2024 Required Organizational Practices (ROPs) | Update Note
May 14, 2024

1. Introduction

This document provides an overview of revised content related to Required Organizational Practices (ROPs) that will be part of the Qmentum Global™ for Canadian Accreditation program release on May 14, 2024.

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2.   2024 Required Organizational Practices (ROPs)

2.1   Overview of the 2024 ROPs

A Required Organizational Practice (ROP) is a criterion that describes a standardized practice that an organization must have in place to enhance client safety and minimize risk to deliver reliable and high-quality care to the population the organization serves. If the standardized practice is not in place, harm could result.

Table 1 provides an overview of the 2024 ROPs that will be part of the Qmentum Global™ for Canadian Accreditation program release on May 14, 2024. These ROPs are updates to former ROPs that will be phased out plus one net-new ROP (see 2.3 Mapping the 2024 ROPs for more information).

Table 1: 2024 Required Organizational Practices (ROPs)
1.   HSO 5011:2024 Adhering to a Do-Not-Use List of Abbreviations, Symbols, and Dose Designations 2.   HSO 5035:2024 Limiting High-Concentration and High-Total-Dose Opioid Formulations 3.   HSO 5033:2024 Managing High-Alert Medications 4.   HSO 5055:2024 Cleaning and Low-Level Disinfecting Medical Equipment *net-new ROP* 5.   HSO 5050:2024 Improving Hand Hygiene Practices 6.   HSO 5060:2024 Preventing Falls and Reducing Injuries from Falls 7.   HSO 5063:2024 Optimizing Skin Integrity 8.   HSO 5065:2024 Preventing Venous Thromboembolism 9.   HSO 5014:2024 Maintaining an Accurate List of Medications during Care Transitions 10. HSO A5064:2023 Suicide Prevention Program Required Organizational Practice

PDF documents of these ROPs are available on your client portal.

2.2   ROP Development Process

ROPs are informed by current published literature, subject matter expertise, evidence-informed practices, and those with lived experiences.

A risk analysis process was used to prioritize ROPs for development, resulting in the above list of 2024 ROPs. The remaining ROPs in the Qmentum Global™ for Canadian Accreditation program are currently under review and will be released in 2025.

For the ROPs developed in 2024, the following new structure and approach has been introduced:

- Guidelines are now provided for each test for compliance.
- Content has been developed to ensure the accountability, overall objective, and related actions are clearly articulated.
- The ROPs also reflect a proactive, integrated, and team-based approach to standardized safety practices. This is intended to encourage organizations to look beyond quality assurance, towards an organization-led continuous quality improvement model to prevent harm and improve outcomes.

ROPs are organized using the following structure:

- **ROP Statement** [appears at the criteria level in the Qmentum Global™ standards]. A thematic statement that introduces the tests for compliance. The ROP statement specifies the objective of the ROP and who is accountable for the objective.
- **Test for Compliance**. Requirements based on evidence that describe what is needed by people to achieve a particular activity. Each test for compliance outlines the action to be taken and who is accountable for the action.
- **Guidelines**. Provide additional information and evidence to support the implementation of each test for compliance.
- **Bibliography**. The published literature used to inform the content.

In addition to the revised structure, a formulaic approach was taken to developing the 2024 ROPs as demonstrated in the examples below.

The **ROP Statement** is structured as: [**Accountability**] + [*Action*] + [Objective].

> Example: **The team** *participates* in the organization's evidence-informed program to prevent venous thromboembolism.

A **Test for Compliance** is structured as: [**Accountability**] + [*Action*] + [Necessary contextual information as needed]. Note that the objective is not repeated in the Test for Compliance as it is found in the ROP statement.

> Example: **The team** *follows the organization's procedure to conduct routine screening for risk of venous thromboembolism*.

A **Guideline** is structured as: [**Rationale**] + [*Examples*] + [Additional Information as needed]

> Example: 6.1.7.4 The organizational leaders monitor hand hygiene improvement activities over time based on identified indicators.
>
> Guidelines
>
> **The systematic collection and analysis of qualitative and quantitative indicators enables organizational leaders to ensure resources for improving hand hygiene practices are allocated properly and activities are achieving results**.
>
> Indicators are selected according to the hand hygiene improvement activities and may include
>
> - *structural indicators relating to hand hygiene infrastructure and the availability of hand hygiene supplies and equipment such as sinks and alcohol-based hand rub dispensers;*
>
> - *process indicators such as compliance with the organization's procedures on performing hand hygiene at key moments; and*
>
> - *outcome indicators such as the use of alcohol-based hand rub and soap, improved hand hygiene practices, decreased infection rates, and qualitative feedback on the user experience.*
>
> The results are documented in the organization's hand hygiene quality improvement plan.

2.3   Mapping the 2024 ROPs

The 2024 ROPs that are being introduced in the Qmentum Global™ for Canadian Accreditation program, in most cases, represent updates and a consolidation of former ROPs that will be phased out. There is only one net-new ROP.

The consolidation of ROPs has reduced the overall number of ROPs in the Qmentum Global™ for Canadian Accreditation program from an original 38 ROPs to a new total of 26 ROPs. The full list of ROPs can be found in the Required Organizational Practices 2024 Handbook available on your client portal.

