HPCO
Hospice Palliative Care Ontario

Hospice Standards

June 2020

Hospice Muskoka

Version Tracking

Version 2.0 / September 2019

- Updated Introduction to reflect 2019 dates
- Updated Module 2 Volunteer Management (in effect for accreditation starting April 1, 2020)
- Updated Module 4 Resource List and Glossary of Terms

Version 3.0 / November 2019

- Corrected error in Day Hospice section: content in earlier version was a copy of Visiting Hospice section

Version 4.0 / June 2020

- Updated Introduction to reflect 2020 updates
- Updated Module 1 Organizational Oversight (in effect for accreditation starting April 1, 2021)
- Updated Module 3.2 In-Home Hospice, Visiting (in effect for accreditation starting April 1, 2021)
- Updated Module 4 Resource List and Glossary

Hospice Palliative Care Ontario is grateful to the Mount Pleasant Group for generously supporting the development of Hospice Standards and HPCO's Centre of Excellence for Hospice Care. This support has allowed HPCO to create 12 hospice standards, a comprehensive accreditation framework, and other tools and resources supporting hospices throughout Ontario in providing high quality, compassionate care.

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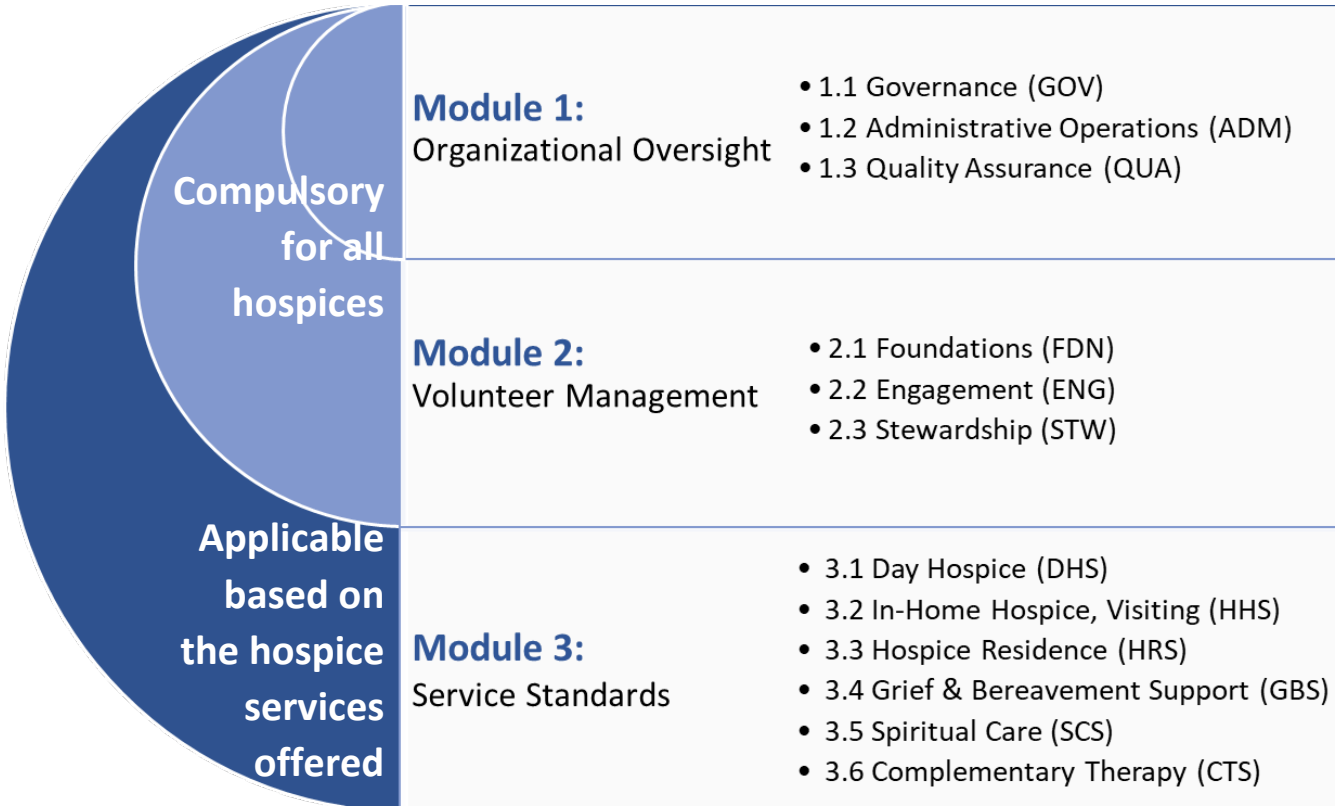
Introduction to the HPCO Hospice Standards

Hospice standards set the minimum required expectations that differentiate the operations, work, and philosophy of hospice-based services from other community support services. They promote quality and consistency in hospices across the province.

HPCO Hospice Standards have been developed and revised in consultation with member hospices and, wherever possible, they are based on evidence from the literature. Every attempt is made to ensure that these standards also align with governing legislation, national models of care such as the *CHPCA Norms of Practice** and other provincial documents such as the *HQO** Quality Standard for Palliative Care.

The HPCO Hospice Standards document forms the basis of HPCO's Accreditation Program. It acts as a guide to existing hospice services as well as organizations that are considering developing such services.



Each service standard (see Module 3) within the framework addresses, at minimum:

- Definition of the hospice service (scope of the standard)
- Model of Care
- Access
- Assessment
- Decision Making / Capacity
- Care Planning
- Care Delivery

This document contains the most up-to-date content as of June 2020. For more information, please contact HPCO staff at 416-304-1477 x36.

Overview of Evidence Types

There are six core types of evidence that may be required as part of the Accreditation submission, plus additional evidence that is provided through a Site Visit where applicable.

All evidence (except for Site Visit evidence) will be uploaded to an online site found on HPCO's SharePoint Portal.

Additional information about evidence requirements and the accreditation process can be found in HPCO's Accreditation Manual.

Board Declaration – An outline of all items requiring a "Board Declaration" will be provided so that all results can be addressed in one document.

Document – A copy of each document will be uploaded to a SharePoint site.

Feedback – There are two types of feedback that may be requested: Service Recipient and Volunteer. A "Feedback Toolkit" will be provided so that all results can be addressed in one document.

File Audit – Volunteer files, Service Recipient files, Staff files, Administrative files. A "File Audit Toolkit" will be provided so that all file audit results can be addressed in one document

Narrative – Some evidence descriptive in nature. A tool called the "Organizational Questionnaire" will be provided so that all narrative evidence can be addressed in one document.

Policy – A copy of each policy (or the entire policy manual with an accompanying list of where each required item is found within the manual) will be uploaded to a SharePoint site.

Site Visit – There are three components of a Hospice Residence Site Visit: Facility Tour, File Audits (performed by review team), and Stakeholder Interviews. A separate document is available that provides further details about the Site Visit.

Hospice Standards

Module 1 – Organizational Oversight (OO)

June 2020

Hospice Palliative Care Ontario is grateful to the Mount Pleasant Group for generously supporting the development of Hospice Standards and HPCO's Centre of Excellence for Hospice Care. This support has allowed HPCO to create 12 hospice standards, a comprehensive accreditation framework, and other tools and resources supporting hospices throughout Ontario in providing high quality, compassionate care.

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Foreword

The Hospice Organizational Oversight Standard is a product of Hospice Palliative Care Ontario. It is situated within a larger standards framework that is outlined in the Introduction section of this document. This section of the HPCO Hospice Standards was updated by an expert panel of individuals with relevant experience in the hospice sector. These updated standards apply to organizational oversight of all hospice services.

The contents of this document, published in April 2020, represent the culmination of 8 months of discussion and review. The expert panel was convened in September 2019. Two rounds of sector consultation occurred, first in January 2020 and again in April 2020.

The organizational oversight portion of the Hospice Standards was originally published within the Community Residential Hospice Standard (2012) and the Visiting Hospice Standard (2014). Some portions of those two documents have been converted to separate modules within the HPCO Hospice Standards Framework – namely, Organizational Oversight (Module 1) and Volunteer Management (Module 2). The Organizational Oversight portion has now been reviewed and updated as a separate module and applies to organizational oversight of all hospice services.

HPCO is committed to engaging in a multi-perspective approach by consulting representatives from across the province in the development and/or revision of the HPCO Hospice Standards. We strive to ensure that our panels and contributors represent the diverse opinions from all relevant stakeholders, with consideration to the wide variety of geography, organizational size, and professional backgrounds within our member hospices.

Thank you to the authors, contributors and reviewers of the documents that preceded this edition. The contribution of each person involved has been instrumental and is deeply appreciated.

Acknowledgements

The development of the Hospice Organizational Oversight standard was a team effort. The expertise of our members and their dedication to quality hospice palliative care made this work possible. HPCO acknowledges and thanks the following individuals for their extensive contributions to this document:

Annalise Stenekes, Hospice Palliative Care Ontario (Facilitator)
Caroline McGee, Hospice Renfrew
Heidi Bonner, Hope House Community Hospice
Jennifer May-Anderson, Hospice Quinte
Kerri-Anne Wilson, The Bridge Hospice
Pam Blackwood, McNally House Hospice
Rosslyn Bentley, Woolwich Community Health Centre

In addition to the individuals listed above, feedback on the first draft was received from respondents via online survey (n=13). Additional feedback on the second draft was received from individuals/groups via email submission (n=10).

Finally, thank you to the authors, contributors and reviewers of the previously published HPCO Standard documents, including the Visiting Hospice (1999, 2014) and Residential Hospice (2005, 2012) whose invaluable contributions have laid the foundation for much of this work.

Introduction

Scope and Purpose of HPCO Hospice Standards

Hospice standards set the minimum required expectations that differentiate the operations, work, and philosophy of hospice-based services from other community support services.

HPCO Hospice Standards have been developed and revised in consultation with member hospices and are based on best practices and evidence from literature. Whenever applicable, every attempt is made to ensure that these standards also align with the governing legislation and national models of care such as the *CHPCA Norms of Practice**, as well as other provincial documents such as the *Health Quality Ontario (HQO)** Quality Standard for Palliative Care[1] and the Ontario Palliative Care Network (OPCN) Health Services Delivery Framework[2].

The HPCO Hospice Standards act as a guide to organizations with existing hospice services, as well as organizations that are considering developing such services. Additional resources may be available for any parties interested in specific hospice services – please contact HPCO for more information.

Framework of the Standards

This document was developed as part of a larger volume of work. This **Organizational Oversight** Standard is situated within the context of the larger HPCO Hospice Standards framework.

Module 1: Organizational Oversight (OO)

- **Governance**
- **Administrative Operations**
- **Quality Assurance**

Module 2: Volunteer Management (VM)

- Foundations
- Engagement
- Stewardship

Module 3: Service Standards (SS)

- Day Hospice
- In-Home Hospice, Visiting
- Hospice Residence
- Grief and Bereavement Support
- Spiritual Care
- Complementary Therapy

Module 4: Resource List and Glossary

- One glossary for the entire HPCO Standards & Accreditation package, available as a separate document

[1] https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Palliative-Care
[2] https://www.ontariopalliativecarenetwork.ca/en/healthservicesdeliveryframework

Timeline of Standard Development and the Accreditation Process

This Organizational Oversight Standard was published in June 2020 following a public consultation process.

When Standards are established or revised, they must be in place for a minimum of one year before the Standards can be assessed as Accreditation requirements for the hospice service.

Information about the HPCO Accreditation Program is available at www.hpco.ca/accreditation

Environmental Factors

The development of provincial standards for hospice services takes place in a continuously evolving health care climate and a diverse network of organizations, each with their own respective care delivery system and availability of resources. The purpose of the HPCO Hospice Standards is to have clear and consistent quality standards that are applicable to organizations in a range of hospice settings.

Existing Standards are updated every 3-5 years to ensure that they remain current, complete, and consistent with emerging best practices.

Glossary

An asterisk (*) beside a term in this document indicates that the term is defined in HPCO's Standards and Accreditation Glossary, which is available as a separate document within the HPCO Hospice Standards package.

Definitions

Hospice *Updated March 2020*

The overall concept of ***Hospice Palliative Care**** is well-defined in *CHPCA's A Model to Guide Hospice Palliative Care**. But what exactly is a "hospice" in Ontario?

A **hospice** is a charitable organization that plays a vital role in the health and social care system and works collaboratively with a variety of partners to serve its community. Hospice services are provided to children, adults, and seniors; some organizations may specialize in serving a specific population.

The goal of hospice care is to enhance the quality of life of individuals living with a progressive, *life-threatening illness** and the well-being of anyone that is impacted by the person's illness or death (*caregivers**, family members, and friends). *Volunteers** (both direct service and indirect service) and staff play an integral role in achieving that goal.

A hospice may be a standalone organization, or a program offered by a multi-service organization. Hospice services vary based on local community needs and are provided in a variety of settings – including where the individual lives or in a *homelike** location. A hospice offers one or more services such as:

- Caregiver & Family Support
- Chronic Disease Management
- **In-Home Hospice (Visiting)**
- **Complementary Therapies**
- Day Programs / **Day Hospice**
- Education
- **End-of-Life Care** within a **Hospice Residence** or *homelike** setting
- **Grief & Bereavement Support**
- Interdisciplinary Community Palliative Care Teams
- Navigation Support
- Pain & Symptom Management Consultation
- Pain Clinics
- Psychosocial *&* **Spiritual Care**
- Respite *&* Symptom Management
- Transitional Care
- Wellness Programs

Each service type marked in **bold** is defined separately in the Hospice Palliative Care Ontario (HPCO) Hospice Standards. The remaining examples will be defined when standards are developed for that particular service type.

