.

In terms of the second group of criteria within the second clause, surrounding safety incidents and emergencies and disasters, 13 jurisdictions discuss having procedures for reporting safety incidents faced by residents (criterion 4.2.15). However, there are differences in how this is to be conducted:

Table 8: Summary of Safety Incident Reporting Procedures Across Provinces and Territories

Characteristic of Jurisdiction(s)	Name of Jurisdiction(s)
Simply noting the LTC home governing body to inform the regional health authority	Manitoba, Ontario
Indicating that reporting starts from the workplace, with the governing body also informing the regional health authority or regulator	Alberta, British Columbia, Manitoba, New Brunswick, Nunavut, Prince Edward Island, Quebec
Stating a need for a reporting process to be in place	Nova Scotia, Northwest Territories, Yukon
Having a designated individual to deal with incidents of abuse	Newfoundland and Labrador

Despite there being 11 jurisdictions that were found to be stating a procedure for disclosing a safety incident, there also appears to be differences in how this is to be conducted (criterion 4.2.16). The six jurisdictions of British Columbia, New Brunswick, Newfoundland and Labrador, Nunavut, Prince Edward Island and Yukon only indicate that substitute decision makers or residents' next of kin should be immediately informed. However, the five jurisdictions of Northwest Territories, Nova Scotia, Ontario, Quebec and Saskatchewan indicate the need for a process to be made, with some indicating specific measures (e.g., further communication).

For emergency planning, all jurisdictions, apart from Quebec, require the need for their LTC homes to have emergency and disaster preparedness and management policies (criterion 4.2.17). However, only 10 jurisdictions require their LTC homes have an evacuation plan (criterion 4.2.18).

Clause 3: *The LTC home leaders and teams coordinate to ensure residents receive appropriate care and services when, where, and how they need it.*

The third clause of Section 4 discusses the need for LTC home leaders and teams to coordinate care internal and external to the LTC home.

All jurisdictions, apart from Quebec, indicated the need to ensure that services within LTC homes are compliant with jurisdictional requirements (criterion 4.3.1). However, only nine jurisdictions appear to discuss their LTC homes needing to establish a clear accountability in clinical decision-making through a

medical director or designated physician, etc. (criterion 4.3.2). Jurisdictions also varied in the information provided regarding this role, from broadly stating the encompassing responsibilities (e.g., Manitoba), to specifically stating the various duties this role will entail (e.g., Ontario). This was similarly seen with the 10 jurisdictions that discussed the need for LTC homes to establish formal agreements with external health service providers (criterion 4.3.3). The level of detail in accompanying guidance ranged from simply stating the presence of service agreements (e.g., Nova Scotia) to stating how these agreements and/or entire collaboration should be managed (e.g., what must be covered in the agreements) (e.g., Alberta, Newfoundland and Labrador).

In this review, virtual care was found to be discussed by six jurisdictions (criterion 4.3.4). However, only Newfoundland and Labrador and Quebec discussed the provision of telehealth services in detail. This included topics such as objectives of service agreements and the additional training to be coordinated.

All jurisdictions, apart from Alberta, discussed the need for LTC homes to provide timely referrals to health-care professionals (criterion 4.3.6). However, the specificity around this ranged from simply noting these actions were to be done (e.g., Northwest Territories, Quebec) to indicating how this process should be conducted step-by-step (e.g., British Columbia, Saskatchewan).

Table 9: HSO National LTC Services Standard Section 4 Criteria Coverage Across Jurisdictions

Standard	#	AB	BC	MB	NB	NL	NT	NS	NU	ON	PE	QC	SK	YT
Section 4. Ensuring High-Quality and Safe Care														
4.1 The LTC home leaders and teams collaborate to develop, implement, and continuously update residents' individualized care plans based on comprehensive assessments of residents' needs.														
4.1.1 The LTC home leaders provide teams with a validated template to conduct residents' comprehensive needs assessments.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES
4.1.2 The team conducts the resident's comprehensive needs assessment upon admission to the LTC home.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES
4.1.3 The team uses the validated needs assessment template to evaluate the resident's basic needs.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES
4.1.4 The team uses the validated needs assessment template to evaluate the resident's mental health needs.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES
4.1.5 The team uses the validated needs assessment template to evaluate the resident's physical health needs.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES
4.1.6 The team uses the validated needs assessment template to evaluate the resident's social needs.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES
4.1.7 The team conducts ongoing needs assessments according to the resident's changing health status and care needs.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
4.1.8 The LTC home leaders provide teams with a validated template to develop individualized care plans.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
4.1.9 The team engages with the resident to develop the resident's individualized care plan.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
4.1.10 The team continually updates the resident's individualized care plan.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
4.1.11 The team follows the LTC home's procedure to share the resident's individualized care plan with appropriate team member.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES

Standard	#	AB	BC	MB	NB	NI	NT	NS	NU	ON	PE	QC	SK	YT
4.2 The LTC home leaders and teams collaborate to design, deliver, and continuously evaluate the safety and effectiveness of care.														
4.2.1 The team follows the LTC home's procedure to confirm the identity of the resident before providing care.	9	YES	NO	YES	YES	YES	YES	YES	YES	NO	YES ^b	NO	NO	YES
4.2.2 The team follows the LTC home's procedure for nutrition and hydration management.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	NO	YES	YES
4.2.3 The team follows the LTC home's procedure for oral health management.	11	YES	YES	YES	YES	YES	POTENTIALLY	YES	YES	YES	YES ^b	YES	YES	NO
4.2.4 The team follows the LTC home's procedure for skin integrity management.	12	YES	YES ^a	YES	YES	YES	YES	YES	YES	YES	YES ^b	NO	YES	YES
4.2.5 The team follows the LTC home's procedure for pain management.	10	YES	YES ^a	POTENTIALLY ^c	YES	YES	NO	YES	YES	YES	YES ^b	NO	YES	YES
4.2.6 The team follows the LTC home's procedure for the reduction of injuries caused by falls.	11	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES
4.2.7 The team follows the LTC home's procedure for the management of responsive behaviours.	11	YES	YES ^a	NO	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES
4.2.8 The team follows the LTC home's procedure on the use of least restraint.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES
4.2.9 The team follows the LTC home's procedure to review the resident's medication profile.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
4.2.10 The team follows the LTC home's procedure to reconcile medications following a change in the resident's care plan that may result in a change in the medication profile.	10	YES	NO	YES	YES	YES	YES	YES	YES	NO	YES ^a	NO	YES	YES
4.2.11 The LTC home leaders implement a program to ensure the appropriate use of antipsychotic medication.	9	YES	NO	YES	NO	YES	POTENTIALLY	NO	YES	YES	YES ^a	YES	YES	YES
4.2.12 The team conforms to the requirements in HSO 4001 <i>Infection Prevention and Control</i> to plan, implement, and evaluate an effective infection prevention and control program.	12	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES
4.2.13 The team uses validated order sets for the management of common infections.	1	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
4.2.14 The LTC home leaders ensure immunization programs are provided to optimally protect people from infectious diseases.	9	YES	YES	NO	NO	YES	YES	YES	YES	YES	YES ^b	NO	NO	YES
4.2.15 The team follows the LTC home's procedure for reporting a safety incident experienced by the resident.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
4.2.16 The team follows the LTC home's procedure for disclosing a safety incident experienced by the resident.	11	NO	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
4.2.17 The LTC home leaders provide teams with an updated policy and procedures for emergency and disaster management.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	NO	YES	YES
4.2.18 The LTC home leaders provide teams with the LTC home's evacuation procedure.	10	NO	YES	YES	YES	YES	POTENTIALLY	YES	YES	YES	YES ^b	NO	YES	YES
4.2.19 The team conducts regular simulations of the LTC home's evacuation procedure.	9	NO	NO	YES	YES	YES	POTENTIALLY	YES	YES	YES	YES ^b	NO	YES	YES