Table 2 provides an overview of the 2024 ROPs compared to former ROPs that will be phased out. The ROPs in Table 2 have been grouped according to their placement in the standards. See 2.4 ROPs in the Standards for the full list of standards in which the ROPs appear.

Table 2: Mapping of ROPs		
2024 ROPs		**Former ROPs that will be phased out**
Medication Management related ROPs		
1	HSO 5011:2024 Adhering to a Do-Not-Use List of Abbreviations, Symbols, and Dose Designations	• HSO 5011-1:2018 The 'Do Not Use' List of Abbreviations – General • HSO 5011-2:2018 The 'Do Not Use' List of Abbreviations - Community Pharmacy
2	HSO 5035:2024 Limiting High-Concentration and High-Total-Dose Opioid Formulations	• HSO 5035:2018 Narcotics Safety
3	HSO 5033:2024 Managing High-Alert Medications	• HSO 5033-1:2018 High Alert Medications – General • HSO 5033-2:2018 High-Alert Medication – Community Pharmacy • HSO 5031:2018 Concentrated Electrolytes • HSO 5032:2018 Heparin Safety
Infection Prevention and Control related ROPs		
4	HSO 5055:2024 Cleaning and Low-Level Disinfecting Medical Equipment	N/A - Net new ROP
5	HSO 5050:2024 Improving Hand Hygiene Practices	• HSO 5050:2018 Hand-Hygiene Compliance • HSO 5051:2018 Hand-Hygiene Education and Training
Service Standard ROPs		
6	HSO 5014:2024 Maintaining an Accurate List of Medications during Care Transitions	• HSO 5014-1:2018 Medication Reconciliation at Care Transition - Acute Care Services (Inpatient) • HSO 5014-2:2018 Medication Reconciliation at Care Transition - Ambulatory Care Services

		• HSO 5014-3:2018 Medication Reconciliation at Care Transition - Home and Community Care Services • HSO 5014-4:2018 Medication Reconciliation at Care Transition - Emergency Department Services • HSO 5014-5:2018 Medication Reconciliation at Care Transition - Long-Term Care Services
7	HSO 5063:2024 Optimizing Skin Integrity	• HSO 5062:2018 Pressure Ulcer Prevention • HSO 5063:2018 Skin and Wound Care
8	HSO 5060:2024 Preventing Falls and Reducing Injuries from Falls	• HSO 5060-1:2018 Fall Prevention and Injury Reduction - Inpatient Services • HSO 5060-2:2018 Fall Prevention and Injury Reduction - Long-Term Care Services
9	HSO 5065:2024 Preventing Venous Thromboembolism	• HSO 5065:2018 Venous Thromboembolism (VTE) Prophylaxis
Service Excellence ROP		
10	HSO A5064:2023 Suicide Prevention Program	• HSO 5064:2018 Suicide prevention

2.4   ROPs in the Standards

An ROP is not intended to be used independently. Rather, an ROP is embedded in standards that are included in Qmentum Global™ for Canadian Accreditation program. Applicability of an ROP will depend on the services an organization provides and the assessment standards an organization is being assessed against, in their organizational assessment manual.

Organizations may also be at different points in the accreditation cycle. This means that different standards, and therefore different ROPs, will apply depending on where the organization is in its accreditation cycle.

Note that the designation code has been updated to 2024 for standards impacted by the 2024 ROPs. For example, HSO A3001:**2019** *Medication Management* has been updated to HSO A3001:**2024** *Medication Management*. The only change in these standards is the ROPs.

As client organizations transition to updated standards – i.e., from HSO A3001:**2019** *Medication Management* to HSO A3001:**2024** *Medication Management* – the new ROPs will be applicable.

All associated **Service Details Questionnaires (SDQs)** will also be updated to reflect changes in criteria numbering and applicability of the ROPs if relevant.

Table 3: 2024 ROPs and Standards

2024 ROPs	Standards
Medication Management related ROPs	
1 HSO 5011:2024 Adhering to a Do-Not-Use List of Abbreviations, Symbols, and Dose Designations	• HSO A3001:2024 Medication Management • HSO A34014:2024 Medication Management for Community-Based Organizations • HSO A41001:2024 Emergency Medical Services and Interfacility Transport • HSO A34010: 2024 Independent Medical/Surgical Facilities • HSO A42003:2024 Medical Imaging Centres
2 HSO 5035:2024 Limiting High-Concentration and High-Total-Dose Opioid Formulations	• HSO A3001:2024 Medication Management • HSO A34014:2024 Medication Management for Community-Based Organizations • HSO A41001:2024 Emergency Medical Services and Interfacility Transport • HSO A34010:2024 Independent Medical/Surgical Facilities • HSO A42003:2024 Medical Imaging Centres
3 HSO 5033:2024 Managing High-Alert Medications	• HSO A3001:2024 Medication Management • HSO A34014:2024 Medication Management for Community-Based Organizations • HSO A41001:2024 Emergency Medical Services and Interfacility Transport • HSO A34010:2024 Independent Medical/Surgical Facilities • HSO A42003:2024 Medical Imaging Centres
Infection Prevention and Control related ROPs	
4 HSO 5055:2024 Cleaning and Low-Level Disinfecting Medical Equipment	• HSO A4001:2024 Infection Prevention and Control • HSO A34011:2024 Infection Prevention and Control for Community-Based Organizations • HSO A22002:2024 Infection Prevention and Control for Aboriginal Substance Misuse Services • HSO A41001:2024 Emergency Medical Services and Interfacility Transport • HSO A34010:2024 Independent Medical/Surgical Facilities • HSO A42003:2024 Medical Imaging Centres
5 HSO 5050:2024 Improving Hand Hygiene Practices	• HSO A4001:2024 Infection Prevention and Control • HSO A34011:2024 Infection Prevention and Control for Community-Based Organizations • HSO A22002:2024 Infection Prevention and Control for Aboriginal Substance Misuse Services