Hospice services are provided at no cost to the *service recipient**. A hospice may be partially funded by the Ministry of Health as well as charitable donations, fundraising and other fund development opportunities. All hospices must comply with relevant provincial and federal legislation and regulations including those governing registered charities and community support services.

The Importance of Organizational Oversight Standards

For not-for-profit organizations (NFPs), governance is increasingly in the spotlight. Stakeholders and the general public are demanding more transparency and accountability regarding the oversight of organizations of all kinds. Despite this intensifying focus on governance, many NFP directors do not fully appreciate the extent of their oversight responsibility. Under current legislation and common law, NFP directors have an overall responsibility for the organization and the strategy for achieving its legal purpose. Directors who neglect these responsibilities put the NFP's sustainability at risk. On the other hand, directors who ensure their NFP is equipped with a good governance framework can be confident that the NFP is productive, accountable and delivers on its mission, ethically and sustainably.

From: Chartered Professional Accountants of Canada. (2014). Governance for Not-for-Profit Organizations: Questions for Directors to Ask. https://www.cpacanada.ca/-/media/site/r2-docs/governance-for-not-for-profit-organizations-questions-for-directors-to-ask.pdf

Module: Organizational Oversight
Section: Governance
Standard: Board of Directors

Standard OO.GOV.1 – Board of Directors

There is a Board of Directors in place that is committed to best practice[3] related to organizational governance.

Criteria

Governance Responsibilities and *Risk Management**

a. A *strategic plan** is in place and reviewed regularly. The *strategic planning** process includes:
    i. Reviewing the mission, vision, and values statement to assess continuing relevance.
    ii. Developing a plan to evaluate progress in achieving the established strategic priorities.
b. A process is in place to identify major strategic and operational risks, and a *risk management** plan has been developed to mitigate these risks. The *risk management** plan is reviewed annually.
c. A process is in place to review insurance coverage. A summary report is reviewed annually.
d. The Board is accountable to its own governing documents (e.g. objects, by-laws) and governance policies. These are regularly reviewed (every two years at minimum) to ensure they:
    i. Are inclusive of and/or relevant to the hospice programs being offered.
    ii. Reflect the current state of the organization (size, scope, maturity).
    iii. Align with current practices within the organization.
    iv. Comply with all applicable federal, provincial, and municipal laws and regulations.
e. The organization has policies in place to support the integrity of hospice staff, *volunteers** and board members, including:
    i. Code of Conduct/Ethics (which must include a statement on anti-racism, diversity, and inclusion)
    ii. *Conflict of interest** (addressing disclosure, review, and decision on actual or perceived conflicts of interest)
    iii. *Confidentiality*/Privacy** (posted in a readily *accessible** location - on website and in office)
f. Members of the Board serve without remuneration and no Director shall directly or indirectly receive any profit from their position. Directors may be reimbursed for reasonable expenses incurred by them in the performance of their duties.

[3] *Please refer to Part One of the Glossary and Resource List for resources to support your governance practices.*

Board structure and processes

g. A sufficient number of Board meetings are held throughout the year to ensure appropriate direction and oversight of the organization. The Board must meet at least twice per year before and after the annual meeting of members (i.e. Annual General Meeting or AGM) to approve the financial statements and to appoint officers. In addition, the Board should hold two meetings per year at which the agenda is not restricted to a specific issue or issues (e.g. approval of financial statements and/or appointment of officers). The Annual General Meeting will take place annually in addition to these meetings.
h. Accurate records (i.e. governing documents, meeting minutes, board policies, etc.) are maintained as defined by current legislation and regulations.
i. There is a fair and transparent process for the recruitment, orientation, and succession planning of Board members to achieve a diverse, highly qualified, and competent Board. The process is reviewed regularly.
j. The Board is comprised of no less than three directors (preferably five or more), a majority of whom must be at *arm's length** to each other, to the most senior staff person and/or other management staff. No employee may be a Director. Further, the composition of the Board demonstrates best practice with respect to minimizing real or perceived *conflict of interest**.
k. The Board has written terms of reference and has developed policies which address:
    i. Director roles, responsibilities, and accountabilities.
    ii. Executive officer roles, responsibilities, and accountabilities (Chair, Vice Chair, Treasurer, Secretary).
    iii. Legal responsibilities.
    iv. Fiduciary duties.
    v. Process to review, approve, and monitor the annual budget and key financial transactions, compensation practices and policies, and fiscal and governance policies.
l. There is a process to annually review Board performance and to identify development opportunities.

Accountability for senior staff

m. The Board is accountable for the recruitment and orientation of the most senior staff person in the organization. The process is fair and transparent. It is recommended that the Board annually discusses the succession plan for the most senior staff position in the organization.
n. The most senior staff person reports to the Board and has a written position description.
o. The total compensation package of the most senior staff person is approved by the Board or a board committee and expenses are reviewed at least annually.

Stakeholder engagement

p. The Board identifies strategic stakeholders and ensures there is a strategy for regular and effective communication and consultation with them about the organization’s achievements and work.
q. The Board is informed at least annually of the number, type and disposition of compliments and *complaints** received from stakeholders. Information about the compliments and *complaints** process is made available in the office and on the website.
r. The Board has a formal policy regarding public communication on behalf of the Board.

Accreditation Evidence Requirements for OO.GOV.1

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. T he hospice must provide the following items to demonstrate *compliance** with the Governance – Board of Directors Standard.

Evidence Code	Related Criteria	Description of Evidence for Electronic Submission	Type of Evidence
OO.GOV.1.01	a	Copy of organization's *strategic plan** including an outline of how progress in achieving the established priorities will be tracked and evaluated	Document
OO.GOV.1.02	d	Copy of organization's By-Laws	Document
OO.GOV.1.03	e	Copy of policies and procedures related to: - *Code of Conduct** (must include a statement on anti-racism, diversity, and inclusion) - *Conflict of Interest**	Document
OO.GOV.1.04	f	Evidence that Board members serve without remuneration and no Director directly or indirectly receives any profit from their position. Directors may be reimbursed for reasonable expenses incurred by them in the performance of their duties. (e.g., policy on compensation of board members, excerpt from by-laws, etc.)	Document
OO.GOV.1.05	g, h	Examples: - Two board meeting agendas from last 12 months - Agenda from the most recent AGM - Minutes from a meeting of the Board from the last 12 months (ensure that each example contains the title and date of the meeting and any other pertinent information)	Document
OO.GOV.1.06	k	Copy of the overall board terms of reference as well as any relevant committee terms of reference	Document
OO.GOV.1.07	m, n, o	Appropriate documentation related to the most senior staff person - Copy of position description - Evidence that a succession plan is in place - Evidence that total compensation package was approved by the Board - Evidence that expenses were reviewed in the past year	Document
OO.GOV.1.08	q	Most recent report to board on compliments and *complaints** received from stakeholders OR excerpt from minutes of meeting at which report was delivered verbally	Document
OO.GOV.1.09	r	Copy of policies and procedures related to public communication on behalf of the organization	Document
OO.GOV.1.10	a	Date board last reviewed mission statement and a description of the process / outcome	Narrative

Evidence Code	Related Criteria	Description of Evidence for Electronic Submission	Type of Evidence
OO.GOV.1.11	b	Process used to identify major strategic and operational risks and how the Board monitors this on a regular basis	Narrative
OO.GOV.1.12	c	Date board last reviewed summary report on insurance coverages	Narrative
OO.GOV.1.13	d	Process board uses to oversee the organization's compliance with its own governing documents and all applicable laws and regulations	Narrative
OO.GOV.1.14	e	Location of *Confidentiality*/Privacy** policy posted in a readily *accessible** location	Narrative
OO.GOV.1.15	e	Process used to ensure board, staff, and *volunteers** are familiar with and adhere to *conflict of interest** policy	Narrative
OO.GOV.1.16	h	Description of how board policies are recorded, retained, and reviewed	Narrative
OO.GOV.1.17	i	Process used to orient new board members and summary of orientation content	Narrative
OO.GOV.1.18	i	Process board uses to review plans for succession to positions of board chair and committee chairs	Narrative
OO.GOV.1.19	l	The Board has a process to annually review its performance and to identify development opportunities	Narrative
OO.GOV.1.20	m	Process board uses for recruiting and orienting most senior staff person	Narrative
OO.GOV.1.21	p	Strategies and practices used to communicate and consult with stakeholders about the organization's achievements and work	Narrative
OO.GOV.1.22	j	Evidence that: - The Board is comprised of no less than three directors (preferably five or more), a majority of whom must be at *arm's length** to each other, to the most senior staff person and/or other management staff - No employee may be a Director - The composition of the Board demonstrates best practice with respect to minimizing real or perceived *Conflict of Interest**	Board declaration

Module: Organizational Oversight
Section: Governance
Standard: Finance

Standard OO.GOV.2 - Finance

The Board of Directors is accountable for the financial sustainability of the hospice.

Criteria

a. As per current CRA requirements:
   - The organization must complete annual financial statements in accordance with an acceptable accounting framework as identified by the Chartered Professional Accountants Canada (CPA Canada).
   - The organization must comply with relevant legislative and contractual requirements for independent audit.
   - The organization's financial statements must be received and approved by the board and released within 6 months of year-end.
   - There is a process to ensure that an accurate Registered Charity Information Return (T3010) is filed with the Canada Revenue Agency (CRA) within 6 months of year-end.

b. The board approves the annual budget prior to the start of each fiscal year and has a process to monitor the organization's performance in relation to the annual budget. The board or a board committee reviews actual revenues and expenses versus budget at least twice per year.

c. The board or a board committee receives from management, at least twice per year, assurance that all statutory remittances have been made.

d. If the organization has *investable assets** over $100,000 it must have an investment policy setting out asset allocation, procedures for investments, and asset protection issues.

e. When the organization collects money (donations or sales) online, its practices should be consistent with, or exceed, the provisions of the *Canadian Code of Practice for Consumer Protection in Electronic Commerce*.

f. The organization's financial statements are publicly available.

g. The organization ensures that the financial statements disclose the purpose and amount of any legally allowable payment for products or services to board members or companies in which a board member is an owner, partner, or senior manager.

h. The organization ensures that information on staff compensation is *accessible** to stakeholders to at least the same level as that required by CRA in the T3010.

Accreditation Evidence Requirements for OO.GOV.2

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Governance – Finance Standard.

Evidence Code	Related Criteria	Description of Evidence for Electronic Submission	Type of Evidence
OO.GOV.2.01	a, g	Most recent annual financial statements including audit or review engagement report	Document
OO.GOV.2.02	a	Example demonstrating date on which financial statements were approved by the Board (i.e. copy of motion)	Document
OO.GOV.2.03	b	Example demonstrating last date on which annual budget was approved by the Board (i.e. copy of motion)	Document
OO.GOV.2.04	b	Examples demonstrating last two dates on which the Board or a board committee reviewed actual revenues and expenses versus budget (i.e. copy of motion)	Document
OO.GOV.2.05	c	Examples demonstrating last two dates on which the board or a board committee received assurance that all statutory remittances have been made (i.e. copy of motion)	Document
OO.GOV.2.06	d	Copy of policy related to *investable assets**, if applicable	Document
OO.GOV.2.07	g	Copy of disclosure statement with respect to the purpose and amount of any payment for products or services to board members or companies in which a board member is an owner, partner, or senior manager	Document
OO.GOV.2.08	f	Description of how organization makes its financial statements publicly available	Narrative
OO.GOV.2.09	h	Public portions of most recent T3010 (provide link to organization's listing on the CRA website) and indicate the date it was filed with CRA	Narrative
OO.GOV.2.10	e	Board declaration that the organization has reviewed its practices or those of third-party providers in comparison to the *Canadian Code of Practice for Consumer Protection in Electronic Commerce* and has confirmed that they are consistent with it	Board declaration

Module: Organizational Oversight
Section: Governance
Standard: Fundraising

Standard OO.GOV.3 – Fundraising

The organization engages in fundraising activities in a transparent and ethical manner that protects confidentiality/privacy, complies with the requests of donors and meets federal, provincial, and municipal legislation and regulations.

Note: Hospices funded by Foundation may be exempt from portions of this Standard. Please see "Interpreting OO.GOV.3 for hospices funded via Foundation" for more information.