Standard	#	AB	BC	MB	NB	NL	NT	NS	NU	ON	PE	QC	SK	YT
4.3 The LTC home leaders and teams coordinate to ensure residents receive appropriate care and services when, where, and how they need it.														
4.3.1 The LTC home leaders ensure the scope of services provided to residents complies with jurisdictional requirements.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	NO	YES	YES
4.3.2 The LTC home leaders ensure there is clear accountability in clinical decision-making.	9	YES	NO	YES	YES	NO	POTENTIALLY	YES	YES	YES	YES ^b	YES	NO	YES
4.3.3 The LTC home leaders establish formal agreements with external health service providers.	10	YES	NO	YES	NO	YES	YES	YES	YES	YES	YES ^b	YES	YES	NO
4.3.4 The LTC home leaders provide teams with a policy and procedures for the appropriate delivery of virtual health services.	6	NO	NO	NO	NO	YES	YES	NO	NO	YES	NO	YES	YES	YES
4.3.5 The LTC home leaders facilitate residents' access to non-medical services.	7	NO	NO	NO	NO	YES	YES	NO	YES	YES	YES ^b	NO	YES	YES
4.3.6 The team follows the LTC home's procedure to provide the resident with a timely referral to an appropriate health care professional.	12	NO	YES ^a	YES	YES	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES
4.3.7 The team follows the LTC home's procedure to provide the resident with timely access to appropriate health care professionals outside the LTC home.	9	YES	YES ^a	NO	NO	YES	POTENTIALLY	YES	YES	YES	YES ^b	NO	YES	YES
4.3.8 The LTC home leaders enable the delivery of end-of-life care.	11	YES	YES ^a	POTENTIALLY ^c	YES	YES	YES	YES	YES	YES	YES ^b	NO	YES	YES
4.3.9 The team follows the LTC home's procedure for communicating appropriate information following a change in care.	11	YES	YES ^a	YES	YES	NO	YES	NO	YES	YES	YES ^b	YES	YES	YES
4.3.10 The team designates a team member to coordinate the resident's care before, during, and after a consultation with a health care professional outside the LTC home.	5	YES	YES	NO	NO	NO	YES	NO	YES	NO	NO	NO	NO	YES
4.3.11 The team follows the LTC home's procedure to facilitate medical transportation when required for the resident to access external care.	4	NO	NO	NO	NO	YES	POTENTIALLY	NO	YES	NO	YES ^b	NO	YES	NO
4.3.12 The team follows the LTC home's procedure for admitting, transferring, and discharging the resident.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES

^a Only applies to government-operated homes.

^b Only applies to privately-operated LTC homes.

^c Evidence communicated by government officials.

HSO National LTC Services Standard Section 5: Enabling a Healthy and Competent Workforce

Section 5 of the HSO National LTC Services Standard discusses various LTC home workforce-related issues related to those who are involved in the provision of resident care. These components were discussed under three major clauses encompassing 19 specific criteria.

Clause 1: *The LTC home leaders enable competent teams, provide supportive working conditions, and ensure the health and safety of the LTC home's workforce.*

The first clause of this section discusses the need for LTC homes to have a qualified and adequate workforce, along with the provision of health and safety measures for them.

Twelve jurisdictions were found to have discussed the need to ensure an appropriate workforce composition in their LTC homes (criterion 5.1.1). These provinces and territories indicated that this was based on at least the following two factors: residents' needs and standards/legislative requirements.

Criterion 5.1.1 discusses resident hours of care recommendations for LTC homes, which nine jurisdictions (see Table 10) have also addressed. It is important to note that both the governments of Manitoba and Nova Scotia recently provided additional funding for LTC in 2022 to increase direct care and staffing levels. As a result, over the next few years, Manitoba's hours of direct care will

increase from 3.6 hours per day to 3.8 hours,²⁴ and Nova Scotia's hours of direct care will increase from 2.45 hours per day to at least 4.1 hours.²⁵

Eleven jurisdictions have also discussed the need for appropriate training on position-related activities (criterion 5.1.2). Provinces and territories have also incorporated additional components to this training, with the most common element being best practices which were stated by the Northwest Territories, Nova Scotia, Ontario and Saskatchewan.

Multiple criteria were less frequently discussed across jurisdictions, including only seven jurisdictions ensuring LTC homes had strategies for recruitment and retention (criterion 5.1.5). Despite provinces and territories discussing recruitment strategies, Alberta, British Columbia Nunavut, Quebec and Yukon appeared to be the only ones discussing retention strategies.

With regard to occupational health and safety, all jurisdictions, apart from Quebec, were found to have policies and procedures for their LTC homes to follow (criterion 5.1.7). Within this group, Prince Edward Island, Northwest Territories, Nunavut, Saskatchewan and Yukon specifically noted the need for on-site occupational health committees. However, wellness programs were rarely discussed across the jurisdictions with only British Columbia, Northwest Territories and Nunavut mentioning such supports for staff (criterion 5.1.8).