		• HSO A41001:2024 Emergency Medical Services and Interfacility Transport • HSO A34010:2024 Independent Medical/Surgical Facilities • HSO A42003:2024 Medical Imaging Centres
Service Standard ROPs		
6	HSO 5014:2024 Maintaining an Accurate List of Medications during Care Transitions	• HSO A34001:2024 Aboriginal Community Health and Wellness • HSO A34002:2024 Aboriginal Integrated Primary Care Services • HSO A22001:2024 Aboriginal Substance Misuse Services • HSO A34003:2024 Acquired Brain Injury Services • HSO A34004:2024 Ambulatory Care Services • HSO A34101:2024 Assisted Reproductive Technology (ART) Clinical Services • HSO A34005:2024 Cancer Care • HSO A71002:2024 Case Management • HSO A82001:2024 Child, Youth and Family Services • HSO A34006:2024 Community Health Services • HSO A11001:2024 Critical Care Services • HSO A32001:2024 Dental Services • HSO A42002:2024 Diagnostic Imaging Services • HSO A11002:2024 Emergency Department • HSO A41001:2024 Emergency Medical Services and Interfacility Transport • HSO A35001:2024 Home Care Services • HSO A35002:2024 Home Support Services • HSO A34010:2024 Independent Medical/Surgical Facilities • HSO A11004:2024 Inpatient Services • HSO A34009:2024 Intellectual and Developmental Disabilities Services • HSO A21001:2023 Long-Term Care Services • HSO A42003:2024 Medical Imaging Centres • HSO A22004:2023 Mental Health and Addictions Services • HSO A11005:2024 Obstetrics Services • HSO A11007:2024 Organ and Tissue Transplant • HSO A11008:2024 Organ Donation for Living Donors • HSO A13001:2024 Palliative Care Services • HSO A11009:2024 Perioperative Services & Invasive Procedures • HSO A34015:2024 Primary Health Care Services • HSO A34017:2024 Provincial Correctional Health Services • HSO A11010:2024 Rehabilitation Services

		• HSO A34018:2024 Remote/Isolated Health Services • HSO A29001:2024 Residential Homes for Seniors
7	HSO 5063:2024 Optimizing Skin Integrity	• HSO A34001:2024 Aboriginal Community Health and Wellness • HSO A34002:2024 Aboriginal Integrated Primary Care Services • HSO A22001:2024 Aboriginal Substance Misuse Services • HSO A34003:2024 Acquired Brain Injury Services • HSO A34004:2024 Ambulatory Care Services • HSO A34101:2024 Assisted Reproductive Technology (ART) Clinical Services • HSO A34005:2024 Cancer Care • HSO A71002:2024 Case Management • HSO A82001:2024 Child, Youth and Family Services • HSO A34006:2024 Community Health Services • HSO A11001:2024 Critical Care Services • HSO A32001:2024 Dental Services • HSO A42002:2024 Diagnostic Imaging Services • HSO A11002:2024 Emergency Department • HSO A41001:2024 Emergency Medical Services and Interfacility Transport • HSO A35001:2024 Home Care Services • HSO A35002:2024 Home Support Services • HSO A34010:2024 Independent Medical/Surgical Facilities • HSO A11004:2024 Inpatient Services • HSO A34009:2024 Intellectual and Developmental Disabilities Services • HSO A21001:2023 Long-Term Care Services • HSO A42003:2024 Medical Imaging Centres • HSO A22004:2023 Mental Health and Addictions Services • HSO A11005:2024 Obstetrics Services • HSO A11007:2024 Organ and Tissue Transplant • HSO A11008:2024 Organ Donation for Living Donors • HSO A13001:2024 Palliative Care Services • HSO A11009:2024 Perioperative Services & Invasive Procedures • HSO A34015:2024 Primary Health Care Services • HSO A34017:2024 Provincial Correctional Health Services • HSO A11010:2024 Rehabilitation Services • HSO A34018:2024 Remote/Isolated Health Services • HSO A29001:2024 Residential Homes for Seniors