Criteria

a. All donations received are used to support the objectives of the Corporation.
b. The organization has appropriate fundraising policies including, but not limited to:
    i. Gift acceptance
    ii. Treatment of restricted or designated gifts
    iii. Naming and endowment
    iv. Tax receipting
    *v. Gifts in kind**
    vi. Donor Recognition
    vii. *Privacy**
c. The organization prepares and issues Official Income Tax receipts for monetary gifts and *gifts in kind** in compliance with all regulatory requirements.
d. The board regularly reviews the cost-effectiveness of the organization's fundraising activities.
e. The organization accurately discloses all costs associated with its fundraising activities.
f. All fundraising materials, and activities conducted by or on behalf of the organization, must:
    i. Be truthful.
    ii. Accurately describe the organization's activities.
    iii. Disclose the organization's name, address, and relevant contact information.
    iv. Disclose the purpose for which funds are requested.
    v. Disclose the organization's policy with respect to issuing Official Income Tax receipts, including any policy on minimum amounts for which a receipt will be issued.
    vi. Disclose upon request whether the individual or entity seeking donations is a *volunteer**, employee or contracted third party.
g. The organization does not:
    i. Make claims that cannot be upheld or are misleading.
    ii. Exploit its clients. It is sensitive in describing those it serves (whether using graphics, images, or text) and fairly represents their needs and how these will be addressed.
    iii. Pay finder's fees, commissions or percentage compensation based on contributions.
    iv. Sell its donor list.

h. Anyone seeking or receiving funds, on behalf of the organization, whether a *volunteer**, employee or contracted third party must:
    i. Act with fairness, integrity, and in accordance with all applicable laws.
    ii. Cease contacting prospective donors who state that they do not wish to be contacted.
    iii. Disclose immediately to the organization any actual or apparent c*onflict of interest** or loyalty.
    iv. Not accept donations for purposes that are inconsistent with the organization's mission.
    v. Present verification of the affiliation with the organization.
    vi. Secure and safeguard any confidential information, including credit card information, provided by donors.

i. To ensure transparency to potential donors, the hospice is prepared to enter into a *cause-related marketing** agreement with a third party, when opportunities arise. All related materials must outline how the organization benefits from the sale of products or services and the minimum or maximum amounts payable under the agreement. If no minimum amount is payable, the organization should disclose this. If any portion of the donated funds will not be received by the hospice, this should be disclosed.

j. The organization honours donors' and prospective donors' requests to:
    i. Limit the frequency of contact
    ii. Not be contacted by telephone or other technology
    iii. Receive printed material concerning the organization
    iv. Discontinue contact
    v. Remain anonymous

k. Donor records must be maintained by the organization and kept confidential to the greatest extent possible. Donors have the right to see their own donor record and to challenge its accuracy.

l. The organization encourages donors to seek independent advice if the proposed gift is a Planned Gift and/or the organization has any reason to believe the proposed gift might significantly affect the donor's financial position, taxable income, or relationship with other family members.

Accreditation Evidence Requirements for OO.GOV.3

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Governance – Fundraising Standard. For hospices that use a Foundation, please refer to page 18 for additional instructions.

Evidence Code	Related Criteria	Description of Evidence for Electronic Submission	Type of Evidence
OO.GOV.3.01 ***Applicable for hospices funded through a foundation***	b, j	Copy of policies re: fundraising, including: - Donor recognition - Gift acceptance - *Gifts in kind** - Naming and endowment - *Privacy** - Tax receipting - Treatment of restricted or designated gifts	Document
OO.GOV.3.02	c	Void Official Income Tax receipt	Document
OO.GOV.3.03	f, g	Example of fundraising material	Document
OO.GOV.3.04	i	Evidence that the organization is prepared to enter into a *cause-related marketing** agreement with a third party, when opportunities arise	Document
OO.GOV.3.05	d	Date Board last reviewed cost-effectiveness of organization's fundraising activities and a description of the process / outcome	Narrative
OO.GOV.3.06 ***Applicable for hospices funded through a foundation***	h	Description of steps taken to ensure individuals or organizations who seek or receive funds on your behalf align with the requirements of this standard	Narrative
OO.GOV.3.07	k	Description of how donor records are maintained and kept confidential	Narrative
OO.GOV.3.08	l	Description of how and when the hospice encourages donors to seek independent advice	Narrative
OO.GOV.3.09	e, g	Board declaration that the organization: - Accurately discloses all costs associated with its fundraising activities - Does not make claims that cannot be upheld or are misleading - Is sensitive in describing those it serves (whether using graphics, images, or text) and fairly represents their needs and how these will be addressed	Board declaration

Interpreting OO.GOV.3 for hospices funded via Foundation

Some organizations that deliver hospice services do not engage in fundraising practices because they are affiliated with a Foundation that fundraises on behalf of the hospice.

If such an organization participates in the HPCO Accreditation Program, it is incumbent upon that organization to confirm that the Foundation with which they are affiliated is legitimate and reputable. Although it cannot be required that the Foundation meet the HPCO fundraising standard (OO.GOV.3), HPCO strongly recommends that the Foundation consider participating in the Imagine Canada Standards Program designed for Canada's charities and non-profits.

When a hospice uses a Foundation for fundraising, for the purposes of the HPCO Accreditation process the T3010 for the hospice must confirm that there were no charitable receipts issued (line 4500) in the past fiscal year, and that all revenue was received from other registered charities.

If the above is not true (i.e. the hospice is a registered charity and sometimes issues its own charitable tax receipts) then the hospice must complete this entire section as part of the Accreditation process.

If the above is true, many of the Accreditation evidence requirements in the OO.GOV.3 section can be deemed "N/A", however, a subset of the evidence items will still apply. These are outlined below and noted throughout the evidence list on the previous page.

i. OO.GOV.3.01
The policy can indicate that the hospice does not conduct fundraising activities and that all fundraising is done through the Foundation. It should address questions such as: what if the Foundation gave an amount that was restricted? How does the hospice handle that? etc.

ii. OO.GOV.3.06
The Foundation is seeking/receiving funds on your behalf so this should apply. If the Foundation is the sole source of charitable fundraised revenue, how does the hospice ensure the Foundation complies with best practices in fundraising? In addition, the hospice must provide the following information about each Foundation with which it is affiliated:

1) Identify name of Foundation
2) Identify charitable status number of Foundation
3) Provide link to CRA listing of Foundation
4) Identify portion of your annual budget funded from this Foundation

Module: Organizational Oversight
Section: Administrative Operations
Standard: Human Resource Management (Employees)

Standard OO.ADM.1 – Human Resource Management (Employees)

All employees are an integral part of a hospice; all staff should be and feel valued and empowered in the workplace.

Note: Volunteers are also considered a human resource that is integral to the hospice program(s). Information about Volunteer Management is found in Module 2 of the Hospice Standards.*

Criteria

General Administrative and Legislative Requirements

a. Human Resources (HR) management policies are:
    i. In place and comply, at minimum, with employment, *health and safety**, and other applicable legislation in the jurisdiction in which the organization operates
    ii. *Accessible** to all employees
    iii. Reviewed at regular intervals determined by the hospice: every 2-3 years at minimum
    iv. In alignment with collective agreements where relevant
b. Policies and procedures are in place regarding:
    i. Performance issues or concerns
    ii. Workplace conflict
    iii. Reports of workplace violence
    iv. Departure (includes termination, lay off, resignation, etc.)
c. There is a personnel record for each staff member who is employed in the hospice program(s)

Staffing Requirements

d. Staffing levels and needs of the hospice program(s) are reviewed regularly including:
    i. Succession planning
    ii. Staffing in the event of a pandemic or emergency, including identification of positions that would be required for the hospice to continue operating
    iii. Training/education needs (including budget allocation)
e. At least one designated staff person is responsible for the management of the frontline/clinical staff, ensuring that:
    i. *Regulated** staff have maintained their registration with the appropriate college, insurance is obtained as needed, and staff have the necessary qualification/certification to perform in the job
    ii. Clinical/frontline staff complete a *Police Vulnerable Sector Check** prior to beginning employment at the organization
    iii. Clinical/frontline staff complete initial and ongoing training/education to ensure that *hospice palliative care** competencies are maintained

Employee Recruitment, Performance, and Competency

f. Employees are recruited and selected through an objective, consistent process that complies, at minimum, with legislation. Recruitment incorporates a variety of strategies in order to attract candidates who reflect the wider diversity of the hospice service area.
g. All individuals who are offered a position are given a letter of employment that outlines the terms of employment.
h. All employees who are new to the hospice program(s), or their position, are provided with appropriate orientation and training.
i. All employees have written job descriptions and a workplan or performance objectives that identify their tasks/activities and the expected result(s).
j. The performance of each employee is assessed at least annually. This is clearly documented in the employee's record.
k. Staff evaluation/satisfaction and feedback mechanisms are in place. It is recommended that an opportunity to engage in an exit interview be offered to staff upon termination of employment.

Accreditation Evidence Requirements for OO.ADM.1

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Administrative Operations – Human Resource Management (Employees) Standard.

Evidence Code	Related Criteria	Description of Evidence for Electronic Submission	Type of Evidence
OO.ADM.1.01	a	Table of Contents from HR management policy manual	Document
OO.ADM.1.02	b	Copy of policies and procedures related to: - Performance issues or concerns - Workplace conflict - Reports of workplace violence - Departure	Document
OO.ADM.1.03	g	Copy of recent letter of employment - redacted to protect *privacy**	Document
OO.ADM.1.04	i	One example of a current work plan or performance objectives - redacted to protect *privacy**	Document
OO.ADM.1.05	j	Copy of *performance review** template	Document
OO.ADM.1.06	a	Describe how HR management policies are made *accessible** to employees	Narrative
OO.ADM.1.07	a	Describe process for reviewing and revising HR management policies, including date of last review	Narrative
OO.ADM.1.08	d	Describe process for reviewing staffing levels and needs	Narrative
OO.ADM.1.09	f	Describe process used to recruit and select most recent hire; specifically trying to attract diverse candidates	Narrative
OO.ADM.1.10	h	Describe process used to orient and train new employees	Narrative
OO.ADM.1.11	k	Describe staff evaluation/satisfaction and feedback mechanisms are in place	Narrative

OO.ADM.1.12 OO.ADM.1.13 OO.ADM.1.14 OO.ADM.1.15 OO.ADM.1.16 OO.ADM.1.17 OO.ADM.1.18	c, e, i, j	Review a selection of frontline/clinical staff records that were active within a selected one-year audit period to confirm that: - Each frontline/clinical staff person has a file - Registration with appropriate college is documented - Necessary qualification/certification to perform in the job is documented - A PVSC was completed prior to beginning employment - Ongoing education to maintain *hospice palliative care** competencies has been received and documented - A workplan or performance objectives are in place that identify their tasks/activities - Annual performance evaluation has been completed Target = 80% contain the required element	File Audit (Staff)

Module: Organizational Oversight
Section: Administrative Operations
Standard: Community Relationships

Standard OO.ADM.2 – Community Relationships

The hospice strives to enhance community awareness of its services which includes developing relationships with, and being responsive to, groups who are underserved or marginalized.

Criteria

a. The local community, which includes members of the public and *service providers**, is made aware of:
   i. Services offered
   ii. How to *access** services
   iii. Who provides services
   iv. Who may receive services
   v. When services can be received
   vi. Where services can be received (location/setting of care)
   vii. Any geographical boundaries (service area/catchment area)

b. A variety of mechanisms are used to create local awareness about the hospice and develop relationships within the community. These can include, but are not limited to:
   i. Print material (brochures, direct mail, print advertising, etc.)
   ii. Electronic material (website, social media, email, etc.)
   iii. Face to face opportunities (meetings, education sessions, *volunteer** fairs, community events, school visits, library/museum partnerships, etc.)
   iv. Other media opportunities (radio, television, etc.)

c. Materials, communications and interactions should be:
   i. Responsive to the needs of specific groups who may be underserved or marginalized. Groups in the local community may define themselves based on race, ethnocultural/linguistic diversity, Francophone status, indigenous identity or *First Nations, Inuit and Metis (FNIM)** status, *LGBTQ2S** and non-binary *gender identity**, age, special needs, or other distinguishing characteristics.
   ii. Compliant with *accessibility** legislation. When there is a barrier to communication (as identified by the specific group or the staff/*volunteers** of the organization), the hospice strives for *accessibility** by having *access** to translation, interpretation, *assistive services** and/or *communication tools** in order to provide information which is understood by members of the group.

Accreditation Evidence Requirements for OO.ADM.2

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate *compliance** with the Administrative Operations – Community Relationships Standard.

Evidence Code	Related Criteria	Description of Evidence for Electronic Submission	Type of evidence
OO.ADM.2.01	a	Electronic copies of marketing materials and/or a marketing plan	Document
OO.ADM.2.02	All	One or more example that demonstrates efforts made to: - understand the demographic make-up of the community, including any underserved or marginalized populations; - efforts made to develop relationships with, and/or respond to, underserved or marginalized populations	Document
OO.ADM.2.03	c	Copy of *AODA** Policy	Document
OO.ADM.2.04	a, b	Description of the process and mechanisms used to create local awareness about the services offered by the hospice and develop relationships with the community	Narrative
OO.ADM.2.05	c	Description of the process used to ensure that materials, communications and interactions are responsive to the needs of specific groups who may be underserved or marginalized	Narrative
OO.ADM.2.06	c	Description of the process used to ensure materials, communications and interactions are compliant with *accessibility** legislation	Narrative
OO.ADM.2.07	c	Review a selection of staff records that were active within a selected one-year audit period to confirm that hospice personnel (staff and *volunteers**) have completed *AODA** training Target = 90% of files contain the required element	File Audit (Staff)

Module: Organizational Oversight
Section: Administrative Operations
Standard: Information Privacy

Standard OO.ADM.3 – Information Privacy

The organization abides by the legal and ethical responsibility to maintain the confidentiality and privacy of all personal information (PI) and personal health information (PHI) whether in written or electronic form, in accordance with current legislation, best practices, and professional standards.