At least eight jurisdictions discussed the need to provide procedures to address LTC home workforce claims/concerns and in a timely manner (criteria 5.1.9,

Table 10: Jurisdictions with Requirements or Recommendations for Hours of Care in LTC Homes

Jurisdiction	Hours of Direct Care	Requirement	Recommendation
AB	<ul style="list-style-type: none"> An average of at least 1.90 paid hours of combined nursing and personal services per resident per day²⁶ 	✓	
BC	<ul style="list-style-type: none"> An average of at least 3.36 hours of direct care daily²⁷ 		✓
MB	<ul style="list-style-type: none"> An average of 3.6 paid hours of care per resident per day²⁸ 		✓
NB	<ul style="list-style-type: none"> 3.09 direct hours of care and a total of 3.3 hours of care per resident²⁹ 	✓	
NL	<ul style="list-style-type: none"> A minimum of 3.2-3.5 hours of care per resident per day for Level III residents A minimum of 4.0 hours of care per resident per day for Level IV residents³⁰ 		✓
NS	<ul style="list-style-type: none"> An average of at least 2.45 hours of hours of hands-on care per resident per day³¹ 	✓	
NT	<ul style="list-style-type: none"> A standard of 3.6 hours of care per resident per day³² 		✓
ON	<ul style="list-style-type: none"> 4 hours of direct care target per resident per day (by personal support workers, registered nurses or registered practical nurses) achieved by March 31, 2025 <ul style="list-style-type: none"> Including periodic increase targets for 2022, 2023, 2024 36 minutes of direct care to be provided per resident per day (by allied health-care professionals)³³ 	✓	
PE	<ul style="list-style-type: none"> Between 3.0 and 3.8 hours of required direct care per resident per day (depending on level of care)³⁴ 	✓	

5.1.10). However, only Alberta, Northwest Territories, Nunavut, Prince Edward Island and Yukon were found to not have grouped this process together along with those for residents, substitute decision-makers and essential care partners.

Clause 2: *The LTC home leaders provide health care equipment and information and communication technology to improve working conditions and support the provision of high-quality, resident-centred care.*

The second clause discusses the role of health-care equipment and information and communication technology to support working conditions. The category of health-care equipment includes appliances that come in contact with one's skin (e.g., wheelchair, lifts), while the category of information and communication technology includes all the services and applications surrounding communication devices (e.g., call systems, tablets).³⁵

Twelve jurisdictions discussed the need for the LTC home workforce to have access to appropriate health-care equipment (criterion 5.2.1). Prince Edward Island and the Northwest Territories also discussed the need for the workforce to have access to emergency medical equipment. It is important to mention that among these 12 jurisdictions, only eight provinces and territories appear to provide training for either the use of health-care equipment and/or information and communication technology (criterion 5.2.3). Also, apart from New Brunswick and Nova Scotia, no other jurisdictions appeared to be providing ongoing training for the use of these resources.

Twelve jurisdictions discussed the need for LTC homes to provide preventative maintenance programs for its health-care equipment (criterion 5.2.4). However, the programs were generally for all equipment, and not health-care equipment in particular. Also, apart from Ontario, the provinces and territories provided detailed guidance on what maintenance programs should entail.

Clause 3: *The LTC home leaders ensure that data on the LTC home's workforce are collected, analyzed, reported, and used to understand workforce needs, create staffing plans, and allocate resources.*

The third clause for this section discusses the importance of LTC home leaders collecting data to understand, develop and plan workforce activities. This was the least followed clause for the entire standard, with three of the four criteria being met by a total of eight jurisdictions. Alberta, Ontario and Quebec did not meet any of the criteria for this clause.

Regarding the first criterion of the need to invest in the required resources to collect data, despite noting ten jurisdictions in the table below, these provinces and territories tended to note the types of data to be collected rather than state the specific resources to facilitate its collection (criterion 5.3.1). The most commonly collected data appears to be that of employee records, which provided information on certifications, licenses, immunization, orientation checklist, etc. This may explain why the criterion ensuring retention indicators (e.g., workforce injuries, illnesses, absences) are collected had the greatest number of jurisdictions (seven) among the remaining criteria (criterion 5.3.3).

Table 11: HSO National LTC Services Standard Section 5 Criteria Coverage Across Jurisdictions

Standard	#	AB	BC	MB	NB	NL	NT	NS	NU	ON	PE	QC	SK	YT
Section 5. Enabling a Healthy and Competent Workforce														
5.1 The LTC home leaders enable competent teams, provide supportive working conditions, and ensure the health and safety of the LTC home's workforce.														
5.1.1 The LTC home leaders demonstrate that the number and skill mix of the workforce is evidence informed to enable team-based care.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^a	YES	YES	NO
5.1.2 The LTC home leaders ensure the workforce has the appropriate training before using standardized templates and tools for comprehensive needs assessments and individualized care plans.	11	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES ^a	YES	YES	NO
5.1.3 The LTC home leaders ensure the workforce has access to ongoing training on safety practices.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^a	YES	YES	YES
5.1.4 The LTC home leaders ensure the workforce has access to continuous learning activities to support ongoing learning and career development.	13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^a	YES	YES	YES
5.1.5 The LTC home leaders have effective strategies for recruitment and retention.	7	YES	YES ^a	NO	NO	NO	YES	YES	YES	NO	NO	YES	NO	YES
5.1.6 The LTC home leaders have procedures in place to mitigate understaffing.	6	YES	YES ^a	NO	NO	NO	NO	YES	YES	YES	YES ^b	NO	NO	NO
5.1.7 The LTC home leaders follow the LTC home's occupational health and safety policy and procedures.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^a	NO	YES	YES
5.1.8 The LTC home leaders ensure the workforce has access to wellness programs.	3	NO	YES ^a	NO	NO	NO	YES	NO	YES	NO	NO	NO	NO	NO
5.1.9 The LTC home leaders follow the LTC home's policy and procedures to address claims that the rights of the workforce have been violated.	9	YES	YES ^a	YES	NO	YES	YES	NO	YES	NO	YES ^b	NO	YES	YES
5.1.10 The LTC home leaders address the workforce's concerns in a timely manner.	8	YES	NO	YES	NO	NO	YES	YES	YES	NO	YES ^b	NO	YES	YES
5.1.11 The LTC home leaders establish effective communication strategies to support active engagement with the workforce.	9	NO	YES ^a	YES	YES	NO	YES	YES	YES	YES	NO	YES	NO	YES

Standard	#	AB	BC	MB	NB	NL	NT	NS	NU	ON	PE	QC	SK	YT
5.2 The LTC home leaders provide health care equipment and information and communication technology to improve working conditions and support the provision of high-quality, resident-centred care.														
5.2.1 The LTC home leaders ensure the workforce has access to appropriate health care equipment that enables the delivery of high-quality care.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^a	NO	YES	YES
5.2.2 The LTC home leaders ensure the workforce has access to evidence-informed information and communication technology that supports the delivery of high-quality care.	11	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES ^a	NO	YES	YES
5.2.3 The LTC home leaders ensure the workforce has received the appropriate training before using new health care equipment and information and communication technologies.	8	YES	NO	YES	YES	NO	POTENTIALLY	YES	YES	YES	YES ^a	NO	NO	YES
5.2.4 The LTC home leaders establish a preventive maintenance program for health care equipment.	12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES ^a	NO	YES	YES
5.3 The LTC home leaders ensure that data on the LTC home's workforce are collected, analyzed, reported, and used to understand workforce needs, create staffing plans, and allocate resources.														
5.3.1 The LTC home leaders invest in the required resources to collect workforce data to support improvements to working conditions.	10	NO	YES	YES	YES	YES	YES	YES	YES	NO	YES ^a	NO	YES	YES
5.3.2 The LTC home leaders ensure socio-demographic workforce data are collected to support improvements to working conditions.	0	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
5.3.3 The LTC home leaders ensure retention indicators are collected to better understand workforce engagement and turnover.	7	NO	NO	YES	NO	NO	YES	YES	YES	NO	YES ^a	NO	YES	YES
5.3.4 The LTC home leaders ensure workforce experience surveys are administered at least annually.	1	NO	NO	POTENTIALLY ^c	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO

^a Only applies to government-operated homes.

