

Question Response Sheet
LTC+ Webinar: Update on HSO National Long-Term Care Services Standard
Answered by Dr. Samir Sinha and HSO
January 17, 2022

1. **Have the National LTC Standards been shared with provincial ministries of Health?**

We have a Government Advisory Table, which we co-host with CSA Group, where we meet with federal, provincial, and territorial governments to share updates on the development of our standards and answer any questions they might have. This group has been engaged and committed to providing feedback to updates on the drafting of the standard along the way and will all receive and participate in a discussion about the versions going out for public review.

2. **How active have the provinces been in this space and how are these national standards going to be enforceable across Canada?**

The Standards Council of Canada (SCC) has asked HSO to develop a new LTC Services Standard and they've asked CSA Group to develop a complementary LTC standard for the Operation and Infection Prevention and Control of LTC Homes, so our responsibility is to develop the standards themselves. Ultimately it will be up to the federal government around what they want to do at a national level in partnership with Canada's provincial and territorial governments. We have been happy with the engagement of all levels of government so far in this work through our Government Advisory Table.

3. **How can the public access the findings of HSO's public consultations?**

Our What We Heard Report #1 is currently available on our website, and our What We Heard Report #2 will be released on January 27th alongside the launch of our draft National LTC Services Standard for our 60 day public review period. All three of these documents will be accessible here: <https://longtermcarestandards.ca/engage>.

4. **Why has this standard offered more comprehensive opportunities for the public to be involved compared to other standards?**

The Standards Council of Canada (SCC) only requires that standards being developed go through a 60-day Public Review, there is no requirement to do any of the other engagement work we have undertaken, such as the National Survey, Consultation Workbooks, and Town Halls. HSO and CSA Group both wanted to conduct this enhanced engagement work, which Health Canada has generously funded, and we really feel that it has added an incredibly amount of value towards the development of our respective standards. HSO is also proud to have created a 32-member Technical Committee, compared to the usual requirement of 16 members, with an incredible range of diverse expertise from across Canada. Nevertheless, HSO and its Technical Committee have relied heavily on what we've heard from the more than 18,000 Canadians that have participated in our consultation processes so far.

5. **What are the plans to balance the different perspectives that you're going to receive through public engagement mechanisms around the difference between non-profit, public, and for-profit LTC homes?**

We have really focused on getting diverse perspectives, but we haven't so far seen too much

of a difference between the perspectives of residents, families, and staff of LTC homes based on their ownership or 'profit' status when it comes to advising what high quality care and work environments need to have to be successful. Ultimately we are looking at what high-quality care looks like and how to achieve it regardless of ownership.

6. **What has been done to increase participation in Quebec and among francophones?**

Quebec has been doing a lot to respond to issues in LTC throughout the pandemic, but there is also a political discourse related to not necessarily wanting or seeing the need for national standards. Nevertheless, Quebec requires that 100% of their homes participate in an accreditation process and 96% use the current HSO LTC Services Standard, so we know that there is already familiarity with HSO's Standards in LTC in Quebec. We have also had great representation on our Technical Committee from Quebec, and have made sure we had a focused Town Hall for Quebec, and another Town Hall for francophone peoples throughout Canada. We have found a huge amount of commonality across the country in terms of what people want LTC to look like, and are glad that people from Quebec have remained actively engaged in the development of our new National LTC Services Standard..

7. **Have you seen any emerging themes or ideas that focus on long-term care within an acute care building?**

Long-term services are traditionally provided in long-term care homes, but they can also be provided in retirement homes or hospitals, or in people's own homes. Our mandate is to look at long-term care services being provided in long-term care homes, but much of what we talk about could be broadly applicable to long-term care being provided in hospital-based settings, retirement home settings, or home and community care settings.

8. **How does the LTC Services standard relate to the national standards announced by the federal government?**

Our current process is the process by which National Standards of Canada are developed, and as far as we are aware HSO and CSA Group are the only two groups officially developing the new National Standards of Canada for LTC. . The new National LTC Services Standard will be further included in Accreditation Canada's Qmentum accreditation program which is used by to accredit the 68% of Canada's LTC homes that are currently working with Accreditation Canada. What we're hoping is that by working in partnership with federal, provincial, and territorial governments they might work further towards aligning their existing policies and regulations with the implementation of the new standard.

9. **How does the LTC Services standard relate to standards used in acute care and how does the standard address needing a more home-like and not institutional environment in LTC?**

We have really focused our work on what care needs to look like in an LTC home, and whether existing standards we have that are focused on acute care settings are in-line with providing LTC in acute care settings.

10. **Are there any recommendations for access to allied health professional services? E.g., physio, audiologists, speech therapists, etc.**

The proposed new LTC Services Standard includes a section on "Coordinating Care and Integrated Services" that speaks to access to services that the LTC homes provide themselves

and coordinates with others to provide to ensure residents have appropriate access to the services they need within and beyond their homes.