Criteria

a. Employees, contracted *service providers**, *volunteers** and students/interns:
   i. Are informed of their responsibility to protect the security of *personal information (PI)**, *personal health information (PHI)** and confidential organizational information.
   ii. Receive education on *privacy** and *confidentiality** which is documented and reviewed/renewed annually.
   iii. Sign a *confidentiality** agreement upon initial engagement which is reviewed/renewed annually. This may be integrated within other documents/agreements that are signed.

b. Policies and procedures (P&Ps) are in place relating to the safety and security of *personal information (PI)** and *personal health information (PHI)** that align with current *privacy** legislation. At minimum, the P&Ps must address:
   i. *Confidentiality**
   ii. Breach of *confidentiality**
   iii. Collection, use, and disclosure
   iv. Storage, retention, and destruction

c. A *privacy** officer is appointed to manage and respond to any breaches of *confidentiality*.*

d. Stakeholders (*service recipients**, donors, employees, contracted *service providers**, *volunteers** and students/interns) are informed that they have a right to *access** their *personal information** or *personal health information**. In some circumstances, *access** may be refused as per current *privacy** legislation.

e. If personal or *personal health information** is stored electronically, the organization:
   i. Has received assurance that the vendor storing the information complies with relevant legislation.
   ii. Has appropriate insurance coverage.

f. If personal or *personal health information** is stored offsite (physical files), the organization:
   i. Has received assurance that the storage facility complies with relevant legislation.
   ii. Has appropriate insurance coverage.

Accreditation Requirements for OO.ADM.3

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Administrative Operations – Information Privacy Standard.

Evidence Code	Related Criteria	Description of Evidence for Electronic Submission	Type of Evidence
OO.ADM.3.01	a	Copy of *Confidentiality** Agreement template (blank) - that is signed by staff and *volunteers**	Document
OO.ADM.3.02	b	Copy of policies and procedures related to: - *Privacy** and *confidentiality** - Breach of *confidentiality** - Collection, use, and disclosure - Storage, retention, and destruction	Document
OO.ADM.3.03	b	Copy of template related to release of information to third party	Document
OO.ADM.3.04	c	Copy of *privacy** officer role description	Document
OO.ADM.3.05	d	Copy of *Admission Agreement / Service Agreement** template (blank) containing information on *confidentiality** and *privacy** including right to *access** information and consent for the collection, use, and disclosure of information	Document
OO.ADM.3.06	e	Evidence that organization has taken steps to understand how the vendor of electronic record storage complies with relevant legislation	Document
OO.ADM.3.07	f	Evidence that organization has taken steps to understand how the vendor of offsite storage complies with relevant legislation	Document
OO.ADM.3.08	a	Description of staff and *volunteer** education on information *privacy** and *confidentiality**	Narrative
OO.ADM.3.09	b	Description of how personal and *personal health information** is kept secure - both hard copy and electronic	Narrative
OO.ADM.3.10	b	Location where *privacy** policy can be *accessed**	Narrative
OO.ADM.3.11	c	Name of *privacy** officer, date they assumed this role, and education/training received to ensure they are prepared for this role	Narrative

Evidence Code	Related Criteria	Description of Evidence for Electronic Submission	Type of Evidence
OO.ADM.3.12	d	Description of how stakeholders are informed of their right to *access** their personal and *personal health information**	Narrative
OO.ADM.3.13	a	Review a selection of staff records that were active within a selected one-year audit period to confirm that a signed *confidentiality** agreement is in place where the employee acknowledges their ethical and legal responsibility to maintain the *confidentiality** and *privacy** of oral or written personal and *personal health information** of current and former *service recipients** Target = 90% of files contain the required element	File Audit (Staff)

Module: Organizational Oversight
Section: Quality Assurance
Standard: Quality improvement

Standard OO.QUA.1 – Quality improvement

The hospice engages in continuous quality improvement and has a clear process for receiving and analyzing feedback in order to evaluate and enhance performance.

Criteria

a. The staff team fosters an organizational culture that supports being open to feedback and striving for continuous improvement. Best practice and *evidence-based** approaches are utilized, wherever possible.
b. There is a strategy to monitor *quality improvement** processes in the organization, which includes a current Quality Improvement Plan (QIP) and regular reporting to the Board of Directors.
c. To identify potential areas for improvement, input is received through multiple sources (i.e. stakeholder feedback, *complaints** and compliments, *unusual incidents**) and there is a clear process to respond to input if warranted, analyze the input (which may include observing trends and patterns), and develop new processes if appropriate.

Accreditation Evidence Requirements for OO.QUA.1

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Quality Assurance – Quality Improvement Standard.

Evidence Code	Related Criteria	Description of Evidence for Electronic Submission	Type of Evidence
OO.QUA.1.01	b	Copy of most recent Quality Improvement Plan	Document
OO.QUA.1.02	c	Copy of policies and procedures related to: - Compliments and *complaints** - *Unusual incidents**	Document
OO.QUA.1.03	c	List of the indicators used to measure performance and monitor trends, with <u>results</u> for each indicator from selected 12-month audit period. At minimum, the list must include (but should not be limited to): - Number of compliments from *service recipients** and from staff or *volunteers** - Number of *complaints** from *service recipients** and from staff or *volunteers** - Number of *unusual incidents** (actual or potential harm) involving *service recipients** and involving staff or *volunteers** (actual or potential harm)	Document
OO.QUA.1.04	a	Describe the continuous *quality improvement** process in your organization, including how stakeholders are made aware of and may be included in the process	Narrative
OO.QUA.1.05	c	List the various sources used to receive input and describe the process for responding, analyzing, and developing new organizational processes if necessary (i.e. How do you respond to and learn from *complaints** and *unusual incidents**? If there are few *complaints**/*unusual incidents** to learn from, how do you seek out input from stakeholders about possible areas for improvement?)	Narrative
OO.QUA.1.06	c	Feedback results demonstrate that *service recipients**/*caregivers** are satisfied with care received Target: 80% report that they are satisfied from selected 12-month audit period (a minimum amount of feedback must be received when participating in the accreditation process)	*Service Recipient** Feedback (i.e. HPCO Hospice Metrics Client-Check In)

Module: Organizational Oversight
Section: Quality Assurance
Standard: Sector Awareness and Advancement

Standard OO.QUA.2 – Sector Awareness and Advancement

The organization engages in local, regional, and provincial efforts to increase awareness and support the advancement and sustainability of Hospice Palliative Care across the health care and community support sector.

Criteria

a. A communication strategy is in place that aligns with the current messaging of HPCO and highlights the value and impact of hospice services.
b. There are mechanisms in place (i.e. the HPCO Hospice Metrics platform) to capture and monitor statistics relating to the hospice program(s). Available data is used proactively to identify trends and patterns and to demonstrate successes, value and impact of hospice services to the wider community.
c. Relevant statistics are shared with HPCO to demonstrate active engagement in the sector and to support ongoing sector advancement.
d. The senior staff person of the hospice program(s) proactively seeks opportunities to collaborate and participate in relevant sector activities and discussions (i.e. *hospice palliative care**, community support services, health care system) locally, regionally, and provincially.

Accreditation Evidence Requirements for OO.QUA.2

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Quality Assurance – Sector Awareness and Advancement Standard.

Evidence Code	Related Criteria	Description of Evidence for Electronic Submission	Type of Evidence
OO.QUA.2.01	a	A copy of the organizations' communication strategy/plan	Document
OO.QUA.2.02	c	Copy of most recent statistics shared with HPCO during the most recently completed fiscal year (i.e. reports from the HPCO Hospice Metrics platform)	Document
OO.QUA.2.03	a	Description of how the hospice ensures that communication strategy aligns with the current messaging of HPCO (i.e. Executive Director participating in Interest Groups, professional development opportunities, etc.)	Narrative
OO.QUA.2.04	b	Description of the mechanisms used to capture and monitor statistics relating to the hospice program(s) and how the data is used	Narrative
OO.QUA.2.05	d	Description of how the senior staff person proactively seeks opportunities to collaborate and participate in relevant sector activities locally, regionally, and provincially (i.e. How do you stay up-to-date and involved? How do you reach beyond the walls of your hospice/office?) Examples: - Participating in local Ontario Health Team discussions - Participating in HPCO Interest Groups - Being aware of and familiar with system level documents (i.e. *HQO** Palliative Care Standard, OPCN Health Services Delivery Framework)	Narrative

Module: Organizational Oversight
Section: Quality Assurance
Standard: Research and Knowledge Exchange

Standard OO.QUA.3 – Research and Knowledge Exchange

The organization promotes and embraces opportunities to support research and engage in knowledge exchange. A clear process exists to guide the response to opportunities when they arise.

Criteria

a. There are policies and/or processes in place to receive, review and respond to research opportunities, including any requirements related to ethics approval and/or *privacy**.
b. There are policies and/or processes in place to receive, review and respond to student placement opportunities from a variety of educational programs.
c. There are policies and/or processes in place allowing staff to seek and accept opportunities for networking, professional development and knowledge exchange to further best practice. Such opportunities may include (but are not limited to):
    i. Presenting at conferences
    ii. Attending conferences
    iii. Participating in Interest Groups and/or Communities of Practice

Accreditation Evidence Requirements for OO.QUA.3

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Quality Assurance – Research and Knowledge Exchange Standard.

Evidence Code	Related Criteria	Description of Evidence for Electronic Submission	Type of Evidence
OO.QUA.3.01	a	Copy of policy/procedure related to receiving, reviewing and responding to research opportunities, including any requirements related to ethics approval and/or *privacy**	Document
OO.QUA.3.02	b	Copy of policy/procedure related to receiving, reviewing and responding to student placement opportunities	Document
OO.QUA.3.03	c	Copy of policy/procedure related to staff seeking and accepting opportunities for networking, professional development and knowledge exchange	Document
OO.QUA.3.04	a, b, c	Describe how your organization promotes and embraces opportunities to support research and engage in knowledge exchange	Narrative

Glossary and Resource List

An asterisk (*) beside a term in this document indicates that the term is defined in HPCO's Standards and Accreditation Glossary, which is available as part of the overall HPCO Hospice Standards and Accreditation package. A list of resources is also available within that document.

Hospice Standards

Module 2 – Volunteer Management (VM)

June 2020

Hospice Palliative Care Ontario is grateful to the Mount Pleasant Group for generously supporting the development of Hospice Standards and HPCO's Centre of Excellence for Hospice Care. This support has allowed HPCO to create 12 hospice standards, a comprehensive accreditation framework, and other tools and resources supporting hospices throughout Ontario in providing high quality, compassionate care.

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Table of Contents

Foreword

The Hospice Volunteer Management Standard is a product of Hospice Palliative Care Ontario. It is situated within a larger Standards framework that is outlined on the following page of this document.

This section of the HPCO Hospice Standards was developed by an expert panel of individuals with relevant experience in the hospice volunteer management sector. The expert panel was convened in January 2018. Two rounds of sector consultation occurred, first in June 2018 and again in March 2019.

HPCO is committed to engaging in a multi-perspective approach by consulting representatives from across the province in the development and/or revision of the HPCO Hospice Standards. We strive to ensure that our panels and contributors represent the diverse opinions from all relevant stakeholders, with consideration to the wide variety of geography, organizational size, and professional backgrounds within our member hospices.

Acknowledgements

The development of the Hospice Volunteer Management standard was a team effort. The expertise of our members and their dedication to quality hospice palliative care made this work possible. HPCO acknowledges and thanks the following individuals for their extensive contributions to this document:

Amanda Maragos, Philip Aziz Centre / Emily's House
Annalise Stenekes, Hospice Palliative Care Ontario (Facilitator)
Betty Ann Rutledge, Scarborough Centre for Healthy Communities
Jennifer Lockyer, Hospice Care Ottawa
Katherine Stewart, Hospice Simcoe
Kimberly Hughes, McNally House Hospice
Lisa Rae, Circle of Care
Stephanie Bruck, Carpenter Hospice

In addition to the individuals listed above, feedback on the first draft was received from selected respondents (n=33) via online survey (which *confidentiality** agreements prevent their disclosure). Furthermore, additional feedback on the second draft was received from individuals/groups (n=29) via email submission.

Finally, thank you to the authors, contributors and reviewers of the previously published HPCO Standard documents, including Visiting Hospice (1999, 2014) and Residential Hospice (2005, 2012) whose invaluable contributions have laid the foundations for much of this work.

Introduction

Scope and Purpose of HPCO Hospice Standards

Hospice standards set the minimum required expectations that differentiate the operations, work, and philosophy of hospice-based services from other community support services.

HPCO Hospice Standards have been developed and revised in consultation with member hospices and are based on best practices and evidence from literature. Whenever applicable, every attempt is made to ensure that these standards also align with the governing legislation and national models of care such as the *CHPCA Norms of Practice**, as well as other provincial documents such as the *Health Quality Ontario (HQO)** Quality Standard for Palliative Care[1] and the Ontario Palliative Care Network (OPCN) Health Services Delivery Framework[2].

The HPCO Hospice Standards act as a guide to organizations with existing hospice services, as well as organizations that are considering developing such services. Additional resources may be available for any parties interested in specific hospice services – please contact HPCO for more information.

Framework of the Standards

This document was developed as part of a larger volume of work. This **Volunteer Management** Standard is situated within the context of the larger HPCO Hospice Standards framework.

Module 1: Organizational Oversight (OO)

- Governance
- Administrative Operations
- Quality Assurance

Module 2: Volunteer Management (VM)

- **Foundations**
- **Engagement**
- **Stewardship**

Module 3: Service Standards (SS)

- Day Hospice
- Visiting Hospice
- Hospice Residence
- Grief and Bereavement Support
- Spiritual Care
- Complementary Therapy

Section 4: Resource List and Glossary

- One glossary for the entire HPCO Standards & Accreditation package, available as a separate document

[1] https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Palliative-Care
[2] https://www.ontariopalliativecarenetwork.ca/en/healthservicesdeliveryframework

Timeline of Standard Development and the Accreditation Process

This Volunteer Management Standard was first published in 2019 after undergoing a public consultation process. The current document has undergone a format edit for style and consistency purposes and any changes are immaterial to Accreditation requirements for this edition of the Standards.