^b Only applies to privately-operated LTC homes.

^c Evidence communicated by government officials.

HSO National LTC Services Standard Section 6: Promoting Quality Improvement

Section 6 of the HSO National LTC Services Standard discusses the importance of ongoing quality improvement efforts within LTC homes. This is defined as the systematic and structured team effort to achieve measurable improvements in care delivery, experiences and outcomes.³⁶ Enabling this approach to quality improvement was discussed under one major clause encompassing five specific criteria.

Clause 1: *The LTC home leaders and teams demonstrate an ongoing commitment to quality improvement.*

This clause specifically discusses what should be included throughout the quality improvement process in an LTC home, from the needed resources to how to communicate findings.

Twelve jurisdictions have noted the need for their LTC homes to have dedicated resources to support quality improvement activities (criterion 6.1.1). However, similar to previous sections, the amount of guidance or requirements being given varied from simply stating the need to have policies and programs (Alberta) to providing further specific details on how quality improvement programs may be implemented (Nova Scotia, Quebec).

There were some commonalities across this group of jurisdictions with six provinces and territories indicating that quality improvement exercises were to be done at least annually: Manitoba, Newfoundland and Labrador, Nova Scotia, Nunavut, Ontario and Yukon. Also, the following six jurisdictions noted the importance of using resident and family satisfaction surveys as a platform to carry forward their quality improvement programs: British Columbia, Nova Scotia, Nunavut, Ontario, Saskatchewan and Yukon.

Similar to the previous criteria, eleven jurisdictions noted about teams having a quality improvement plan for improving residents' quality of care (criterion 6.1.3). Within this group, a common theme among British Columbia, Newfoundland and Labrador, Northwest Territories, Nunavut and Quebec was the evaluation of residents' quality of care through various stakeholders (e.g., residents, essential care partners and team members). It is important to highlight that compared to quality improvement plans for residents' experience (criterion 6.1.2, 6.1.3), there were a smaller number of jurisdictions (four) that enforced quality improvement plans for enabling a healthy and competent workforce (criterion 6.1.4).

Table 12: HSO National LTC Services Standard Section 6 Criteria Coverage Across Jurisdictions

Standard	#	AB	BC	MB	NB	NL	NT	NS	NU	ON	PE	QC	SK	YT
6. Promoting Quality Improvement														
6.1 The LTC home leaders and teams demonstrate an ongoing commitment to quality improvement.														
6.1.1 The LTC home leaders have dedicated resources for quality improvement activities.	12	YES	YES ^a	YES	NO	YES	YES	YES	YES	YES	YES ^b	YES	YES	YES
6.1.2 Teams have a quality improvement plan for improving residents' quality of life.	7	NO	YES ^a	POTENTIALLY ^c	NO	YES	NO	YES	YES	YES	NO	NO	YES	YES
6.1.3 Teams have a quality improvement plan for improving residents' quality of care.	11	YES	YES ^a	YES	NO	YES	YES	YES	YES	YES	NO	YES	YES	YES
6.1.4 The LTC home leaders have a quality improvement plan for enabling a healthy and competent workforce.	4	NO	NO	NO	NO	YES	NO	NO	YES	NO	NO	NO	YES	YES
6.1.5 The LTC home leaders communicate quality improvement outcomes to the LTC home's stakeholders.	3	NO	YES ^a	POTENTIALLY ^c	NO	NO	NO	NO	YES	YES	NO	NO	NO	NO

^a Only applies to government-operated homes.

^b Only applies to privately-operated LTC homes.

^c Evidence communicated by government officials.

The Use of InterRAI LTC Resident Assessment Instruments Across Canada

The Canadian Institute for Health Information (CIHI) provided a summary of how their currently reported LTC assessment data aligns with HSO National LTC Services Standard.³⁷ CIHI's core LTC assessment data is principally collected through interRAI's LTC resident assessment instruments, interRAI LTCF© and the older RAI MDS 2.0©.³⁸ Currently, the following nine jurisdictions use one of these two LTC resident assessment instruments: Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Saskatchewan and Yukon.³⁹ Not only do these instruments collect various information (e.g., demographic, clinical, administrative), but the data collected through interRAI's LTC resident assessment instruments can be used to create scales (e.g., Cognitive Performance Scale) and Clinical Assessment Protocols.^{40,41} These outputs can support care planning and delivery but also quality improvement efforts and according to CIHI should be able to support LTC homes to meet up to 29 criteria from the HSO National LTC Services Standard (see Appendix B for summary table).⁴²

Accreditation of LTC Homes Across Canada

This jurisdictional review specifically looked at provincial, territorial and federal government documents (e.g., legislation, standards, guidelines and directives), that relate to the care provided in LTC homes across Canada. It is important to note that governments establish how they can enforce adherence to their rules and guidelines, and one way to do so is through the process of accreditation.⁴³ Accreditation is a process of evaluating services against a set of standards. An organization that received accreditation would have had to demonstrate that it meets a certain level of a standard's requirements, as defined by the accreditation program. For example, Accreditation Canada offers one of four decisions depending on the number of requirements met: Not Accredited, Accredited, Accredited with Commendation or Accredited with Exemplary Standing.⁴⁴

Across Canada, accreditation for LTC homes is enforced and followed at various levels depending on the province and territory. Some provinces and territories (e.g., Quebec) make accreditation mandatory, with all their LTC homes being accredited, whereas other provinces and territories (e.g., Ontario) make accreditation voluntary.⁴⁵ There is a possibility that much of the criteria in the above tables (that had no information from certain provinces and territories)

may have been met depending on the outcome of an accreditation process followed and how they are aligned with the HSO LTC Services Standard. However, even in provinces or territories where accreditation is mandatory, it is not clear if there are any consequences for a home that was unable to demonstrate meeting a specific criterion through an accreditation program.