11. **The "What we heard Report #1" said, "many survey respondents felt that abolishing for-profit long-term care was the most important issue to address within LTC." I did not hear "for-profit" mentioned today. Will this problem be addressed by the Standard to be released this month?**

The proposed new LTC Services Standard is applicable to all LTC homes, regardless of their ownership or "profit" status. The funding of LTC homes is outside the scope of this standard but within the jurisdiction of provincial and territorial governments and federal government divisions that oversee the provision of LTC services. The standard does, however, mention that addressing challenges related to funding, legislation, ownership and other areas will help enable the successful implementation of the proposed new LTC Services Standard.

12. **Will these standards replace the present standards as they are finalized or it depend on provincial government to implement them?**

The proposed new LTC Services Standard will be included in Accreditation Canada (AC)'s Qmentum accreditation program which is being used to accredit 68% of Canada's LTC homes. There are other ways to implement the standard and both HSO and AC looks forward to engaging with all the relevant government and non-governmental stakeholders to determine the best and most impactful ways to improve the health and well-being of LTC residents and workers across Canada.

13. **We need a discussion on well-being and what residents feel that means to them. e.g. In most jurisdictions residents in LTC are not able to help with meal preparation or help with laundry if they want to. Maybe smaller is more home-like, or the ability to give back or the ability to do what they would have done in their own home if they were able to stay there. Recreation is not the only way to enjoy life. Feeling useful is also very important. How was well-being addressed in the standard?**

The proposed new LTC Services Standard contains criteria that explicitly focus on resident well-being, including engaging residents in their own care as much as possible and facilitating activities that foster a sense of purpose and quality of life for residents.

14. **How did provincial standards resolve the federal Charter breaches resulting from dementia units in LTC? Covid has demonstrated the problems with confinement and LTC policies such as mandatory transfers for indeterminate lengths of imprisonment for residents over many years.**

The proposed new LTC Services Standard does focus on the importance of respecting resident rights in line with established laws and the charter of rights that support all Canadians.

15. **Resident centred and person centred care are terms that have been used for decades without noted improvement in LTC. Have you reviewed information about emotion-based care models such as the Butterfly, GreenHouse, Hogewey or Eden care and design models in order to incorporate these concepts within the standards? Will you make on-site visits to some of these de-institutionalized models?**

During the forthcoming public review process we will be gathering additional feedback from the public to help inform not only the criteria, but also the guidelines that are being

developed for each criteria. These guidelines will include examples of models, evidence and protocols, etc. that an LTC home could use to fulfill the criteria, including emotion-based care models such as those mentioned.

16. **Related to Pat's comment, would the term relationship-centred help to move us into that team-engaged (inclusive of resident and family) and high trust culture we are all looking for?**

The proposed new LTC Services Standard contains criteria that explicitly mention including residents and their designated support persons in the care of a resident as much as is possible according to the wishes of a resident.

17. **What differences have you seen in feedback on the basis of the funding nature of the home (profit, non profit, public)?**

When gathering feedback we do not ask for the profit status of the LTC home where the person providing feedback lives or works. The proposed new LTC Services Standard has been developed to be applicable to all LTC homes regardless of their ownership or profit status.

18. **Curious about the needs for resident engagement? When/how will HSO invite the homes and residents to engage? Will this work be done in person?**

Over 350 individual residents have participated in our consultations to date. HSO is further planning to engage an additional 150 residents in person in order to ensure we hear directly from residents for whom the previous consultation process may not have worked well for. Our further engagement process will also be more targeted to ensure we hear from residents with unique perspectives that the Technical Committee would like to ensure it has a better understanding of their views. The exact nature of this next phase of resident engagement is in the early planning stages and its timing will depend on how the pandemic and COVID-19 LTC protocols that could allow this future level of engagement evolve.

19. **If not already done, connecting with Family Councils Ontario (FCO) may facilitate improved resident engagement in your processes over the next few months.**

We have engaged with Family Councils Ontario throughout this process and as a result have been able to gather feedback from thousands of family caregivers in their network and beyond. We appreciate all the work they have been doing and their engagement on this project.

20. **There are 2 accrediting organizations available in Canada. How was CARF involved in the standards development?**

Accreditation Canada, who accredit 68% of Canada's LTC homes, recognize and only use HSO Standards. CARF as we understand does not use the HSO Standard in its accreditation work in Canada. CARF like any other organization has been welcome and able to engage in the development of the proposed new LTC Services Standard including the forthcoming public review process.

21. **I strongly support involvement of resident and family councils. The people who are taking care of their loved ones in LTC are exactly the people who know what is happening in a facility - what is right and good, and what is lacking. "inspectors" who come in for a day to "inspect" a facility cannot do much of a real evaluation.** We agree, and have strived to include both residents and families as much as possible in this work for this very reason. Over a quarter of our Technical Committee members are residents or family

members of residents, and we also hosted two specific Town Halls for these audiences in fall of 2021.

22. **A comment rather than a question: Many low-population rural and remote communities in Canada rely on integrated (LTC + acute) healthcare settings to deliver LTC services. A strong focus on rural and remote consultation in this next phase would likely be very useful to address this perspective and consider how standards can be applied within integrated healthcare facilities (inclusive of an LTC mandate).** We have worked hard to engage with rural and remote communities throughout the development of the proposed new LTC Services Standard, and will continue to do so with our forthcoming public review and our additional on-site LTC home visits with residents this spring.