When Standards are established or revised, they must be in place for a minimum of one year before the Standards can be assessed as Accreditation requirements for the hospice service.

Information about HPCO's Accreditation Program is available at www.hpco.ca/accreditation

Environmental Factors

The development of provincial standards for hospice services takes place in a continuously evolving health care climate and a diverse network of organizations, each with their own respective care delivery system and availability of resources. The purpose of the HPCO Hospice Standards is to have clear and consistent quality standards that are applicable to organizations in a range of hospice settings.

Existing Standards are updated every 3-5 years to ensure that they remain current, complete and consistent with emerging best practices.

Glossary

An asterisk (*) beside a term in this document indicates that the term is defined in HPCO's Standards and Accreditation Glossary, which is available as a separate document within the HPCO Hospice Standards package.

Definitions

Hospice *Updated March 2020*

The overall concept of ***Hospice Palliative Care**** is well-defined in *CHPCA's A Model to Guide Hospice Palliative Care**. But what exactly is a "hospice" in Ontario?

A **hospice** is a charitable organization that plays a vital role in the health and social care system and works collaboratively with a variety of partners to serve its community. Hospice services are provided to children, adults, and seniors; some organizations may specialize in serving a specific population.

The goal of hospice care is to enhance the quality of life of individuals living with a progressive, *life-threatening illness** and the well-being of anyone that is impacted by the person's illness or death (*caregivers**, family members, and friends). *Volunteers** (both direct service and indirect service) and staff play an integral role in achieving that goal.

A hospice may be a standalone organization, or a program offered by a multi-service organization. Hospice services vary based on local community needs and are provided in a variety of settings – including where the individual lives or in a *homelike** location. A hospice offers one or more services such as:

- Caregiver & Family Support
- Chronic Disease Management
- **In-Home Hospice (Visiting)**
- **Complementary Therapies**
- Day Programs / **Day Hospice**
- Education
- **End-of-Life Care** within a **Hospice Residence** or *homelike** setting
- **Grief & Bereavement Support**
- Interdisciplinary Community Palliative Care Teams
- Navigation Support
- Pain & Symptom Management Consultation
- Pain Clinics
- Psychosocial *&* **Spiritual Care**
- Respite *&* Symptom Management
- Transitional Care
- Wellness Programs

Each service type marked in **bold** is defined separately in the Hospice Palliative Care Ontario (HPCO) Hospice Standards. The remaining examples will be defined when standards are developed for that particular service type.

Hospice services are provided at no cost to the *service recipient**. A hospice may be partially funded by the Ministry of Health as well as charitable donations, fundraising and other fund development opportunities. All hospices must comply with relevant provincial and federal legislation and regulations including those governing registered charities and community support services.

Hospice Volunteers

A *volunteer** is a person who freely gives their time, energy and skills for community benefit, without monetary compensation[3]. *Volunteers** receive specialized training for their role and commit to a mutually established amount of time based on the nature of their role.

A hospice *volunteer** is a person who has been screened and trained for a defined *volunteer** role that supports the overall mission and vision of a hospice (see definition of hospice above).

Hospice *volunteers** are an integral part of the collaborative, interdisciplinary *Hospice Palliative Care** Team which aims to meet the overall care needs of the people served by their hospice program.

Hospice *volunteers** are involved in all areas of the organization through **direct service** roles and/or **indirect service** roles.

Direct Service Hospice Volunteers

"Direct service" describes a *volunteer** role where direct contact with a *service recipient** is required and/or the scope of the service being provided is defined within the *care plan**. If the purpose of the *volunteer** role is based on meeting the *service recipient's** *goals of care**, this meets the definition of providing direct service.

Direct service hospice *volunteers** have significant and sustained contact with hospice *service recipients** and/or their family and friends.

This may include *volunteers** in the following service types:

- Caregiver Support
- Children's Support
- *Complementary Therapy**
- Day Hospice
- Grief and Bereavement Support
- Resident Care
- Spiritual Care
- Transportation
- Visiting Hospice (in-home)
- Wellness

Indirect Service Hospice Volunteers

"Indirect service" describes a *volunteer** role where the main purpose is supporting the overall organizational function. The specific activities of an indirect service *volunteer** are usually not defined within an individual *service recipient's** *care plan**.

[3] *Canadian Code for Volunteer Involvement* https://volunteer.ca/vdemo/ResearchAndResources_DOCS/Volunteer_Canada_Canadian_Code_for_Volunteer_Involvement_2017.pdf

Indirect service hospice *volunteers** have limited or no contact with hospice clients (residents) and their family and/or friends.

This includes *volunteers** in the following roles:

- Administrative support
- Board of Directors / Committees
- Community outreach (public speaking)
- Fundraising
- Hospice Residence kitchen (Hospitality and Food Services)[4]
- Hospice Residence reception[5]
- Maintenance
- Special events

[4] *Depending on the nature of the role within individual hospices, this role may be considered direct service.*
[5] *Depending on the nature of the role within individual hospices, this role may be considered direct service.*

Module: Volunteer Management
Section: Foundations
Standard: Defining the Volunteer Role

Standard VM.FDN.1 – Defining the Volunteer Role

Volunteer roles are defined (including scope of role) and assessed for risk to establish screening and training requirements.

Note: This section refers to the resources and processes that must be in place before anyone can be invited to do volunteer work for the organization.*

Criteria

a) Each *volunteer** role relates to the mission or purpose of the organization and provides an opportunity for *volunteers** to be involved in meaningful ways that reflect their abilities, needs, and backgrounds.[6]

b) A position description exists for each *volunteer** role that defines:
   i. The title of the role
   ii. The scope of the role (including boundaries/limitations)
   iii. Tasks / responsibilities / duties
   iv. *Screening** requirements (including *Police Vulnerable Sector Check**, *health clearance**, etc.)
   v. Training requirements and outline of how training is obtained
   vi. Previous skills, experiences and/or qualifications required
   vii. Estimated time commitment
   viii. *Confidentiality** and *Privacy of Personal Health Information**

   Additional information on the position description may include supports available, benefits of participating, and contact information of supervisor.

c) A process exists to review each position description; best practice is to review the position descriptions annually. The review includes a *risk assessment**[7] and ensures that the position description reflects the current requirements and responsibilities of the role. The original date and most recent review/revision date must be included on the document.

d) Once a *volunteer** candidate becomes an active *volunteer**, the hospice retains written confirmation that the *volunteer** has received, read and understood the position description for the role(s) they are undertaking.

[6] Canadian Code for Volunteer Involvement
https://volunteer.ca/vdemo/ResearchAndResources_DOCS/Volunteer_Canada_Canadian_Code_for_Volunteer_Involvement_2017.pdf

[7] Volunteer Canada - 10 steps of screening
https://volunteer.ca/vdemo/researchandresources_docs/10%20Steps%20of%20Screening%20Brochure.pdf

Accreditation Evidence Requirements for VM.FDN.1

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Foundations – Defining the Volunteer Role Standard.

2014 code	2019 code	Description of Evidence for Electronic Submission	Type of Evidence
n/a	VM.FDN.1.01	Copy of position description for each *volunteer** role in the organization.	Document
n/a	VM.FDN.1.02	Description of the process used to review each position description.	Narrative

Module: Volunteer Management
Section: Foundations
Standard: Meeting Administrative Requirements

Standard VM.FDN.2 – Meeting Administrative Requirements

Appropriate resources are in place to ensure that the hospice meets its obligations with respect to volunteer management.

Note: This section refers to the resources and processes that must be in place before anyone can be invited to do volunteer work for the organization.*

Criteria

a) The organization has at least one clearly designated individual with appropriate experience, skills, or qualifications who is responsible for *volunteer** management – including administration, onboarding, and stewardship. It is best practice to have a paid staff position for this role, but, in some circumstances, an experienced *volunteer** who has received training/education in *volunteer** management may be utilized.
b) A system is in place to ensure that a personnel record exists for each ongoing *volunteer**. For casual / one-time *volunteers**, the hospice determines an appropriate documentation process.
c) All *volunteer** records, electronic and/or paper, are maintained in accordance with applicable laws and regulations. *Volunteer** *personal information** is treated like any other personnel file and kept confidential and secure in accordance with all applicable laws.
d) The *volunteer** file must include, at minimum:
    i. Documentation of *screening** process (see VM.ENG.01)
    ii. Documentation of training topics completed and date of completion. This includes initial hospice *volunteer** training, mandatory training (i.e. *AODA**) and any ongoing education. (see VM.FDN.03 and VM.ENG.02)
    iii. Written confirmation that the *volunteer** has received, read and understood the position description for the role(s) they are undertaking
    iv. Evidence of ongoing support and *supervision** by hospice staff or designated representative (see VM.STW.03)
    v. Written acknowledgement that the *volunteer** has read all relevant policies, procedures and/or written code of conduct and agrees to abide by them
    vi. Signed *confidentiality** agreement upon initial engagement acknowledging ethical and legal responsibility to maintain *confidentiality** and *privacy** of information of current and former *service recipients**, and evidence that *volunteer** is reminded annually of their agreement to maintain *confidentiality**.
    vii. The outcome of the *Police Records Check** or *Police Vulnerable Sector Check** process, if applicable. This means recording that the PRC or PVSC was completed, discussed, and the *volunteer** candidate was approved (or not approved) to move forward in the *screening**/training process (see VM.FDN.03 and VM.ENG.01).

Accreditation Evidence Requirements for VM.FDN.2

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Foundations – Meeting Administrative Requirements Standard.

2014 code	2018 code	Description of Evidence for Electronic Submission	Type of Evidence
-	VM.FDN.2.01	Copy of position description of the individual responsible for *volunteer** management	Document
J1.1.j (iii)		Review a selection of records for *volunteers** that were active within a selected one-year audit period to confirm that *volunteer** record contains:	File Audit
	VM.FDN.2.02	i. Documentation of *screening** process (see VM.ENG.01)	
	VM.FDN.2.03	ii. Documentation of training topics completed and date of completion. This includes initial hospice *volunteer** training, mandatory training (i.e. *AODA**) and any ongoing education (see VM.ENG.02)	
	VM.FDN.2.04	iii. Confirmation that the *volunteer** has received, read and understood the position description for the role(s) they are undertaking.	
	VM.FDN.2.05	iv. Evidence of ongoing support and *supervision** by hospice staff or designated representative (see VM.STW.03)	
	VM.FDN.2.06	v. Written acknowledgement that the *volunteer** has read all relevant policies, procedures and/or written code of conduct and agrees to abide by them	
	VM.FDN.2.07	vi. Signed *confidentiality** agreement upon initial engagement acknowledging ethical and legal responsibility to maintain *confidentiality** and *privacy** of information of current and former *service recipients**, and evidence that *volunteer** is reminded annually of their agreement to maintain *confidentiality**.	
	VM.FDN.2.08	vii. The outcome of the *Police Records Check** or *Police Vulnerable Sector Check** process, if applicable. This means recording that the PRC or PVSC was completed, discussed, and the *volunteer** candidate was approved (or not approved) to move forward in the *screening**/training process.	
		viii. copy of position description for *volunteer's** current role(s)	
		(File Audit; Target 100%)	

Module: Volunteer Management
Section: Foundations
Standard: Minimizing and Mitigating Risk

Standard VM.FDN.3 – Minimizing and Mitigating Risk

Policies and procedures are in place to address the risk associated with volunteer activities and safe limits are in place to address such risks.