68 per cent of LTC homes in Canada are accredited by Accreditation Canada's Qmentum accreditation program.⁴⁶ This program specifically uses standards developed by HSO,⁴⁷ with the new HSO National LTC Services Standard planned to be used as the basis of this program's work with LTC homes.⁴⁸

International Approaches to Enabling LTC Standards

This jurisdictional review further looked into the LTC legislation, directives, policies and standards of three other Organisation for Economic Co-operation and Development (OECD) countries: Australia, England and the United States. All three of these OECD countries have established varying levels of national-level governance and oversight of their LTC homes.⁴⁹

A common feature among Australia, England and the United States has been their implementation of national LTC standards. England and Australia have centralized the responsibility of licensure and inspection at the federal level.⁵⁰

In Australia, the Aged Care Quality and Safety Commission was established to monitor government-funded residential care based on the Aged Care Quality Standards and Prudential Standards.^{51,52} The Aged Care Quality Standards are a group of eight individual standards that focus on consumer outcomes and the expected level of care (e.g., consumer dignity and choice, personal care).⁵³ Its Prudential Standards are a group of four standards that pertain to the holding of refundable accommodation payments within residential aged care facilities (liquidity, records, governance and disclosure).⁵⁴

In England, the Care Quality Commission was established to regulate and monitor all health and social care services, based on the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009.⁵⁵ The first group of regulations cover the requirements for persons providing or managing regulated activities (e.g., accommodation for persons who require nursing or personal care) and a set of fundamental standards that must be followed in the provision of regulated activities.⁵⁶ The second group of regulations cover requirements in relation to regulated activities' registration (e.g., fees, financial position).⁵⁷ The application of these regulations will depend on the specific services that are being monitored and regulated.⁵⁸

Within the United States, the responsibilities have been de-centralized to state governments, which follow and build upon a national set of standards (42 CFR 483: Requirements for Long Term Care Facilities).⁵⁹⁻⁶¹ These standards provide minimum requirements that LTC homes receiving Medicare or Medicaid funding must comply with.^{62,63}

When reflecting on the six sections of the new HSO National LTC Services Standard, it is important to note that all of the above standards provide guidance on most of the new Standard's criteria except that of Section 3 (Enabling a Meaningful Quality of Life for Residents). England's regulations do not distinctively note that LTC home leaders must provide daily activities for residents or measure

residents’ quality of life. This, however, is clearly noted in the legislation of the United States and Australia. Also, similar to Canada’s jurisdictional documents, the concepts covered in the new HSO LTC National Standard were found to be applied in varying levels across the remaining five sections. One example was Section 4 (Ensuring High-Quality and Safe Care), where the United States standards note guidance on nine of the 14 listed safety practices, whereas Australia and England only note guidance on five safety practices (see Table 13). Also, within Section 4, apart from the United States, the other two international standards do not appear to provide guidance specifically surrounding disaster and emergency preparedness.⁶⁴⁻⁶⁸

A further important observation found within this international comparative analysis was how, despite all three jurisdictions indicating the need for sufficient staff to provide quality care in LTC homes, none of them appear to indicate a clear distinction around the required direct hours of care per day for residents. Also, unlike there being some mention of resident and family councils and the need to have sufficient staff, there appeared to be no mention by any of the international jurisdictions about recognizing and supporting the role of volunteers in LTC settings.⁶⁹⁻⁷³

Table 13: Safety Practices Enforced by International Legislation and Standards from Australia, England and the United States

	Resident Identity	Nutrition and Hydration	Oral Health	Skin Integrity	Pain Management	Falls Management	Responsive Behaviours	Least Restraint
AU	NO	NO	NO	NO	NO	NO	NO	YES
EN	NO	YES	YES	NO	NO	NO	NO	YES
US	NO	YES	NO	YES	NO	YES	NO	YES

	Review Resident Med. Profile	Reconcile Med.	Reduce Antipsychotic Med.	Infection Prevention and Control (IPAC)	Standardized Order Sets	Immunizations
AU	NO	NO	NO	YES	NO	NO
EN	YES	NO	NO	YES	NO	NO
US	YES	YES	YES	YES	NO	YES

Conclusion

The results of this jurisdictional review highlight the varying standards of care that currently exist for LTC home services in Canada. Because many provincial and territorial documents articulate different requirements, varying levels of guidance and oversight for the provision of LTC home services have been created as a result. This became apparent when conducting our comparative analysis of provincial and territorial requirements against the six sections of the new HSO National LTC Services Standard. For example, despite content from all sections being found in the jurisdictional documents reviewed, it was found to exist at different levels. While almost all jurisdiction's documents discussed criteria surrounding resident assessments and care plans (Clause 4.1), just over a third of the jurisdiction's documents discussed collecting workforce data (Clause 5.3). There specifically appears to be a lack of oversight in the following highlighted topics that were found in six or less jurisdiction's documents: trauma-informed approach to care (Criterion 1.1.8), workplace wellness programs (Criterion 5.1.8), environmental stewardship (Criterion 1.1.15) and workforce experience surveys (Criterion 5.3.4). Therefore, developing a broader alignment of provincial and territorial legislation, policies, directives and standards with the HSO National LTC Services Standard could enable a more consistent approach to the provision of care in LTC homes across Canada.

Appendix A: Long Term Care Legislation, Policies, Directives, and Standards Across Canada

Juris-diction	Legislation	Standards	Directives, Policies, and Other Documents	Documents not Included as it did not pertain to the HSO National LTC Services Standard
Alberta	<ul style="list-style-type: none"> • Nursing Home Act • Resident and Family Councils Act • Nursing Homes Operation Regulation • Nursing Home General Regulation • Bill 11: Continuing Care Act • Protection for Persons in Care Act 	<ul style="list-style-type: none"> • Continuing Care Health Services Standards • Long Term Care Accomodation Standards 	<ul style="list-style-type: none"> • Advance Care Planning and Goals of Care Designation Policy • Board Member Remuneration, Expense Reimbursement, and Ongoing Education Procedure • Continuing Care Health Service Standards Compliance Audit Policy • Critical and Semi-critical Single-use Medical Devices Policy • Duties and Reporting Under the Protection for a Persons in Care Act Clinical Directive • Environmental Sustainability Policy 	<ul style="list-style-type: none"> • Access to Designated Living Option in Continuing Care Policy • Application in Respect of Regional Health Authorities Regulation • Community Engagement and Communications (Internal and External) Policy • Emergency Response Codes Policy • Hospitals Act • Information and Technology Management Policies • Long Term Care Information Act • Mandatory Accreditation in Alberta's Health System Directive