| 8 | HSO 5060:2024 Preventing Falls and Reducing Injuries from Falls | • HSO A34001:2024 Aboriginal Community Health and Wellness
• HSO A34002:2024 Aboriginal Integrated Primary Care Services
• HSO A22001:2024 Aboriginal Substance Misuse Services
• HSO A34003:2024 Acquired Brain Injury Services
• HSO A34004:2024 Ambulatory Care Services
• HSO A34101:2024 Assisted Reproductive Technology (ART) Clinical Services
• HSO A34005:2024 Cancer Care
• HSO A71002:2024 Case Management
• HSO A82001:2024 Child, Youth and Family Services
• HSO A34006:2024 Community Health Services
• HSO A11001:2024 Critical Care Services
• HSO A32001:2024 Dental Services
• HSO A42002:2024 Diagnostic Imaging Services
• HSO A11002:2024 Emergency Department
• HSO A41001:2024 Emergency Medical Services and Interfacility Transport
• HSO A35001:2024 Home Care Services
• HSO A35002:2024 Home Support Services
• HSO A34010:2024 Independent Medical/Surgical Facilities
• HSO A11004:2024 Inpatient Services
• HSO A34009:2024 Intellectual and Developmental Disabilities Services
• HSO A21001:2023 Long-Term Care Services
• HSO A42003:2024 Medical Imaging Centres
• HSO A22004:2023 Mental Health and Addictions Services
• HSO A11005:2024 Obstetrics Services
• HSO A11007:2024 Organ and Tissue Transplant
• HSO A11008:2024 Organ Donation for Living Donors
• HSO A13001:2024 Palliative Care Services
• HSO A11009:2024 Perioperative Services & Invasive Procedures
• HSO A34015:2024 Primary Health Care Services
• HSO A34017:2024 Provincial Correctional Health Services
• HSO A11010:2024 Rehabilitation Services
• HSO A34018:2024 Remote/Isolated Health Services
• HSO A29001:2024 Residential Homes for Seniors |
| 9 | HSO 5065:2024 Preventing Venous Thromboembolism | • HSO A34001:2024 Aboriginal Community Health and Wellness
• HSO A34002:2024 Aboriginal Integrated Primary Care Services |

- HSO A22001:2024 Aboriginal Substance Misuse Services
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- HSO A34005:2024 Cancer Care
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- HSO A11002:2024 Emergency Department
- HSO A41001:2024 Emergency Medical Services and Interfacility Transport
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- HSO A21001:2023 Long-Term Care Services
- HSO A42003:2024 Medical Imaging Centres
- HSO A22004:2023 Mental Health and Addictions Services
- HSO A11005:2024 Obstetrics Services
- HSO A11007:2024 Organ and Tissue Transplant
- HSO A11008:2024 Organ Donation for Living Donors
- HSO A13001:2024 Palliative Care Services
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- HSO A34015:2024 Primary Health Care Services
- HSO A34017:2024 Provincial Correctional Health Services
- HSO A11010:2024 Rehabilitation Services
- HSO A34018:2024 Remote/Isolated Health Services
- HSO A29001:2024 Residential Homes for Seniors

Service Excellence ROP

10	HSO A5064:2023 Suicide Prevention Program	- HSO A0001:2024 Service Excellence - HSO A41001:2024 Emergency Medical Services and Interfacility Transport - HSO A34010:2024 Independent Medical/Surgical Facilities - HSO A42003:2024 Medical Imaging Centres - HSO A82001:2024 Child, Youth and Family Services

		- HSO A34009:2024 Intellectual and Developmental Disabilities Services - HSO A11007:2024 Organ and Tissue Transplant - HSO A11008:2024 Organ Donation for Living Donors

3.   ROP FAQs

This section provides answers to anticipated questions with the release of the 2024 ROPs. Questions and answers for the ROPs overall are listed, followed by questions and answers for individual ROPs.

3.1   General FAQs for the 2024 ROPs

What is the definition of Team?

Team or Teams are defined as follows

> *People collaborating to meet the goals, needs, and preferences of the client. The team includes the client and, if incapable, their substitute decision maker; designated support person(s) with consent; and workforce members involved in the client's care.*

> *Depending on the care provided, the team may also include organizational leaders, volunteers, learners, external service providers, and visitors.*

Note that **this definition includes the client**, substitute decision makers, and designated support persons as part of the team.

What is the definition of Clinical Team?

For the purposes of 5011:2024 Adhering to a Do-Not-Use List of Abbreviations, Symbols, and Dose Designations; 5035:2024 Limiting High-Concentration and High-Total-Dose Opioid Formulations; and 5033:2024 Managing High-Alert Medications, the definition of clinical team is provided in the guidelines and is as follows

> *Clinical teams include those who prescribe, prepare, dispense, and administer medications.*

As defined above, **the clinical team does not include the client.**

Why have tests for compliance on continuous learning been added to all new ROPs?

Continuous learning is essential to keeping clients and workforce safe.

Continuous learning may include in-person or virtual training and simulation sessions, awareness campaigns, reflective practice, or mentorship initiatives.

Why have tests for compliance on quality improvement been added to all new ROPs?

The ROPs are intended to reflect a proactive, integrated, and team-based approach to standardized safety practices.

The content on quality improvement is intended to encourage organizations to look beyond quality **assurance**, towards an organization-led continuous quality **improvement** model to prevent harm and improve outcomes.

3.2   HSO 5011:2024 Adhering to a Do-Not-Use List of Abbreviations, Symbols, and Dose Designations

Does the clinical team include the client?

See definition of Clinical Team above in 3.1. Clinical Team does not include the client.

Is it the responsibility of the organizational leaders to report safety incidents?

Roles and responsibilities are to be outlined in the organization's procedure.

As noted in the respective test for compliance, the responsibility of organizational leaders is to **ensure** that medication safety incidents are reported but this may be done by other members of the team as outlined in the organization's procedure.

Do all instances of abbreviations, symbols, and dose designations need to be reported as medication safety instances?

The organization focuses on reporting the use of abbreviations, symbols, and dose designations that **could have harmed or did harm a client**.