Note: This section refers to the resources and processes that must be in place before anyone can be invited to do volunteer work for the organization.*

Criteria

a) The hospice staff member (or experienced *volunteer**) responsible for *volunteer** management is aware of how the hospice mitigates risk associated with *volunteer** activities and is able to respond to inquiries about this. This includes understanding what insurance coverage is in place and to what extent it does or does not address *volunteer** activities.

b) The hospice has written policies, procedures and/or a code of conduct related to the *volunteer** role specifically addressing the following topics:

Topic	Additional Information
i. Acceptance of gifts/gratuities	
ii. *Access** and *Equity**	
iii. Anti-Abuse / Anti-Harassment	
iv. Client's Rights and Responsibilities	
v. Communication between hospice and *volunteer**	This should address the responsibilities of both the hospice staff and the *volunteer** with respect to communication.
vi. *Complaints** and Concerns	
vii. *Complementary Therapies**	This should address whether *volunteers** are permitted to offer *complementary therapies** as part of their role (if applicable). Which *volunteers** can provide *complementary therapy** as part of their role and what is the scope?
viii. *Confidentiality** and *Privacy of Personal Health Information** and *Access** to *Personal Health Information** of *service recipient**	This should address how the *volunteer**: • Receives information pertinent to their role • Receives education related to maintaining *privacy** of *personal health information** of the *service recipient** • Signs a *confidentiality** agreement upon initial engagement • Is reminded annually of their agreement to maintain *confidentiality** • Understands how to minimize potential for a breach • Receives education about use of social media in relation to their *volunteer** role • Receives education about use of photography in relation to their *volunteer** role

Topic	Additional Information
ix. *Conflict of Interest** (i.e. personal monetary benefit, self- promotion etc.)	
x. Conflict Resolution	
xi. *Controlled Acts**	Regardless of *professional designation**, *volunteers** in the hospice service will not engage in "*controlled acts*"* nor accept delegation of a controlled act from a nurse, including: • Prescribing, dispensing, selling or compounding a drug as defined in the Drug and Pharmacies Regulation Act • Administering a substance by injection or inhalation (e.g. initiating oxygen use, adjusting oxygen level) • Putting an instrument, hand or finger into an artificial opening in the body (e.g. suctioning, tube feeding) Regulated Health Professions Act, 1991, s. 27.(2)
xii. Driving / Transportation	
xiii. Emergency Preparedness	This should address response to emergency situations including Fire Safety, Extreme Weather, Evacuation, Human Health Emergency (e.g. Flu, SARS, etc.)
xiv. Environmental Sensitivities including scented products and other allergies	
xv. Ethical Considerations	This should address response to inquiries about *MAID** and other ethical issues.
xvi. *Health and Safety**	This should address the role of the *Health and Safety** Committee and policy in protecting all workers, including *volunteers**.
xvii. Incident and Occurrence Reporting / Reporting of *unusual incidents**	
xviii. *Infection Prevention and Control** which includes information regarding:	• Vaccination • *Health Clearance** (see also VM.ENG.1) • Personal Protective Equipment • Infection Control Procedure (Hand Hygiene)
xix. *Police Records Checks**(PRC) and *Police Vulnerable Sector Checks* (PVSC)* (see also VM.ENG.01)	The hospice must establish *screening** requirements for each *volunteer** role and outline the specifics of how PRC/PVSC is used. This includes: • Which *volunteer** roles require a PRC or PVSC • Who is responsible for submitting the PRC or PVSC form to the police detachment • Who is responsible for payment or initial PVSC and Fingerprinting if necessary • How long the PRC or PVSC will be valid • How often the PRC or PVSC should be renewed and whether an annual *Offence Declaration** may be used in lieu of a PRC or PVSC renewal

Topic	Additional Information
	• What is retained in the *volunteer's** file. The organization does not keep the actual records check. It belongs to the *volunteer**. Should a hospice keep a copy of the PCR on file they would need the *volunteer's** consent. Alternately, organizations should have a declaration form in the *volunteer** candidate's file indicating that the check has been completed, that it is within the date range that the organization requires a PRC or PVSC to be completed, and that the *volunteer** was / was not approved for their *volunteer** role.
xx. *Police Records Checks** and *Police Vulnerable Sector Checks** – Response to Positive Results (see also VM.ENG.01)	• A decision is made on a case by case basis considering the identified occupational requirements of the position the *volunteer** is seeking. • If the staff member (or senior *volunteer**) responsible for *volunteer** management and support is uncertain about the application of this policy, they will discuss its contents with the most senior staff person in the organization (or the board) who will make the final decision.
xxi. *Professional designation** / use of professional skills in *volunteer** role	• *Volunteers** who are part of a *regulated profession** in their personal/professional life (i.e. Physicians, Nurses, Social Workers, Lawyers, Accountants, etc.) or have a background in healthcare work (PSW, etc.) are not permitted to use these specialized professional skills as part of their *volunteer** position unless they were recruited for a specific opportunity requiring those skills and relevant role requirements have been met.
xxii. Progressive discipline and grounds for termination	
xxiii. Response to physical care needs	• Lifts & transfers • Toileting • Emptying urine bag • Use of medical equipment and assistive devices (e.g. Hoyer lifts)
xxiv. Response to unexpected change in *service recipient's** condition (including unexpected death of client)	This should address the *volunteer's** role should an unexpected change occur while they are present with the *service recipient**.
xxv. *Risk Management**	This should address the role of the hospice with respect to identification, prevention and reduction of risk.
xxvi. *Screening** Requirements (see also VM.ENG.01)	This should address all elements of the *screening** process, including who can provide references to vouch for the *volunteer** candidate.

Topic	Additional Information
xxvii. Training Requirements (see also VM.ENG.02)	The hospice must establish training requirements for each *volunteer** role. Examples of training requirements include: • Emergency Preparedness • *FNIM – First Nations, Inuit and Metis** • Health & Safety Awareness in the workplace • *HPCO Hospice Volunteer Training** • Relevant modules within core curriculum • Specialized curriculum for specific roles (Grief & Bereavement, Pediatrics, Diverse populations, etc.) • Food Handler certification and/or training • WHMIS • Other training in compliance with government requirements (i.e. *AODA**, Bill 168, Bill 132)
xxviii. Use of hospice resources and assets	• Funds • Information systems and electronic networks • Property • Records
xxix. Use of cell phone	• With hospice *service recipients** • While on *volunteer** duty

Accreditation Evidence Requirements for VM.FDN.3

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Foundations – Minimizing and Mitigating Risk Standard.

2014 code	2018 code	Description of Evidence for Electronic Submission	Type of Evidence
J3.1.b (iii)		Copy of, or reference to, written material (policies, procedures and/or a code of conduct) addressing the 29 specific topics listed in VM.FDN.3.b (items I thru xxix)	
	VM.FDN.3.01	Acceptance of gifts/gratuities	Document
	VM.FDN.3.02	*Access** and *Equity**	Document
	VM.FDN.3.03	Anti-Abuse / Anti-Harassment	Document
	VM.FDN.3.04	Client's Rights and Responsibilities	Document
	VM.FDN.3.05	Communication between hospice and *volunteer**	Document
	VM.FDN.3.06	*Complaints** and Concerns	Document
	VM.FDN.3.07	*Complementary Therapies**	Document
	VM.FDN.3.08	*Confidentiality** and *Privacy** of *Personal Health Information** and *Access** to *Personal Health Information** of *service recipient**	Document
	VM.FDN.3.09	*Conflict of Interest** (i.e. personal monetary benefit, self-promotion etc.)	Document
	VM.FDN.3.10	Conflict Resolution	Document
	VM.FDN.3.11	*Controlled Acts**	Document
	VM.FDN.3.12	Driving / Transportation	Document
	VM.FDN.3.13	Emergency Preparedness	Document
	VM.FDN.3.14	Environmental Sensitivities including scented products and other allergies	Document
	VM.FDN.3.15	Ethical Considerations	Document
	VM.FDN.3.16	*Health and Safety**	Document
	VM.FDN.3.17	Incident and Occurrence Reporting / Reporting of *unusual incidents**	Document
	VM.FDN.3.18	*Infection Prevention and Control**	Document
	VM.FDN.3.19	*Police Records Checks**(PRC) and *Police Vulnerable Sector Checks** (PVSC)*(see also VM.ENG.01)	Document
	VM.FDN.3.20	*Police Records Checks** and *Police Vulnerable Sector Checks** – Response to Positive Results (see also VM.ENG.01)	Document

2014 code	2018 code	Description of Evidence for Electronic Submission	Type of Evidence
	VM.FDN.3.21	*Professional designation** / use of professional skills in *volunteer** role	Document
	VM.FDN.3.22	Progressive discipline and grounds for termination	Document
	VM.FDN.3.23	Response to physical care needs	Document
	VM.FDN.3.24	Response to unexpected change in *service recipient's** condition (including unexpected death of client)	Document
	VM.FDN.3.25	*Risk Management**	Document
	VM.FDN.3.26	*Screening** Requirements (see also VM.ENG.01)	Document
	VM.FDN.3.27	Training Requirements (see also VM.ENG.02)	Document
	VM.FDN.3.28	Use of hospice resources and assets	Document
	VM.FDN.3.29	Use of cell phone	Document
	VM.FDN.3.30	Description of the process used to mitigate risk associated with *volunteer** activities and to ensure that the individual responsible for *volunteer** management is able to respond to inquiries about this. This includes understanding what insurance coverage is in place and to what extent it does or does not address *volunteer** activities.	Narrative
J3.1.c (v)	VM.FDN.3.31	Copy of Table of Contents from *volunteer** management policy manual or a list of all approved policies with respect to *volunteer** management including policy number and date approved.	Document

Module: Volunteer Management
Section: Foundations
Standard: Striving for Equity and Diversity

Standard VM.FDN.4 – Striving for Equity and Diversity

Recruitment aims to attract volunteer candidates who reflect the wide diversity of people within the hospice service area.

Note: This section refers to the resources and processes that must be in place before anyone can be invited to do volunteer work for the organization.*

Criteria

a) The hospice strives for *equity** in its *volunteer** programming. This may include educational opportunities provided to staff and *volunteers** related to *equity**.
b) *Volunteer** recruitment incorporates strategies to reach out to and involve a diverse *volunteer** base (i.e. language, faith, culture, socio-economic status, *gender (identity or expression)**, race, etc.).
c) The hospice engages in a periodic analysis as part the continuous *quality improvement** process to determine if the current *volunteer** base reflects the demographics of the catchment area served by the hospice programs.
d) The hospice engages in a *quality improvement** process related to diversity and *equity** within the *volunteer** program. This may include ensuring that:
    - Reference to values of respecting diversity and striving for *equity/inclusion** is captured in a variety of ways. For example, this could be captured in mission/vision/values statement, on website, and in *volunteer** recruitment/advertising material.
    - There is a process to review and update current recruitment strategies to ensure that they are effective.
    - Language used on recruitment notices is inclusive.
    - The current *screening** tools (i.e. application form, interview format) allow for tracking of demographics to allow for appropriate service[8].
e) *Volunteer** recruitment is performed in an equitable, open, transparent and consistent manner (i.e. *screening** tools are consistent, recruitment criteria are clear, etc.).

[8] If you have a rationale that is tied to the responsibilities of the volunteer role, the organization is permitted to ask for demographic information when recruiting. The key considerations include:

1. Is this information necessary for the role to be completed effectively?
2. Are there accommodations/training that could be provided to support applicants?
3. Is it clear to applicants why this information is being collected and what will be done with it?
4. Do we have our rationale documented anywhere? And is a review process needed?

(Alton, D. "Re: Language Question." Message to Annalise Stenekes. 5 June 2019. Email.)

For more information, please consult:
CCVI Portal https://www.volunteertoronto.ca/page/CCVIHome
FAQ sheet https://www.volunteertoronto.ca/page/SectorQA
Resource Library https://www.volunteertoronto.ca/page/ManagementResources

Accreditation Evidence Requirements for VM.FDN.4

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Foundations – Striving for Equity and Diversity Standard.

2014 code	2018 code	Description of Evidence for Electronic Submission	Type of Evidence
-	VM.FDN.4.01	Description of how the hospice strives for *equity** in its *volunteer** programming. This may include educational opportunities provided to staff and *volunteers** related to *equity**.	Narrative
-	VM.FDN.4.02	Description of the process used to engage in periodic analysis as part the continuous *quality improvement** process to determine if the current *volunteer** base reflects the demographics of the catchment area served by the hospice programs.	Narrative

Module: Volunteer Management
Section: Engagement
Standard: Screening Volunteer Applicants

Standard VM.ENG.1 – Screening Volunteer Applicants

The hospice ensures that each volunteer candidate is well suited for their role by conducting a pre-assignment screening process prior to the volunteer beginning their duties. Screening requirements are relevant to the role and the level of risk.

Note: This section refers to the process of preparing a volunteer candidate for their role (onboarding).*

Criteria

a) The organization has appropriate *screening** processes for *volunteers** in alignment with current best practice (see resource list for more information). The goal of the mutual *screening** process is to ensure there is a good fit between the needs of the hospice and what the *volunteer** is looking for in a *volunteer** opportunity. Each element of the pre-assignment *screening** process is documented in the *volunteer's** personnel record.

b) *Volunteer** candidates submit a formal application and complete an interview with the hospice staff member (or experienced *volunteer**) responsible for *volunteer** management and support, ideally before training begins. For each *volunteer**, the interview will attempt to determine their: skills/qualifications, reasons for volunteering, expectations from assignment, availability, suitability for a specific position, and commitment to the role.

c) A minimum of two *Personal Reference Checks**, either by telephone or written, are completed for each *volunteer** candidate. The reference is a recommendation from a person who can vouch for the candidate's qualifications for the role.[9]

d) Observation during the training program (both in-person and online) forms a portion of the initial *screening** process.

e) The hospice must establish a *health clearance** policy to assess and mitigate any risk posed by direct-service hospice *volunteers** performing their duties within regulated environments (hospital, *long-term care**). The policy should address, at minimum, tuberculosis (TB 2 step test), immunization and other relevant blood work. It is recommended that the hospice consult with the local Public Health Unit to determine what *health screening** measures are necessary for direct-

[9] References need to be checked in accordance with the requirements of the position or assignment and in compliance with relevant legislation including human rights, protection of privacy, and access to information. The standing of regulated professionals should be verified. Tips for Checking References: identify yourself and the organization, describe the position/assignment, define the level of vulnerability of the participants, outline the required qualifications, ask open-ended questions, record responses, always check more than one reference.
Retrieved from https://volunteer.ca/vdemo/researchandresources_docs/2012%20Edition%20of%20the%20Screening%20Handbook.pdf

service *volunteers**. The hospice may opt for "no *health clearance** required" policy but must be able to explain this decision and demonstrate due diligence.

f) A *Police Vulnerable Sector Check (PVSC)** is required for direct-service *volunteer** roles where frequent and/or sustained contact with hospice *service recipients** (clients, residents, participants) is required or probable. Each *volunteer** whose role requires a PVSC must comply with hospice requirements to renew the PVSC at certain intervals. In lieu of completing the PVSC again, the hospice may accept an annual *Offence Declaration** in which the *volunteer** declares if he/she has been convicted of any offences since the PVSC was last completed.[10]

g) A post-training check-in / mentoring process is in place for *volunteer** candidates when they have completed their training program, to evaluate whether the *volunteer** is suitable for, prepared for and fully understands, the *volunteer** role before beginning their duties.

h) *Screening** of *volunteers** continues after the *volunteer** begins their duties, for the duration of their involvement with the hospice. Ongoing stewardship activities (see section VM.STW of the Hospice Standards) support the continued *screening** of *volunteers**.