<p>Alberta Cont'd</p>			<ul style="list-style-type: none"> • <u>Guide for Outbreak Prevention and Control in Long Term Care, Designated Supportive Living and Hospice Sites</u> • <u>Influenza Immunization Policy</u> • <u>Keeping Patients Safe From Abuse Policy</u> • <u>Learning and Professional Development Policy</u> • <u>Long-Term Care Accommodation Standards Directive</u> • <u>Medication Reconciliation Policy</u> • <u>Occupational Exposure to Blood and Body Fluids Policy</u> • <u>Patient Concerns Resolution Process Policy</u> • <u>Pneumococcal Immunization Policy</u> • <u>Quality Improvement Policy</u> • <u>Recruitment and Employment Practices Policy</u> • <u>Respectful Workplaces and the Prevention of Harassment and Violence Policy</u> • <u>Safe Bath Temperatures Policy</u> • <u>Total Compensation and Rewards Policy</u> • <u>Workplace Health and Safety Policy</u> • <u>Workplace Accommodation Policy</u> 	<ul style="list-style-type: none"> • <u>Regional Health Authorities Act</u> • <u>Social Media Policy</u>
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<p>British Columbia</p>	<ul style="list-style-type: none"> • Community Care and Assisted Living Act • Residential Care Regulation • Continuing Care Act • Continuing Care Programs Regulation • Health Care (Consent) and Care Facility (Admission) Act • Patients' Bill of Rights Regulation • Health Professions Act 		<ul style="list-style-type: none"> • Standards of Practice • Advance Directives • Agreement in Writing to the Use of Restraints • Immunization of Adult Persons in Residential Care • Incident Reporting of Aggressive or Unusual Behaviour in Adult Residential Care Facilities • Preventing Overdose Deaths • First Nations, Métis, and Inuit Cultural Safety and Humility Standarda • Home and Community Care Policy Manual • PharmaCare Policy Manual • Residents' Bill of Rights • Model Standards for Continuing Care and Extended Care Services^a 	<ul style="list-style-type: none"> • Continuing Care Fees Regulation
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<p>Manitoba</p>	<ul style="list-style-type: none"> • The Health Services Insurance Act • Personal Care Homes Standards Regulation (current and revised draft^b) • Personal Care Home Licensing Regulation • Personal Care Homes Designation Regulation • Standard Beds in Hospitals and Personal Care Homes Regulation • Personal Care Services Insurance and Administration Regulation • The Workplace Safety and Health Act • Workplace Safety and Health Regulation 		<ul style="list-style-type: none"> • Personal Care Homes Standards: Suggested Evidence Document (current^b and revised draft^b) • Ministerial Guidelines on Use of Restraints in Personal Care Homes^b 	
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<p>New Brunswick</p>	<ul style="list-style-type: none"> • The Nursing Homes Act • The New Brunswick Regulation 85-187 • The New Brunswick Regulation 2001-59 • The New Brunswick Regulation 2009-75 	<ul style="list-style-type: none"> • Standards Manual: Nursing Home Services • DSD Design Standards for Nursing Homes 	<ul style="list-style-type: none"> • Management Directives Manual: Nursing Home Services 	
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<p>Newfoundland and Labrador</p>	<ul style="list-style-type: none"> • Health and Community Services Act • Regional Health Authorities Act • Regional Health Authorities Regulations 	<ul style="list-style-type: none"> • Long Term Care Facilities in Newfoundland and Labrador - Operational Standards 	<ul style="list-style-type: none"> • Clinical Nutrition Assessment Policy^b • Food Related Risks Policy^b • Food Safety Monitoring Program Policy^b • Food Safety Training Policy^b • Orientation Food Service Staff Policy^b • Interdisciplinary Team Assessments Policy^b • LTC Clinical Nutrition Diet Orders Policy^b • Menu Planning Review and Approval Policy^b • Provincial Telehealth Program Manual • Resident Centered Nutritional Care Planning Policy^b • Supervision Levels during Mealtimes in LTC Policy^b • Weights in LTC Policy^b 	
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<p>North-west territories</p>	<ul style="list-style-type: none"> • Loi sur l'assurance hospitalisation et l'administration de la santé et des services sociaux • Règlement sur les enquêtes et le signalement concernant les incidents critiques • Règlement sur la santé et la sécurité au travail 	<ul style="list-style-type: none"> • Northwest Territories: Continuing Care Standards • Northwest Territories Long Term Care Standards (ébauche)^b 	<ul style="list-style-type: none"> • Établir un système de santé et de services sociaux respectueux des cultures • Client Identification Policy^b • Falls Prevention Policy^b • Falls Prevention Program Standard Operating Procedure^b • Harassment Free and Respectful Workplace Policy • Système de santé et de services sociaux des Territoires du Nord-Ouest : plan des ressources humaines 2021 à 2024 • NWT Critical Incident Reporting Guidelines • NWT IPAC Manual • Intégration de l'approche palliative au modèle de prestation des services de santé aux TNO • Loi sur les langues officielles Pressure Injury Assessment Policy^b • Transfer for Information Program Standard Operating Procedure^b • Wound Care Strategy Policy^b 	<ul style="list-style-type: none"> • Règlement sur l'assurance-hospitalisation
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<p>Nova Scotia</p>	<ul style="list-style-type: none"> • Homes For Special Care Act • Homes for Special Care Regulations 	<ul style="list-style-type: none"> • Nursing Home Maintenance Standard 	<ul style="list-style-type: none"> • Program Requirements <ul style="list-style-type: none"> • Long Term Care Program Requirements: Nursing Homes & Residential Care Facilities • Long Term Care Facility Requirements • Long Term Care Facility Development Approval Process • Policies and Procedures <ul style="list-style-type: none"> • Care Incident Policy • Wound Management Policy for Nursing Homes and Residential Care Facilities • 2022-2023 A Guide to Respiratory Virus • Infection and Outbreak Management in Long-Term Care Facilities • Facility Based Respite Policy • Facility Placement Policy • Resident Trust Accounts Policy • Specialized Equipment Program Policy • Under 65 - LTC Pharmacare Plan Policy • Special Needs Policy - Long Term Care • Outbreak Management Policy • HELP-Specialized Equipment Program Guidelines 	<ul style="list-style-type: none"> • Life Partners in Long-term Care Act • Financial Decision Review Policy • Over Cost Fund Policy • Long-Term Care Funding Envelope Policy • Resident Charge Policy • Service Eligibility Decision Review Policy • Additional Space Approval Policy • Capital Renewal Reserve Policy • Replaced Facility Disposal Policy • Start Up Funding Policy • Long Term Care Facility Development Approval Process Document
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<p>Nunavut</p>		<ul style="list-style-type: none"> • Home and Continuing Care Standard^b 	<ul style="list-style-type: none"> • Community Health Nursing Standards, Policies and Guidelines^b • Continuing Care in Nunavut: 2015 to 2035 • Home and Continuing Care Policy^b • Home, Community, and Continuing Care Operational Policies^b • Government of Nunavut Drug Formulary • Human Resources Manual • Medical Travel Policy • Nunavut Communicable Disease and Surveillance Manual • Nursing Policy and Procedure Manual^b • Nutrition for Elders & Long-Term Care A Guidebook for Facilities in Nunavut^b • Serving Country Foods in Government-Funded Facilities and Community Programs 	
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<p>Ontario</p>	<ul style="list-style-type: none"> • Fixing Long-Term Care Act, 2021 • Ontario Regulation 246/22 • Connecting Care Act, 2019 • Ontario Regulation 187/22 • Ontario Regulation 211/21 • Ontario Regulation 376/19 		<ul style="list-style-type: none"> • Long-Term Care Home Design Manual 2015 • Long-Term Care Home Capital Development Funding Policy 	<ul style="list-style-type: none"> • Ontario Regulation 200/21
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<p>Prince Edward Island</p>	<ul style="list-style-type: none"> • Community Care Facilities and Nursing Homes Act^c • Community Care Facilities and Nursing Homes Act Regulations^c • Community Care Facilities and Nursing Homes Act Nursing Home Regulations^c • Long-Term Care Subsidization Act^c • Long-Term Care Subsidization Act Regulations^c 	<ul style="list-style-type: none"> • Operational and Care Service Standards for Private Nursing Homes^c • Clinical and Organizational Ethics Committee Operational Standard^{b,d} 	<ul style="list-style-type: none"> • Appropriate Use of Antipsychotics Policy & Procedures^{b,d} • Fall Intervention and Management Policy & Procedures^{b,d} • Medication Reconciliation Policy & Procedures^{b,d} • Resident Care Planning Policy & Procedures^{b,d} 	
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<p>Quebec</p>	<ul style="list-style-type: none"> • Act Respecting Health Services and Social Services • Regulation Respecting the Terms Governing the use of Monitoring Mechanisms by a User Sheltered in a Facility Maintained by an Institution Operating a Residential and Long-Term Care Centre 		<ul style="list-style-type: none"> • Accommodation and Care Policy and Long-Term Services - Living environments that resemble us • Action Plan for Long-Term Accommodation 2021-2026 - For the well-being of people accommodated • Terms of Reference and Standards for Accommodation in Long-Term Care Facilitiesa • Quebec Program of Oral Care and Daily Oral Hygiene Care in CHSLDs - Reference Framework 	
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<p>Saskatchewan</p>	<ul style="list-style-type: none"> • The Provincial Health Authority Act • Special-Care Homes Rates Regulations • Housing and Special-Care Homes Regulations • Critical Incident Regulations, 2016 • Facility Designation Regulations • Health Centres (Hospital Standards Adoption) Regulations • Hospital Standards Regulations 	<ul style="list-style-type: none"> • Program Guidelines for Special Care Homes 		<ul style="list-style-type: none"> • Provincial Health Authority Administration Regulations • Special-care Homes Rates Regulations
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<p>Yukon</p>	<ul style="list-style-type: none"> • Health Act • Thomson Centre Continuing-Care Day-Program Fees Regulation 	<ul style="list-style-type: none"> • Continuing Care Policies and Procedures^b • Continuing Care: Strategic Planning 2022-23^b • Core Employee Competencies Framework^b • Department of Health and Social Services Strategic Plan: 2022-23 to 2024-25^b • Internal Communications It's Not Rocket Science - A Guide to Communicating with Employees^b • Languages Act • LGBTQ2S+ HSS Action Plan^b • Putting People First: 2022 Annual Report • Resident and Family Council: Yukon Continuing Care^b • Terms of Reference: Yukon First Nation Advisory Committee for Continuing Care^b • Yukon Aging in Place Annual Report 2021-2022 (draft)^b • Yukon Continuing Care: Bill of Rights and Responsibilities for Residents Living in Yukon Long-Term Care Homes^b 	<ul style="list-style-type: none"> • Environment Act
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^a Not enforceable documents