The organization may also choose to have a list of abbreviations, symbols, and dose designations that are **acceptable** to use. This should be documented in the organization's procedure.

What is meant by organizational leaders "provide" in reference to the continuous learning activities?

While continuous learning activities may be delivered by specialized individuals or groups, it is the responsibility of organizational leaders to ensure the continuous learning activities are provided for the clinical teams. This may include assigning a budget, investing in learning management systems, and ensuring clinical teams have dedicated time to participate.

3.3   HSO 5035:2024 Limiting High-Concentration and High-Total-Dose Opioid Formulations

Does the clinical team include the client?

See definition of Clinical Team above in 3.1. Clinical Team does not include the client.

Is it the responsibility of the organizational leaders to report safety incidents?

Roles and responsibilities should be outlined in the organization's procedure.

As noted in the respective test for compliance, the responsibility of organizational leaders is to **ensure** that medication safety incidents are reported but this may be done by other members of the team as outlined in the organization's procedure.

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3.4   HSO 5033:2024 Managing High-Alert Medications

Why have the HSO 5031:2018 Concentrated Electrolytes and HSO 5032:2018 Heparin Safety ROPs been consolidated into HSO 5033:2024 Managing High-Alert Medications?

As part of the ROP development process, an evidence-review was conducted which supported the consolidation of these two ROPs into the HSO 5033:2024 Managing High-Alert Medications ROP. High Alert medications include heparin and concentrated electrolytes as well as many other medications such as insulin, opioids, oxytocin, and chemotherapy.

As per the Institute For Safe Medication Practices Canada, high-alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients (https://ismpcanada.ca/resource/highalertlist/).

Does the clinical team include the client?

See definition of Clinical Team above in 3.1. Clinical Team does not include the client.

Is it the responsibility of the organizational leaders to report safety incidents?

Roles and responsibilities should be outlined in the organization's procedure.

As noted in the respective test for compliance, the responsibility of organizational leaders is to **ensure** that medication safety incidents are reported but this may be done by other members of the team as outlined in the organization's procedure.

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While continuous learning activities may be delivered by specialized individuals or groups, it is the responsibility of organizational leaders to ensure the continuous learning activities are provided for the clinical teams. This may include assigning a budget, investing in learning management systems, and ensuring clinical teams have dedicated time to participate.

3.5   HSO 5055:2024 Cleaning and Low-Level Disinfecting Medical Equipment

What is the difference between medical equipment and medical devices?

The definitions for medical equipment and medical device can be found at the beginning of the standards where this ROP appears. In addition, the definitions can be found in the individual ROP documents available on your client portal.

Note that the definitions for medical equipment and medical devices have been updated in 2024 to align with the release of this ROP. While there are alternate definitions for these terms found in the 2018 Glossary linked in some standards, the updated definitions below should be used when interpreting this ROP.

The revised definitions are as follows:

Medical equipment. A non-invasive medical apparatus, appliance, or material that comes in contact with a client's intact skin and is used in the provision of care. Examples include wheelchairs, IV poles, and commodes. Medical equipment requires cleaning and low-level disinfection procedures and may require preventive maintenance and repair. Some medical equipment, such as blood pressure cuffs and medical imaging equipment, could also require calibration.

Medical device. An article, instrument, apparatus, or machine used for prevention, diagnosis, treatment, monitoring, rehabilitation, or palliation. Medical devices range from simple thermometers to complex surgical instruments and implantable devices and are classified as critical, semi-critical, or non-critical.

Is it medical equipment if the equipment only comes into contact with a member of the workforce?

The definition of medical equipment states that the equipment must come in contact with a client. If the item is only used by the workforce, it is not considered medical equipment and relevant cleaning protocols may be covered as part of the physical environment.

Are toys in a rehabilitation setting considered medical equipment?

Yes, toys in the rehabilitation setting that come into contact with a client and are used in the provision of care are medical equipment.

Is equipment such as tablets or keyboards considered medical equipment?

If the tablet or keyboard comes into contact with a client and is used in the provision of care (e.g., to fill out a self-screen) then yes, it is medical equipment.

3.6   HSO 5050:2024 Improving Hand Hygiene Practices

Why are the HSO 5050:2018 Hand-Hygiene Compliance and HSO 5051:2018 Hand-Hygiene Education and Training ROPs being phased out?

Hand-hygiene is a long-standing safety practice that is impactful, simple, and inexpensive. Proper hand-hygiene effectively reduces the transmission of infection and keeps people healthy.

The shift to HSO 5050:2024 Improving Hand Hygiene Practices reflects a proactive and flexible approach to encourage organizations to look beyond quality **assurance**, towards an organization-led continuous quality **improvement** model to prevent harm and improve outcomes.

In addition, the introduction of the accountability at the Organizational Leader level is intended to ensure that hand-hygiene is an organizational priority.

How does this ROP apply to the home care sector?

This ROP is intentionally non-prescriptive to allow organizations to be flexible in their approach to improving hand hygiene practices.

In home care, there is likely to be more engagement with clients in observing and reporting on hand hygiene practices to define an aim, select, and monitor hand hygiene improvement activities.

3.7   HSO 5060:2024 Preventing Falls and Reducing Injuries from Falls

How does this ROP apply to the home care sector?