[10] For more information please visit https://www.ottawapolice.ca/en/contact-us/Types-of-Records-Checks.asp

Accreditation Evidence Requirements for VM.ENG.1

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Engagement – Screening Volunteer Applicants Standard.

2014 code	2018 code	Description of Evidence for Electronic Submission	Type of Evidence
J1.1.g (i)	VM.ENG.1.01	Copy of *health clearance** policy (or other organizational documentation) demonstrating that any risk posed by direct-service hospice *volunteers** performing their duties within regulated environments (hospital, *long-term care**) has been assessed and mitigated. The policy/documentation should address, at minimum, tuberculosis (TB 2 step test), immunization and other relevant blood work. It is recommended that the hospice consult with the local Public Health Unit to determine what *health screening** measures are necessary for direct-service *volunteers**. The hospice may opt for "no *health clearance** required" policy but must be able to explain this decision and demonstrate due diligence.	Document
J1.1.j (iii)	VM.ENG.1.02 VM.ENG.1.03 VM.ENG.1.04	Review a selection of records for *volunteers** that were active within a selected one-year audit period to confirm that *volunteer** record contains: i. Completed application form ii. Completed interview notes iii. Two completed *personal reference check** forms	File Audit
J1.1.j (iv)	VM.ENG.1.05	Copy of application form / template	Document
J1.1.j (iv)	VM.ENG.1.06	Copy of interview notes form / template	Document
J1.1.j (iv)	VM.ENG.1.07	Copy of *personal reference check** form / template	Document
J1.1.j (iv)	VM.ENG.1.08	Copy of *screening** and training checklist form / template	Document
J1.1.j (iv)	VM.ENG.1.09	Copy of Offense Declaration form / template (if used)	Document

Module: Volunteer Management
Section: Engagement
Standard: Training Volunteer Applicants

Standard VM.ENG.2 – Training Volunteer Applicants

The hospice ensures that each volunteer candidate is prepared for their role by providing appropriate training prior to the volunteer beginning their duties. Training requirements are relevant to the role and the level of risk, and the training program includes orientation to the scope of the role and its limitations.

Note: This section refers to the process of preparing a volunteer candidate for their role (onboarding).*

Criteria

a) Each *volunteer** candidate receives appropriate orientation to the organization and their role. This includes relevant organizational policies and information about the scope of their role and its limitations. The orientation is documented in the *volunteer's** record.
b) Each *volunteer** candidate completes a training program that is relevant to the role(s) they are undertaking and is consistent with the *HPCO Hospice Volunteer Training Curriculum**. Training and *competency** requirements vary depending on the role and the level of risk. *Minimum training requirements** for the most common direct and indirect service *volunteer** roles are outlined in Appendix A.
c) Each *volunteer** candidate completes their full training program prior to receipt of training certificate and prior to beginning their *volunteer** duties.
d) The hospice determines whether the training program is offered through in-person sessions, online modules or a combination of both. The hospice monitors when the *volunteer** has completed their full training program and issues the training certificate.
e) The training is documented in the *volunteer's** record, including the date when each topic was completed.
f) Additional training is provided to *volunteers** in roles requiring specialty training. Examples may include children's support, *bereavement** support and spiritual care (beyond general training on these topics), disease specific services, support for other vulnerable populations, food safety handling and/or first aid.
g) *Volunteers** receive course materials (such as a manual, reading list, handouts, and other resources) to support their continued learning after the initial training program is complete.
h) The training and orientation include information about any reporting requirements that *volunteers** must meet as part of their role.
i) *Volunteers** are invited to evaluate the training and orientation for *quality improvement** purposes.

Accreditation Evidence Requirements for VM.ENG.2

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Engagement – Training Volunteer Applicants Standard.

2014 code	2018 code	Description of Evidence for Electronic Submission	Type of Evidence
J3.1.a (i)	VM.ENG.2.01	Describe process used to ensure *volunteer** candidates are familiar with relevant organizational policies and information about the scope of their role and its limitations. For example, how, when and by whom is this information shared with the *volunteers**? How is their understanding of the material evaluated?	Narrative
J3.1.a (ii)	VM.ENG.2.02	Feedback mechanism shows that *volunteers** report they were informed of the scope of their role and its limitations (Target 80%)	Feedback
J2.1.a (i)	VM.ENG.2.03	Description of the process used to deliver training to *volunteer** candidates to prepare them for their role (i.e. what modules are offered, how often training is made available, in what format it is delivered, who delivers the modules & where, who else is able to attend the modules, how training for long-term *volunteers** is managed, how accommodation for special needs can be/is accomplished, etc.)	Narrative
J2.1.a (ii)	VM.ENG.2.04	Review a selection of records for *volunteers** that were active within a selected one-year audit period to confirm that the *volunteer** has received training that meets HPCO's requirements* prior to the *volunteer** beginning their duties (Target 100%)	File Audit
J2.1.a (ii)	VM.ENG.2.05	Feedback mechanism shows that *volunteers** feel the initial training program adequately prepared them for their role. (Target 80%)	Feedback
J2.1.b (iv)	VM.ENG.2.06	Description of the process used to train *volunteers** for any specialty programs offered.	Narrative
J2.1.e (v)	VM.ENG.2.07	List of course materials provided to *volunteer** candidate to support their continued learning after the initial training program is complete.	Narrative
-	VM.ENG.2.08	Description of the reporting requirements that *volunteers** must meet as part of their role, and the process used to inform them of these requirements.	Narrative
-	VM.ENG.2.09	Copy of evaluation format that *volunteers** use to provide feedback about the training and orientation.	Document

Module: Volunteer Management
Section: Stewardship
Standard: Valuing the Contribution of Volunteers

Standard VM.STW.1 – Valuing the Contribution of Volunteers

Volunteers (both direct service and indirect service) play an integral role in achieving the mission and vision of the hospice. The hospice invests in effective relationships to ensure that each volunteer feels valued.

Note: This section refers to the relationship building that is needed to ensure volunteer well-being and satisfaction.*

Criteria

a) The organization has a defined *philosophy on volunteer engagement** that outlines how the contributions of *volunteers** are integrated into the organization. The *philosophy on volunteer engagement** is periodically reviewed according to governance policies.
b) Each *volunteer** is given regular opportunities to offer both positive and constructive feedback about the organization and services through regular *quality improvement** processes.
c) The hospice acknowledges the contribution of *volunteers** using a variety of methods.
d) *Volunteers** are welcomed and recognized as an integral part of the hospice team.
e) Hospice staff receive orientation with respect to effective communication and support of *volunteers**.

Accreditation Evidence Requirements for VM.STW.1

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Stewardship – Valuing the Contribution of Volunteers Standard.

2014 code	2018 code	Description of Evidence for Electronic Submission	Type of Evidence
-	VM.STW.1.01	Copy of defined *philosophy on volunteer engagement** that outlines how the contributions of *volunteers** are integrated into the organization. The *philosophy on volunteer engagement** is periodically reviewed according to governance policies.	Document
B1.2.m (vii)	VM.STW.1.02	Description of how each *volunteer** is given regular opportunities to **offer** both positive and constructive feedback about the organization and services through regular *quality improvement** processes.	Narrative
B1.2.o (ix)	VM.STW.1.03	Description of how the hospice recognizes the *volunteers** as an integral part of the hospice team and acknowledges the contribution of *volunteers** using a variety of methods.	Narrative
-	VM.STW.1.04	Description of how the hospice staff (regardless of role) receive orientation with respect to effective communication and support of *volunteers**.	Narrative

Module: Volunteer Management
Section: Stewardship
Standard: Informing Volunteers of their Rights and Responsibilities

Standard VM.STW.2 – Informing Volunteers of their Rights and Responsibilities

Volunteers (both direct and indirect) are aware of their rights and responsibilities. They are informed of organizational expectations relevant to their role and receive ongoing supervision.

Note: This section refers to the relationship building that is needed to ensure volunteer well-being and satisfaction.*

Criteria

a) Each *volunteer** is informed of the expectations of the role(s) they are undertaking, including *administrative requirements**, and receives a level of *supervision** appropriate to their role(s).
b) *Volunteers** are informed of any changes to the expectations and/or if *corrective action** is needed.
c) Each *volunteer** has an identified supervisor. The *volunteer** is informed of how and when to contact the supervisor. The *volunteer** is aware that the supervisor may be contacted for a variety of reasons including regular reporting (check in), to get support when needed, to advise of a change in availability, etc.
d) All *volunteers** are given regular opportunities to receive positive and constructive feedback.
e) A clear process for *performance review** is in place. This includes monitoring and evaluation of each *volunteer's** ability to practice in their role and ensuring that *volunteers** are not exceeding the scope of their role. The hospice ensures that the *performance review** is occurring at least once per year. This process may take place either in-person, via telephone, or electronically. It is best practice to have a paid staff position lead this process, but in certain circumstances an experienced *volunteer** who has received training/education in *volunteer** management may be utilized.
f) A clear process exists to deal with the outcomes of ongoing monitoring and evaluation which addresses how the organization identifies and implements re-assignment, corrective and/or disciplinary action.

Accreditation Evidence Requirements for VM.STW.2

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Stewardship – Informing Volunteers of their Rights and Responsibilities Standard.

2014 code	2018 code	Description of Evidence for Electronic Submission	Type of Evidence
-	VM.STW.2.01	*Volunteers** report that they receive a level of support appropriate to their role. (*Volunteer** *supervision** Experience Survey; Target 80%)	Feedback
-	VM.STW.2.02	Description of the process used to inform *volunteers** of any changes to the expectations and/or if *corrective action** is needed.	Narrative
-	VM.STW.2.03	Description of the process used to inform the *volunteer** of how and when to contact their supervisor.	Narrative
J3.1.a (ii) J3.1.b (iv) J4.1.e (iv)	VM.STW.2.04	Description of the process used to ensure *volunteers** adhere to any policies and procedures with respect to their role and its limitations. How does the hospice monitor and evaluate a *volunteer's** performance (especially in the client's home) to ensure it does not exceed the scope of their role? How does the hospice monitor and evaluate each *volunteer's** ability to continue in their role?	Narrative
-	VM.STW.2.05	Review a selection of records for *volunteers** that were active within a selected one-year audit period to confirm that a review of performance occurs at least once per year. (Target: 80%)	File Audit
-	VM.STW.2.06	Description of the process followed when corrective/disciplinary action is required.	Narrative

Module: Volunteer Management
Section: Stewardship
Standard: Offering Support and Mentorship

Standard VM.STW.3 – Offering Support and Mentorship

To build and sustain a healthy and effective volunteer team, the hospice promotes well-being by ensuring that opportunities for continuous support, mentorship and communication are available to volunteers.

Note: This section refers to the relationship building that is needed to ensure volunteer well-being and satisfaction.*

Criteria

a) The hospice informs the *volunteer** of ongoing support, mentorship and communication opportunities that are available and provides information regarding how to *access** these opportunities.
b) A designated individual is directly responsible for *volunteer** management and ongoing stewardship of *volunteers**. It is best practice to have a paid staff position for this role, but in certain circumstances an experienced *volunteer** who has received training/education in *volunteer** management may be assigned/designated.
c) Ongoing stewardship includes regular contact with each *volunteer**. Frequency of contact will vary for different *volunteer** roles. Contact with a **visiting hospice *volunteer*** who is assigned to a *service recipient** must occur at least once per month.
d) Each *volunteer** has *access** to appropriate support while on duty for the hospice after regular office hours. This support may be offered from another organization. The *volunteer** is aware of how to *access** this support.
e) Each *volunteer** has *access** to regular support regarding their role. For direct service *volunteers** this includes one-on-one support with a designated individual (staff or experienced *volunteer**), debrief meetings, *volunteer** support meetings, accompaniment to a home visit from an experienced *volunteer** (or staff person) when needed and/or *access** to professionals related to the field of *hospice palliative care** as deemed necessary.

Accreditation Evidence Requirements for VM.STW.3

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Stewardship – Offering Support and Mentorship Standard.

2014 code	2018 code	Description of Evidence for Electronic Submission	Type of Evidence
-	VM.STW.3.01	Description of the process used to ensure that *volunteers** have *access** to regular support and mentorship regarding their role.	Narrative
J4.1.a (i)	VM.STW.3.02	*Volunteers** are satisfied with their overall experience as a *volunteer** (*Volunteer** Experience Survey; Target 80%)	Feedback
J4.1.a (ii)	VM.STW.3.03	Review a selection of records for *volunteers** that were active within a selected one-year audit period to confirm that **regular contact occurs with active *volunteers**** in the hospice service being accredited (assigned or available to be assigned) / # of files that demonstrate this. (File Audit; Target 90%)	File Audit
J4.1.a (ii)	VM.STW.3.04 (keeping this item here temporarily until the VHS section of the standards is updated)	Review a selection of records for *volunteers** that were active within a selected one-year audit period to confirm that contact with **visiting hospice *volunteers**** who are activity matched with a client occurs at least once per month / # of files that demonstrate this. (File Audit; Target 90%)	File Audit

Module: Volunteer Management
Section: Stewardship
Standard: Providing Educational Opportunities

Standard VM.STW.4 – Providing Educational Opportunities

To build and sustain a healthy and effective volunteer team, the hospice offers ongoing learning and development opportunities to volunteers.