^b To view and/or obtain these documents please contact the National Institute on Ageing

^c Documents pertain to only privately-operated LTC homes

^d Documents pertain to only publicly-operated LTC homes

Appendix B: Alignment of CIHI Data with HSO's LTC Services Standard

HSO's LTC Services Standard Criteria	CIHI's Data Tools, Outputs and Products that Support HSO's Criteria	Data Available Publicly	Notes
1.1.5 The governing body ensures the LTC home has a comprehensive human resources plan.	<ul style="list-style-type: none"> Resource Utilization Groups version III (RUG-III) Distribution and associated Case Mix Index 	Yes	RUG-III can provide information to determine resource use. Submitters have access to detailed reports in private access tool.
1.1.9 The governing body demonstrates accountability for the quality of care that the LTC home delivers.	<ul style="list-style-type: none"> Assessment instruments Clinical Assessment Protocols (CAPs) All public quality indicators (QIs) 	Yes (QIs)	The assessment instruments, CAPs and all public QIs serve as monitoring tools to support accountability for the quality of care that the home delivers.
2.1.5 Teams follow the LTC home's procedure to determine residents' capacity to make their own care decisions.	<ul style="list-style-type: none"> Cognitive Function QI Cognitive Loss CAP Cognitive Performance Scale Assessment items on change in decision-making and daily decision-making 	Yes (scales)	These items would contribute to determining residents' capacity to make their own care decisions.
2.1.7 Teams follow the LTC home's procedure to inquire whether residents have an appointed substitute decision-maker.	<ul style="list-style-type: none"> Assessment items on decision-maker for personal care and property 	No	None

<p>2.2.7 Teams ensure residents are actively engaged in their daily life and care activities.</p>	<ul style="list-style-type: none"> • Index of Social Engagement Scale (ISE) • Revised Index of Social Engagement Scale (RISE) • Assessment items on customary routine (e.g., cycle of daily events, eating, activities of daily living [ADLs], involvement patterns) 	<p>Yes (scales)</p>	<p>None</p>
<p>2.4.1 The LTC home leaders promote communication strategies that facilitate the engagement of all residents.</p>	<ul style="list-style-type: none"> • Communication Scale (IRRS only) • Communication CAP 	<p>No</p>	<p>The Communication Scale and CAP help identify residents' communication status (i.e., their expressive and receptive communication), which can be used to inform tailoring of effective communication strategies.</p>
<p>4.1.1 The LTC home leaders provide teams with a validated template to conduct residents' comprehensive needs assessments.</p>	<ul style="list-style-type: none"> • Assessment instruments 	<p>No</p>	<p>The assessment instruments are validated tools with reporting systems and associated minimum reporting standards.</p>
<p>4.1.2 The team conducts the resident's comprehensive needs assessment upon admission to the LTC home.</p>	<ul style="list-style-type: none"> • Assessment instruments 	<p>No</p>	<p>Assessment instruments are initially completed upon admission.</p>
<p>4.1.3 The team uses the validated needs assessment template to evaluate the resident's basic needs.</p>	<ul style="list-style-type: none"> • ADL scales 	<p>Yes</p>	<p>ADL scales evaluate residents' basic needs (e.g., bathing, walking, eating).</p>