This ROP is intentionally non-prescriptive to allow organizations to be flexible in their approach to preventing falls and reducing injuries from falls.

In home care, the organization's procedure will need to provide guidance on the team's roles and responsibilities in providing a safe physical home environment. For example, the procedure may indicate that the team, including the client, is responsible for identifying risks for falls and injury from falls in the home environment but the client has the ultimate responsibility and discretion to implement safety measures.

For screening in the home care sector, the organization's procedure may focus on clients completing self-screening when applicable or on having personal support workers conduct screening when certain risks are observed such as a client being unsteady on their feet.

Can screening be conducted by non-nursing staff?

The definition of screening as provided in the guideline is that it is, "is a brief, evidence-informed process to proactively identify a client's health needs and risks that may require further assessment." Therefore, screening does not need to be conducted by a specially trained individual and, as the guidelines state, could be conducted by the client via a self-screen.

Can an organization's procedure indicate that screening is not required?

The intention of this ROP is to have organizations proactively identifying risks and working in an integrated and holistic manner to prevent client harm. Even if fall prevention and injury reduction is not the primary objective of the service, an integrated system ensures that 'every door is the right door.' This means that while a team may not have the required competencies to assess or provide appropriate care for all conditions, the team is able to direct the client to a specialized health care professional within or outside of the organization or team, as per the organization's procedure, when risks are identified.

However, since the ROP is not prescriptive on what the organization's screening procedure must be, it is possible that the organization has assessed risk of client harm and outlined in their procedure that screening will not be conducted. The organization may also determine, and outline in their procedure, that screening is only conducted if certain risks are identified. For example, screening is conducted for clients that appear unsteady on their feet.

If there is evidence to support that team is following the organization procedure, this test for compliance can be rate as met.

If the organization's procedure dictates that screening is not conducted, a similar statement regarding the assessment will also need to be noted in the organization's procedure.

If screening or assessment is not conducted, as per the organization's procedure, the remaining tests for compliance on reporting safety incidents, continuous learning, and quality improvement are still valid and evidence must be demonstrated to receive a 'met'.

What if the team does not have the competencies to conduct a comprehensive assessment?

If the team does not have the required competencies to conduct an assessment, the organization's procedure may indicate that a referral is made to a specialized health care professional outside of the organization or team.

If teams are following the guidance provided in the organization's procedure then the test for compliance can be rated as 'met'.

What if the organization is not responsible for implementing falls prevention and injury reduction interventions?

If fall prevention and injury reduction interventions fall outside of the scope of the organization, this test for compliance could be rated as n/a by the surveyor with comments provided.

The tests for compliance on screening, assessment, reporting safety incidents, continuous learning, and quality improvement are still valid and evidence must be demonstrated to receive a 'met'.

What if the client refuses the recommended interventions?

As noted in the guidelines, the selected interventions are to be "informed by the assessment results **and the client's decisions about their care**." As per the definition of Team, the client is an active member of the team.

What constitutes an appropriate level of team participation in continuous learning or quality improvement activities?

This ROP is intentionally non-prescriptive to allow organizations to be flexible in their approach to continuous learning and quality improvement. The organization will need to determine how to engage team members in these activities.

3.8   HSO 5063:2024 Optimizing Skin Integrity

Why are the HSO 5063:2018 Skin and Wound Care and HSO 5062:2018 Pressure Ulcer Prevention ROPs being phased out?

This shift to the HSO 5063:2024 Optimizing Skin Integrity ROPs reflects a proactive and flexible approach to encourage organizations to look beyond quality **assurance**, towards an organization-led continuous quality **improvement** model to prevent harm and improve outcomes.

This represents an important change from the previous HSO 5063:2018 Skin and Wound Care and HSO 5062:2018 Pressure Ulcer Prevention which focused on treatment rather than prevention of harm in the first place.

What is meant by *optimizing* skin integrity? Does this go beyond protecting or maintaining skin integrity?

Skin is the body's largest organ and serves as the first line of defense against infections and other harmful factors.

Care that focuses on optimizing skin integrity promotes positive client outcomes and quality of life.

The organization will need to determine and document the selected actions to achieve the objective of optimizing skin integrity as relevant to the setting and population served.

What falls under skin integrity? Would this include self-harm, drug use, venous access…etc.?

The intention of this ROP is to promote a proactive approach to identifying risk of impaired skin integrity. The cause or risk of impaired skin integrity may be due to any number of things, including the examples referenced.

When a risk is identified, the objective is to ensure the client is appropriately supported with interventions to prevent harm and optimize skin integrity – whether that is through the direct team or through a referral to a specialized healthcare professional within or outside the organization.

What are other examples of health care associated impaired skin integrity besides a pressure ulcer?

As stated in the guidelines, "Health care associated impaired skin integrity is when a skin tear, infection, pressure, or other skin injury is caused by a care intervention or unintended variation in care."

The guideline mentions a "proactive" approach. Is this relevant in all settings?

A proactive approach to identifying risks to impaired skin integrity is relevant in all settings to prevent harm.

This represents an important change from the previous HSO 5063:2018 Skin and Wound Care and HSO 5062:2018 Pressure Ulcer Prevention which focused on treatment rather than prevention of harm in the first place.

Can screening be conducted by non-nursing staff?

