



What We Heard Report

CONSULTATION WITH

Operators and Management

**Hosted by the Canadian Association
for Long-Term Care (CALTC)**

Helping inform the development of the
National Standard of Canada for operation
and infection prevention and control of
long-term care homes (CSA Z8004)

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Table of Contents

Introduction	3
Background	3
The public consultation process	4
Consultation with operators and management	4
Themes	5
LTC standards	6
Person-centred care	6
Policies and procedures	7
Infection prevention and control (IPAC)	7
Quality improvement	8
Bedroom and bathroom design	8
Technology	8
Next steps	9



Introduction

Background

COVID-19 has had an enormous impact on long-term care (LTC) residents, staff, and families. More than 2,500 care homes experienced a COVID-19 outbreak between March 1, 2020, and February 15, 2021, resulting in the deaths of more than 14,000 residents and nearly 30 staff.¹ As of May 2020, more than 80% of COVID-19 deaths in Canada occurred in care homes—the highest rate among thirty-eight Organisation for Economic Co-operation and Development (OECD) countries and well above the OECD average of 38%.²

The Royal Society of Canada's report on the impact of COVID-19 on LTC argues that "[o]ur long-term care sector, particularly nursing homes, is in crisis now from far more than COVID-19. The pandemic just exposed long-standing, widespread and pervasive deficiencies in the sector."³ The report recommends federal and provincial leadership work in partnership to improve Canada's LTC sector, including developing and implementing national standards.

The Standards Council of Canada (SCC), Canadian Standards Association (CSA Group), and Health Standards Organization (HSO) are collaborating to develop two new complementary National

Standards of Canada for LTC. CSA Group is developing the National Standard of Canada for the operation and infection prevention and control of long-term care homes (CSA Z8004), which will focus on safe operating practices and infection prevention and control in long-term care homes.

CSA Z8004 will include or consider topics such as heating, ventilation, and air conditioning (HVAC), plumbing, waste removal, medical gas systems, use of technology, and cleaning and disinfecting processes. [Professor Alex Mihailidis](#) is the Technical Subcommittee (TSC) Chair and leads the development of CSA Z8004 for CSA Group.

"This past year has brought to the forefront significant issues within our long-term care homes. In response, we need to do all that we can to help ensure that these facilities are places where everyone feels cared for in a safe and compassionate way... Working together with stakeholders, experts, and those with lived experiences, we will develop standards to meet these challenges now and in the future."

—Dr. Alex Mihailidis

- 1 Canadian Institute for Health Information. (2021). The Impact of COVID-19 on Long-Term Care in Canada: Focus on the First 6 Months. Available at: <https://www.cihi.ca/sites/default/files/document/impact-covid-19-long-term-care-canada-first-6-months-report-en.pdf>.
- 2 Canadian Institute for Health Information. (2020). Pandemic Experience in the Long-Term Care Sector How Does Canada Compare With Other Countries? Available at: <https://www.cihi.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf>.
- 3 Royal Society of Canada. (2020). Restoring Trust: COVID-19 and The Future of Long-Term Care. A Policy Briefing by the Working Group on Long-Term Care. Available at: https://rsc-src.ca/sites/default/files/LTC%20PB%20%2B%20ES_EN.pdf. p.5



The public consultation process

CSA Group has launched a public consultation process to support the development of CSA Z8004, including enhanced engagement activities that exceed the CSA Group accredited standards development process. Through a series of consultations and surveys, CSA Group aims to reach stakeholders from across the country. CSA Group wants to engage technical experts and targeted audiences to gather their perspectives and input on what the new National Standard should address. All feedback from the enhanced engagement activities will be considered in the development of CSA Z8004.

Once CSA Z8004 is drafted, it will be available for a 60-day public review period. Public review is an integral part of CSA Group's standards development process, which provides an opportunity for the public to review the draft standard and provide feedback to the TSC. Input gained through the public review can strengthen the content of a standard and, ultimately, its acceptability and recognition. Comments received during the 60-day public review will be provided to the TSC for consideration for the final draft of the Standard.

Consultation with operators and management

On August 25, 2021, the Canadian Association for Long-Term Care (CALTC), in partnership with CSA Group, hosted a consultation session with operators and managers of LTCHs to listen to their feedback on topics related to the development of CSA Z8004. The consultation session focused on the development of national standards and the opportunities and barriers to improving LTC delivery.