<p>4.1.4 The team uses the validated needs assessment template to evaluate the resident's mental health needs.</p>	<ul style="list-style-type: none"> • Depression Rating Scale • Mood CAP • Assessment items on mood and behaviour, mental health diagnoses upon admission, cycle of daily events, eating, ADLs and involvement patterns 	<p>Yes (scale)</p>	<p>Involvement pattern items include information related to having pets, contact with family, visits to places of worship, etc.</p>
<p>4.1.5 The team uses the validated needs assessment template to evaluate the resident's physical health needs.</p>	<ul style="list-style-type: none"> • Assessment instruments 	<p>No</p>	<p>The assessment instruments are comprehensive, standardized assessments of residents' physical health needs, strengths and preferences.</p>
<p>4.1.6 The team uses the validated needs assessment template to evaluate the resident's social needs.</p>	<ul style="list-style-type: none"> • Index of Social Engagement Scale (ISE) • Revised Index of Social Engagement Scale (RISE) 	<p>Yes</p>	<p>None</p>
<p>4.1.7 The team conducts ongoing needs assessments according to the resident's changing health status and care needs.</p>	<ul style="list-style-type: none"> • Assessment items on overall changes in care needs • Reason for assessment 	<p>No</p>	<p>Quarterly assessments provide up-to-date information for care planning. Significant change criteria outline when a reassessment is required and must be completed within 3 days of the significant change.</p> <p>Return assessments are completed when a resident returns from the hospital or re-enters the LTC home after a short, planned absence.</p>

4.1.8 The LTC home leaders provide teams with a validated template to develop individualized care plans.	<ul style="list-style-type: none"> • CAPs in general 	No	Residents and teams use CAPs to identify potential status concerns to inform and develop individualized care plans.
4.1.9 The team engages with the resident to develop the resident's individualized care plan.	<ul style="list-style-type: none"> • Assessment items on person's expressed goals of care and on advance care planning 	No	None
4.1.10 The team continually updates the resident's individualized care plan.	<ul style="list-style-type: none"> • Assessment items on overall changes in care needs • Reason for assessment: change in status 	No	Quarterly assessments provide up-to-date information for care planning.
4.2.2 The team follows the LTC home's procedure for nutrition and hydration management.	<ul style="list-style-type: none"> • Feeding Tube QI • Weight Loss QI • Assessment items on resident eating and drinking capabilities (regardless of skill) • CAPs: Undernutrition, Feeding Tube, Dehydration 	No	None
4.2.3 The team follows the LTC home's procedure for oral health management.	<ul style="list-style-type: none"> • Assessment items on inflamed gums (gingiva), swollen or bleeding gums, oral abscesses, and ulcers or rashes 	No	None
4.2.4 The team follows the LTC home's procedure for skin integrity management.	<ul style="list-style-type: none"> • Pressure Ulcer Risk Scale (PURS) 	Yes	None
4.2.5 The team follows the LTC home's procedure for pain management.	<ul style="list-style-type: none"> • Pain Scale • Experiencing Pain QI • Worsening Pain QI 	Yes (QIs)	None

<p>4.2.6 The team follows the LTC home's procedure for the reduction of injuries caused by falls.</p>	<ul style="list-style-type: none"> • Falls QI • Assessment items on fall status, locomotion, modes of locomotion, test for balance, functional limitation in range of motion, and ADL functional rehab potential 	<p>Yes (QI)</p>	<p>None</p>
<p>4.2.7 The team follows the LTC home's procedure for the management of responsive behaviours.</p>	<ul style="list-style-type: none"> • Behaviour QI • Aggressive Behaviour Scale • Behaviour CAP 	<p>Yes (QI, scale)</p>	<p>None</p>
<p>4.2.8 The team follows the LTC home's procedure on the use of least restraint.</p>	<ul style="list-style-type: none"> • Restraint CAP • Percentage of Residents in Daily Physical Restraints QI 	<p>Yes (QI)</p>	<p>None</p>
<p>4.2.9 The team follows the LTC home's procedure to review the resident's medication profile.</p>	<ul style="list-style-type: none"> • Appropriate Medications CAP 	<p>No</p>	<p>None</p>
<p>4.2.10 The team follows the LTC home's procedure to reconcile medications following a change in the resident's care plan that may result in a change in the medication profile.</p>	<ul style="list-style-type: none"> • Assessment items on recently changed medications 	<p>No</p>	<p>None</p>
<p>4.2.11 The LTC home leaders implement a program to ensure the appropriate use of antipsychotic medication.</p>	<ul style="list-style-type: none"> • Antipsychotic Without Diagnosis of Psychosis QI 	<p>Yes</p>	<p>None</p>

<p>6.1.2 Teams have a quality improvement plan for improving residents' quality of life.</p>	<ul style="list-style-type: none"> • Quality of life CAPs (e.g., Activities, Social Relationship) • Index of Social Engagement Scale (ISE) • Revised Index of Social Engagement Scale (RISE) • Depression Rating Scale 	<p>Yes</p>	<p>Several items can be used to measure physical and mental health as quality-of-life dimensions.</p>
<p>6.1.3 Teams have a quality improvement plan for improving residents' quality of care.</p>	<ul style="list-style-type: none"> • Physical and mental health CAPs • All public and private QIs 	<p>Yes (QIs)</p>	<p>QIs collected can inform quality improvement plans to improve residents' quality of care and to measure a change in quality of care over time.</p>
<p>6.1.5 The LTC home leaders communicate quality improvement outcomes to the LTC home's stakeholders.</p>	<ul style="list-style-type: none"> • All public QIs 	<p>Yes</p>	<p>CIHI's public reporting of 9 LTC quality indicators can contribute to communicating QI outcomes to the LTC home's stakeholders.</p>

From CIHI's Long-Term Care Data and the HSO's LTC Services Standard [information sheet], by Canadian Institute for Health Information, 2023. (<https://www.cihi.ca/sites/default/files/document/cihi-ltc-data-and-hso-ltc-services-standard-infosheet-en.pdf>). Copyright 2023 by Canadian Institute for Health Information.

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