The definition of screening as provided in the guideline is that it is, "is a brief, evidence-informed process to proactively identify a client's health needs and risks that may require further assessment." Therefore, screening does not need to be conducted by a specially trained individual and, as the guidelines state, could be conducted by the client via a self-screen.

Can an organization's procedure indicate that screening is not required?

The intention of this ROP is to have organizations proactively identifying risks and working in an integrated and holistic manner to prevent client harm. Even if skin care is not the primary objective of the service, an integrated system ensures that 'every door is the right door.' This means that while a team may not have the required competencies to assess or provide appropriate care for all conditions, the team is able to direct the client to a specialized health care professional within or outside of the organization or team, as per the organization's procedure, when risks are identified.

However, since the ROP is not prescriptive on what the organization's screening procedure must be, it is possible that the organization has assessed risk of client harm and outlined in their procedure that screening will not be conducted. The organization may also determine, and outline in their procedure, that screening is only conducted if certain risks are identified. For example, screening is conducted for clients that have visible skin integrity issues.

If there is evidence to support that team is following the organization procedure, this test for compliance can be rate as met.

If the organization's procedure dictates that screening is not conducted, a similar statement regarding the assessment will also need to be noted in the organization's procedure.

If screening or assessment is not conducted, as per the organization's procedure, the remaining tests for compliance on reporting safety incidents, continuous learning, and quality improvement are still valid and evidence must be demonstrated to receive a 'met'.

What if the team does not have the competencies to conduct a comprehensive assessment?

If the team does not have the required competencies to conduct an assessment, the organization's procedure may indicate that a referral is made to a specialized health care professional outside of the organization or team.

If teams are following the guidance provided in the organization's procedure, then the test for compliance can be rated as 'met'.

What if the organization is not responsible for implementing skin optimization interventions?

If skin care interventions fall outside of the scope of the organization, this test for compliance could be rated as n/a by the surveyor with comments provided.

The tests for compliance on screening, assessment, reporting safety incidents, continuous learning, and quality improvement are still valid and evidence must be demonstrated to receive a 'met'.

What if the client refuses the recommended interventions?

As noted in the guidelines, the selected interventions are to be "informed by the assessment results **and the client's decisions about their care**." As per the definition of Team, the client is an active member of the team.

What constitutes an appropriate level of team participation in continuous learning or quality improvement activities?

This ROP is intentionally non-prescriptive to allow organizations to be flexible in their approach to continuous learning and quality improvement. The organization will need to determine how to engage team members in these activities.

3.9 HSO 5065:2024 Preventing Venous Thromboembolism

Is screening for venous thromboembolism applicable in "non-clinical" settings?

Venous thromboembolism is a serious but preventable condition. It can happen to any one, at any age, and cause serious illness, disability, or death.

The intention of this ROP is to have organizations proactively identifying risks and working in an integrated and holistic manner to prevent client harm. Even if venous thromboembolism prevention is not the primary objective of the service, an integrated system ensures that 'every door is the right door.' This means that while a team may not have the required competencies to assess or provide appropriate care for all conditions, the team is able to direct the client to a specialized health care professional within or outside of the organization or team, as per the organization's procedure when risks are identified.

Is this ROP applicable to pediatric hospitals and those under 18 years?

Yes, neonates and pediatric acute and emergency care document some of the highest incidents of thromboembolic events, especially when central venous or arterial lines are in situ.

Can screening be conducted by non-nursing staff?

The definition of screening as provided in the guideline is that it is, "is a brief, evidence-informed process to proactively identify a client's health needs and risks that may require further assessment." Therefore, screening does not need to be conducted by a specially trained individual and, as the guidelines state, could be conducted by the client via a self-screen.

Can an organization's procedure indicate that screening is not required?

The intention of this ROP is to have organizations proactively identifying risks and working in an integrated and holistic manner to prevent client harm. Even if venous thromboembolism prevention is not the primary objective of the service, an integrated system ensures that 'every door is the right door.' This means that while a team may not have the required competencies to assess or provide appropriate care for all conditions, the team is able to direct the client to a specialized health care professional within or outside of the organization or team, as per the organization's procedure, when risks are identified.

However, since the ROP is not prescriptive on what the organization's screening procedure must be, it is possible that the organization has assessed risk of client harm and outlined in their procedure that screening will not be conducted. The organization may also determine, and outline in their procedure, that screening is only conducted if certain risks are identified. For example, screening is conducted for clients with symptoms of venous thromboembolism such as swelling in the legs or shortness of breath.

If there is evidence to support that team is following the organization procedure, this test for compliance can be rate as met.

If the organization's procedure dictates that screening is not conducted, a similar statement regarding the assessment will also need to be noted in the organization's procedure.

If screening or assessment is not conducted, as per the organization's procedure, the remaining tests for compliance on reporting safety incidents, continuous learning, and quality improvement are still valid and evidence must be demonstrated to receive a 'met'.

What if the team does not have the competencies to determine appropriate interventions?

If the team does not have the required competencies to determine appropriate interventions, the organization's procedure may indicate that a referral is made to a specialized health care professional outside of the organization or team.

If teams are following the guidance provided in the organization's procedure then the test for compliance can be rated as 'met'.

What if the organization is not responsible for implementing venous thromboembolism interventions?

If venous thromboembolism interventions fall outside of the scope of the organization, this test for compliance could be rated as n/a by the surveyor with comments provided.