The following themes emerged during the consultation

- LTC standards
- Person-centred care
- Policies and procedures
- Infection prevention and control (IPAC)
- Quality improvement
- Bedroom and bathroom design
- Technology

Themes

"Participants urged that new standards be focused on establishing safe, achievable, and measurable objectives."

— LTC STANDARDS, PG.6

LTC standards

Throughout the consultation session, participants shared their concerns regarding the negative perception of the LTC sector as related to the pandemic and media portrayals. Participants stressed that these views do not reflect the complexities of the sector or the level of care delivered in LTCHs. The participants emphasized the need for a cautious approach to the development and implementation of new national standards for LTC as there are a variety of contextual factors that need to be considered for new standards to be successful.

Participants urged that new standards be focused on establishing safe, achievable, and measurable objectives. We also heard that implementing national standards will be a challenge due to the distinct needs, regulatory frameworks, and funding arrangements in each province and territory.

We consistently heard that funding is a key determining factor of the success of any attempt to improve LTC, including the implementation of national standards. LTCHs are funded in different ways across jurisdictions, and the implementation of new standards may require changes to funding arrangements in order to implement them. Participants shared that a lack of funding and inflexibility in funding models in some jurisdictions makes it challenging to provide the level of care that residents require.

Operators and managers of LTCHs also told us that the recruitment and retention of staff in LTCHs is an enormous challenge. Participants emphasized that staffing—which is also partly dependent on funding—is critical to the delivery of good care and resident quality of life. Participants also pointed out that standards need to take into account the differences between the acute care sector, i.e., the care delivered in hospitals, and LTC—LTCHs focus on resident quality of life and accommodating medical challenges, while hospitals focus on solving and curing medical issues.

Participants cautioned that new standards for LTC may result in increased compliance and accountability mechanisms, which can lead to an increase in paperwork and “red tape.” Participants emphasized that this approach can undermine improvement efforts by taking time and resources away from resident care to devote to bureaucratic tasks.



Person-centred care

We heard that the LTC sector and standards development process should apply a person-centred approach. Participants shared that autonomy, dignity, and respect should be foundational principles for creating standards for residents and families. It was recommended that a person-centred approach to LTC should be aligned with the Institute for Patient and Family-Centered Care’s (IPFCC) concepts of dignity and respect, information sharing, participation in care and decision making, and collaboration in developing policies and procedures and designing facilities.

The discussion also focused on balancing risk—we heard that LTCHs are homes first and that residents must have autonomy in accepting risk. Participants pointed out that policies and procedures in LTCHs are often exclusively focused on physical risk at the expense of mental and social risks. We heard that the focus on safety—including an inflexible regulatory environment in some jurisdictions—can at times be a barrier to person-centred care. Participants emphasized that the core goal of LTC should be quality of life rather than safety.

Policies and procedures

We heard that during the pandemic, LTCHs found it challenging to implement constantly changing policies and procedures for outbreak management. Some participants expressed concern that LTCHs were asked to function similarly to hospitals while still delivering the care and services of LTC. As a result, we heard that residents experienced increased isolation—for example, residents were often forced to remain in their rooms, even during mealtimes. Some participants recommended that outbreak management policies and procedures be designed with greater clarity and flexibility. One recommendation was for a stepped approach—with different levels based on individual homes/regions.

Participants shared that it was very difficult for families and loved ones during the pandemic, particularly when there were limits to visitation. In these circumstances, communication was very important. We heard that communication between LTCHs, residents, and families was challenging and stressful as most LTCHs do not have dedicated resources for this.

We also heard that operators and management were concerned with the approach to medication errors taken in some jurisdictions. Participants emphasized that a highly disciplinary approach can lead to mistrust with staff. We heard that a culture of trust is essential in LTCHs and leads to improved quality of care for residents.

Infection prevention and control (IPAC)

IPAC was a consistent topic of discussion throughout the session—participants consistently emphasized the importance of balancing safety and quality of life for residents. Some participants stressed that LTCHs should not be sterile and institutional as they are residents' homes. For example, from an IPAC perspective, people's possessions are often viewed as "clutter" rather than cherished possessions and an important part of residents' homes.



Participants also expressed concern that the pandemic led towards a greater emphasis on IPAC than on residents' quality of life. For example, residents and staff were no longer permitted to use cork boards in some LTCHs because they are made of porous material. Many participants found this to be an ineffective and disproportionate approach to IPAC. We also heard that the rapid changes in policies and procedures led to the need for constant re-training of staff, which was challenging.

We heard that LTCHs should not be treated similarly to hospitals—rather, the focus should be on the aspects of IPAC that are most impactful and do not limit residents' quality of life. Participants shared that IPAC specialists from the acute care sector, who were sent to LTCHs during the pandemic, often requested changes — e.g., the removal of personal items from residents' spaces — that undermined the homeliness of LTCHs.

Some participants expressed concern with the approach of establishing a dedicated staff member to lead IPAC. When a staff member's singular focus becomes IPAC, this approach can undermine a person-centred approach to care. Also, if the dedicated staff member leaves the role, it can be disruptive. Alternatively, some participants suggested a team-based approach to IPAC in LTCHs, with a "coach" in each unit responsible for educating and championing IPAC measures, such as hand hygiene for residents, family, and staff.



Quality improvement

Participants emphasized the importance of quality improvement processes as well as the need to consider the implications of an over-reliance on compliance mechanisms that can impact care delivery. Participants shared that increased compliance measures can lead to a “check-box” approach that takes time away from other tasks and does not necessarily lead to improved quality of life for residents. Participants stressed the importance of fostering a safe environment for staff to ask questions and feel supported.

We heard that most quality improvement tools do not adequately measure resident quality of life — which participants stressed should be the core objective of LTC. We heard that new standards should consider opportunities to improve data measurement in LTCHs, with a focus on resident experience. Some participants also stressed the need for flexibility in quality improvement mechanisms, such as audits, to take different contexts into account.

At an organizational level, we heard that quality improvement committees and strong engagement from the Board are critical to successful improvement projects. We also heard that staff must be involved in developing quality improvement measures as they have on-the-ground expertise and will be the ones implementing changes. Residents and family councils also need to have a voice in quality improvement.

We heard that sharing best practices can be an effective way to improve quality across the sector. However, reporting mechanisms for sharing best practices need to be improved. For example, during the pandemic, it was critical for LTCH operators to rapidly learn best practices for outbreak management from one another. One example that was mentioned was the Seniors Quality Leap Initiative, which shares indicator data for different homes across North America to enable collaborative quality improvement. However, it was also noted that challenges and solutions are context-specific to individual LTCHs.

Bedroom and bathroom design

We heard from participants that private bedrooms and bathrooms are important for IPAC, as well as for resident quality of life. During the pandemic, shared bedrooms had higher rates of COVID-19 infection. Participants also emphasized the importance of private bedrooms for residents with dementia and a focus on overall dementia-friendly design.

Technology

We heard that the digitization of resident information is a rapidly emerging and evolving area in LTC. However, LTCHs often lack experts to deal with complex issues related to technology, such as cyber security. Some participants shared that this is an area of vulnerability and needs to be considered as the sector evolves.

Next steps

CSA Group is publishing What We Heard reports for each of the six consultations held and a final report that summarizes the findings of all the consultations and community surveys. The 60-day public review of the draft standard will take place from February to April 2022. This will include CSA Group-hosted information sessions to provide an overview of the draft standard and highlight key sections to encourage feedback.

CSA Z8004 is expected to be published in December 2022. CSA Group will hold information sessions for different targeted audiences and the broader public to provide knowledge on the new Standard and promote awareness of its contents.

For more information, ongoing public updates on the development of CSA Z8004, and to participate in the discussion, please join the CSA Long-term Care Community:

<https://community.csagroup.org/community/health-care-safety-and-accessibility/long-term-care-homes>

CSA Group

CSA Group is a global organization dedicated to safety, social good and sustainability. We are a leader in Standards Development and in Testing, Inspection and Certification around the world including Canada, the U.S., Europe and Asia.

The mission of CSA Group's Standard Development organization is to enhance the lives of Canadians through the advancement of standards in the public and private sectors. As such, CSA Group continues to be at the forefront of standards research, development, education, and advocacy.

Canadian Association of Long-Term Care (CALTC)

The Canadian Association for Long Term Care (CALTC) is the national voice of long-term care delivering resident-centered care services to seniors across Canada when they can no longer live at home. Since its inception in 2002, CALTC has been working together to share information, best practices, and evidence to improve the quality of care provided to residents in long-term care, no matter where they live. We are committed to ensuring quality long-term care for all.

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