The tests for compliance on screening, reporting safety incidents, continuous learning, and quality improvement are still valid and evidence must be demonstrated to receive a 'met'.

What if the client refuses the recommended interventions?

As noted in the guidelines, the selected interventions are to be "informed by the clinical decision support tools **and the client's decisions about their care**." As per the definition of Team, the client is an active member of the team.

What constitutes an appropriate level of team participation in continuous learning or quality improvement activities?

This ROP is intentionally non-prescriptive to allow organizations to be flexible in their approach to continuous learning and quality improvement. The organization will need to determine how to engage team members in these activities.

3.10 HSO 5014:2024 Maintaining an Accurate List of Medications during Care Transitions

What if the organization does not do medication management?

Medication management includes prescribing, preparing, storing, dispensing, and disposing of medications; administering, monitoring, or overseeing self-administration of medications; or assisting clients with medications.

If medication management is beyond the scope of the organization this ROP could be rated as n/a by the surveyor with comments.

Can the organizational procedure to obtain a best possible medication history during care transitions exclude certain areas or patients?

As noted in the guidelines, the organization's procedure will need to identify "care transitions where a best possible medication history is completed. Examples include a client's transition to or from a hospital or long-term care home, an ambulatory care setting such as a cancer clinic, or a primary care setting where medication is being managed."

What if the organization does not have a procedure to resolve medication discrepancies?

A complete, accurate, and up to date list of all medications, is established at every transition in care, and shared with the clinical team.

If resolving medication discrepancies is out of scope for the organization, this test for compliance could be rated as n/a by the surveyor with comments provided.

The other tests for compliance on reporting safety incidents and participating in learning and quality improvement activities, are still valid and evidence must be demonstrated to receive a 'met'.

What constitutes an appropriate level of team participation in continuous learning or quality improvement activities?

This ROP is intentionally non-prescriptive to allow organizations to be flexible in their approach to continuous learning and quality improvement. The organization will need to determine how to engage team members in these activities.

3.11 HSO 5064:2022 Suicide Prevention Program

What is the definition of Team Leadership?

Team Leadership is defined as follows

> *The person or persons responsible for the operational management of a team (e.g., team directors, managers, supervisors, clinical leaders). Team leadership is usually formally appointed, but the term can include team members who take on informal leadership roles within the team.*

Is suicide prevention relevant in all sectors?

The HSO 5064:2022 Suicide Prevention Program ROP is applicable to all care settings and all populations.

Suicide is a major public health issue, and everyone has a role in preventing suicide. Deaths by suicide or attempts of suicide occur in all settings.

Even if suicide prevention is not the primary objective of the service, an integrated system ensures that 'every door is the right door.' This means that while a team may not have the required competencies to assess or provide suicide prevention services, the team is able to direct a client to a specialized health care professional within or outside of the organization or team, as per the organization's procedure when risks are identified.

How does this ROP apply to services being delivered virtually?

The test for compliance on ensuring a secure environment is applicable to clients, designated support persons, and the workforce.

For client services that are provided virtually, the organization is still responsible for minimizing safety risks and ensuring a secure physical environment for the workforce.

Do *all* physical spaces need to be secured against suicide risk?

The organization is responsible for determining how risks are being minimized for which physical spaces as applicable for clients, designated support persons, and the workforce.

Examples of minimizing risks in physical spaces include removing hooks on walls and doors, removing cords for blinds, and ensuring door locks can be opened in an emergency.

How does this ROP apply to the home care sector?

The organization's procedure will need to provide guidance on how to minimize safety risks, ensure a safe environment for all, and the team's roles and responsibilities for suicide prevention as applicable to the home care sector.

For the home care sector, the organization may focus on ensuring personal support workers conduct screening or make a referral for screening when certain risks are observed such as a client expressing suicidal thoughts.

What type of training and education is a personal support worker required to have when providing safe suicide prevention services?

The organization is responsible for determining the required training and education relevant to team roles and responsibilities.

It may be appropriate for a personal support worker to be provided with training and education on

- identifying risk factors for suicide
- talking to clients about suicide, using the Canadian Association for Suicide Prevention C.A.R.E. model[1] for example, and
- next steps as per the organizational procedure, such as referring the client to a specialized team member, organization, or to the 9-8-8 Suicide Crisis Helpline available in North America.

Does screening need to be conducted for every client? Or only when the workforce picks up on cues?

The organization is responsible for determining and documenting the standardized screening for suicide risk procedure.

As per the guidelines, universal or selective screening will appropriate depending on the care setting.

What if the team does not have the competencies to conduct a suicide risk assessment and put a necessary safety plan in place?

Conducting a suicide risk assessment and putting a safety plan in place must be done by a competent person who has specialized skills, attitudes, and behaviours.

Even if the team does not have the required competencies to conduct a suicide risk assessment, the team must be aware of and follow the organization's referral process.

What if the team does not have the competencies to develop an individualized safety plan?

If developing an individualized safety plan is out of scope for the team, this test for compliance could be rated as n/a by the surveyor with comments.

The other tests for compliance on minimizing safety risks, training and education, conducting screening, and referring for a risk assessment are still valid and evidence must be demonstrated to receive a 'met'.

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[1] See https://suicideprevention.ca or https://suicideprevention.ca/media/articles/c-a-r-e-distress-calls-at-work/ for more information.