Note: This section refers to the relationship building that is needed to ensure volunteer well-being and satisfaction.*

Criteria

a) *Volunteers** are invited to participate in formal and informal continuous learning opportunities as per individual hospice policy and role requirements. This may include:
   i. "Refresher training" for experienced *volunteers** to ensure that their education and skill levels are current and appropriate for their role.
   ii. Peer to peer education
   iii. Conferences
   iv. Mutual support groups to discuss ongoing challenges of hospice volunteering
   v. *Bereavement** support
   vi. Newsletters with educational component
   vii. Additional online learning opportunities

b) There is a clear process to gather input from *volunteers** with respect to learning / development needs or ideas. Once identified, the organization strives to address these needs or ideas, either directly or indirectly.

c) The *volunteers** have *access** to current and relevant educational resources within the organization or with the support of the organization.

Accreditation Evidence Requirements for VM.STW.4

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Stewardship – Providing Educational Opportunities Standard.

2014 code	2018 code	Description of Evidence for Electronic Submission	Type of Evidence
J4.1.d (iii)	VM.STW.4.01	Description of the process used to identify new training needs of experienced *volunteers** and how the hospice attempts to meet those needs directly or indirectly.	Narrative
-	VM.STW.4.02	Copy of format used to collect input from *volunteers** with respect to learning/development needs or ideas.	Document
-	VM.STW.4.03	List of current and relevant educational resources that *volunteers** have *access** to, either within the organization or with the support of the organization.	Narrative

Glossary and Resource List

An asterisk (*) beside a term in this document indicates that the term is defined in HPCO's Standards and Accreditation Glossary, which is available as part of the overall HPCO Hospice Standards and Accreditation package. A list of resources is also available within that document.

Appendix A – Minimum Training Requirements

As outlined in Module 2 of the HPCO Hospice Standards Framework pertaining to Volunteer Management, there are a wide variety of *volunteer** roles in a hospice. Previous editions of HPCO's hospice standards (1999, 2005, 2012, 2014) outlined minimum training requirements for 2 roles:

- Visiting Hospice *volunteers**
- Residential Care *volunteers**

With the expanded hospice standards framework, we have outlined minimum training expectations for other hospice *volunteer** roles as well.

Our primary consideration is "direct service" *volunteer** roles (see page 27), where the majority of HPCO's training curriculum is mandatory. However, we have also outlined training expectations for "indirect service" *volunteer** roles (see page 28). For some roles, especially indirect *volunteer** roles, additional training topics may be required, beyond what is covered in the HPCO curriculum. For example, Kitchen *volunteers** must receive Food Handlers training. See Standard VM.FDN.03 and VM.ENG.02 for more information.

This document outlines the MINIMUM training for each of the most common *volunteer** roles in a hospice. The hospice is encouraged to train beyond these minimum requirements. These expectations are relevant for individuals that are committed to one of these defined *volunteer** roles.

Legend:

M = Mandatory
For HPCO accreditation, this training topic is a requirement.

R = Recommended
"Recommended" means that it is not mandatory, but that the hospice should be able to explain/rationalize its decision to not include this training topic for the volunteer role.

O = Optional
This training topic is not required, but the hospice may choose to offer this training for a variety of reasons.

Training Topic	Direct Service Volunteer Roles								
	Child*	Comp*	DayH	GB1:1	GBGrp	ResH	SpC.	Transp*	VisH
Topic 1 – Introduction to *Hospice Palliative Care**	M	M	M	M	M	M	M	M	M
Topic 2 – Role of the *Volunteer** / Understanding Boundaries	M	M	M	M	M	M	M	M	M
Topic 3 – Communication Skills	M	M	M	M	M	M	M	M	M
Topic 4 – Pain & Symptom Management	M	M	M	R	R	M	M	R	M
Topic 5 – Understanding the Dying Process	M	M	M	R	R	M	M	R	M
Topic 6 – *Spirituality**	M	M	M	M	M	M	M	M	M
Topic 7 – Grief & Bereavement	M	M	M	M	M	M	M	M	M
Topic 8 – Care for the *Caregiver**	M	M	M	M	M	M	M	M	M
Topic 9 – Family	M	M	M	M	M	M	M	M	M
Topic 10 – Ethics	M	M	M	M	M	M	M	M	M
Topic 11 – Psychosocial Issues and Impact of Illness	M	M	M	M	M	M	M	M	M
Topic 12 – Cultural Considerations	M	M	M	M	M	M	M	M	M
Topic 13 – *Infection Prevention & Control**	M	M	M	R	R	M	R	M	M
Topic 14 – Body Mechanics, Assists & Other Skills	M	M	M	R	R	M*	R	M	M
Topic 15 – Orientation to hospice policies	M	M	M	M	M	M	M	M	M

Legend for Direct Service Volunteer Roles:

Child* = Children's Support Volunteer
Comp* = Complementary Therapy Volunteer
Day H = Day Hospice Volunteer
GB 1:1 = Grief and Bereavement 1:1 Support Volunteer
GB Grp = Grief and Bereavement Group Volunteer
ResH = Residential Care volunteer (direct bedside support)
SpC = Spiritual Care volunteer
Transp* = Transportation volunteer
VisH = Visiting Hospice /Home visiting volunteer

Legend for Training categories:

M = Mandatory
For HPCO accreditation, this training topic is a requirement.

R = Recommended
"Recommended" means that it is not mandatory, but that the hospice should be able to explain / rationalize its decision to not include this training topic for the volunteer role.

O = Optional
This training topic is not required.

**Child:* *HPCO has not yet developed standards for this volunteer role. Consultation for training requirements would occur as part of that process.*
**Comp:* *This refers to individuals onboarded to the hospice for the defined role of Complementary Therapy volunteer in alignment with HPCO Hospice Standard Section 3.6*
**ResH, Topic 14:* *Mandatory if the scope of volunteer role at the hospice includes physical activity and/or physical support of the resident*
**Transp:* *HPCO has not yet developed standards for this volunteer role. Consultation for training requirements would occur as part of that process.*

Training Topic	Indirect Service Volunteer Roles							
	BoD	Event	FundR	Maint	Admin	Speak	Kitchen	Reception
Topic 1 – Introduction to *Hospice Palliative Care**	R	R	R	R	R	M	M	M
Topic 2 – Role of the *Volunteer**/Understanding Boundaries	R	R	R	R	R	R	M	M
Topic 3 – Communication Skills	R	R	R	R	R	R	M	M
Topic 4 – Pain & Symptom Management	O	O	O	O	O	R	R	R
Topic 5 – Understanding the Dying Process	O	O	O	O	O	R	R	R
Topic 6 – *Spirituality**	O	O	O	O	O	R	R	R
Topic 7 – Grief & Bereavement	O	O	O	O	O	R	R	R
Topic 8 – Care for the *Caregiver**	O	O	O	O	O	R	R	R
Topic 9 – Family	O	O	O	O	O	R	R	R
Topic 10 – Ethics	O	O	O	O	O	R	R	R
Topic 11 – Psychosocial Issues and Impact of Illness	O	O	O	O	O	R	R	R
Topic 12 – Cultural Considerations	R	R	R	R	R	R	R	R
Topic 13 – *Infection Prevention & Control**	O	O	O	O	O	O	R	R
Topic 14 – Body Mechanics, Assists & Other Skills	O	O	O	O	O	O	R	R
Topic 15 – Orientation to hospice policies	M	M	M	M	M	M	M	M

Legend for Indirect Service Volunteer Roles:
BoD = Board of Directors
Event = Special Event
FundR = Fundraising Volunteers
Maint = Maintenance volunteers
Admin = Administrative / Office support volunteers
Speak = Public speaking volunteers
Kitchen = Kitchen volunteer (Residential Hospice or Day Hospice)
Reception = Residential Hospice reception volunteers

Legend for Training categories:
M = Mandatory
For HPCO accreditation, this training topic is a requirement.

R = Recommended
"Recommended" means that it is not mandatory, but that the hospice should be able to explain / rationalize its decision to not include this training topic for the volunteer role.

O = Optional
This training topic is not required.

Hospice Standards

Module 3 – Hospice Service Standards (SS)
Section 1 – Day Hospice (DHS)

June 2020

Hospice Palliative Care Ontario is grateful to the Mount Pleasant Group for generously supporting the development of Hospice Standards and HPCO's Centre of Excellence for Hospice Care. This support has allowed HPCO to create 12 hospice standards, a comprehensive accreditation framework, and other tools and resources supporting hospices throughout Ontario in providing high quality, compassionate care.

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Table of Contents

Foreword

The Day Hospice Service Standard is a product of Hospice Palliative Care Ontario. It is situated within a larger standards framework that is outlined on the following page of this document.

This section of the HPCO Hospice Standards framework was developed by an expert panel of individuals with expertise providing Day Hospice services. The expert panel was convened in January 2017. Two rounds of public consultation occurred, first in May 2017 and again in August 2017.

HPCO is committed to ensuring a multi-perspective approach by involving individuals from across the province throughout the process of developing each standard. We strive to ensure our panels and reviewers represent the wide variety of geography, organizational size, and professional backgrounds within our member hospices.

Acknowledgements

The development of the Day Hospice service standard was a team effort. The expertise of our members and their dedication to quality hospice palliative care made this work possible. In addition to the individuals listed below, feedback on the first draft was received from fifty unidentifiable respondents via online survey.

HPCO acknowledges and thanks the following individuals for their contributions to this document:

Annalise Stenekes, Hospice Palliative Care Ontario (co-facilitator)
Barb Nolan, Hospice Niagara
Beverley Hall, Stedman Hospice
Lynne Thevenaz, Hospice Care Ottawa
Margaret Reid, (retired) Hospice Niagara
Megan Hopkins, Beth Donovan Hospice
Tory Russell, Hospice Palliative Care Ontario (co-facilitator, student intern)

Thank you also to the authors, contributors, and reviewers of the previously published HPCO Standard documents – Visiting Hospice (2014) and Residential Hospice (2012) – whose work we have borrowed and expanded upon.

Introduction

Scope and Purpose of HPCO Hospice Standards

Hospice standards set the minimum required expectations that differentiate the operations, work, and philosophy of hospice-based services from other community support services.

HPCO Hospice Standards have been developed and revised in consultation with member hospices and are based on best practices and evidence from literature. Whenever applicable, every attempt is made to ensure that these standards also align with the governing legislation and national models of care such as the *CHPCA Norms of Practice**, as well as other provincial documents such as the *Health Quality Ontario (HQO)** Quality Standard for Palliative Care[1] and the Ontario Palliative Care Network (OPCN) Health Services Delivery Framework[2].

The HPCO Hospice Standards act as a guide to organizations with existing hospice services, as well as organizations that are considering developing such services. Additional resources may be available for any parties interested in specific hospice services – please contact HPCO for more information.

Framework of the Standards

This document was developed as part of a larger volume of work. The **Day Hospice Service Standard** is situated within the following HPCO Hospice Standards framework.

Module 1: Organizational Oversight

- Governance
- Administrative Operations
- Quality Assurance

Module 2: Volunteer Management

- Foundations
- Engagement
- Stewardship

Module 3: Hospice Services

- **Day Hospice**
- Visiting Hospice Volunteer
- Hospice Residence
- Grief and Bereavement Support
- Spiritual Care
- Complementary Therapy

Module 4: Resource List and Glossary

- One glossary and one resource list for the entire HPCO Standards & Accreditation package, available as separate documents

[1] https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Palliative-Care
[2] https://www.ontariopalliativecarenetwork.ca/en/healthservicesdeliveryframework

Timeline of standard development and accreditation requirements

The Day Hospice Service Standard was published in January 2018 following a public consultation process. The current document has undergone a format edit for style and consistency purposes and any changes are immaterial to Accreditation requirements for this edition of the Standards.

When Standards are established or revised, they must be in place for a minimum of one year before the accreditation process is made available based on the new / updated Standards.

For the Day Hospice Service Standard, the accreditation evidence requirements were released in October 2018 and the accreditation program is available for this service effective April 1, 2019.

Information about the HPCO Accreditation Program is available at www.hpco.ca/accreditation

Environmental Factors

The development of provincial standards for hospice services takes place in a continuously evolving health care climate and a diverse network of organizations, each with their own respective care delivery system and availability of resources. The purpose of the HPCO Hospice Standards is to have clear and consistent quality standards that are applicable to organizations in a range of hospice settings.

Existing standards are updated every 3-5 years to ensure that they remain current, complete, and consistent with emerging best practices.

Glossary

An asterisk (*) beside a term in this document indicates that the term is defined in HPCO's Standards and Accreditation Glossary, which is available as a separate document within the HPCO Hospice Standards package.

Definitions

Hospice *Updated March 2020*

The overall concept of ***Hospice Palliative Care**** is well-defined in *CHPCA's A Model to Guide Hospice Palliative Care**. But what exactly is a "hospice" in Ontario?

A **hospice** is a charitable organization that plays a vital role in the health and social care system and works collaboratively with a variety of partners to serve its community. Hospice services are provided to children, adults, and seniors; some organizations may specialize in serving a specific population.

The goal of hospice care is to enhance the quality of life of individuals living with a progressive, *life-threatening illness** and the well-being of anyone that is impacted by the person's illness or death (*caregivers**, family members, and friends). *Volunteers** (both direct service and indirect service) and staff play an integral role in achieving that goal.

A hospice may be a standalone organization, or a program offered by a multi-service organization. Hospice services vary based on local community needs and are provided in a variety of settings – including where the individual lives or in a *homelike** location. A hospice offers one or more services such as:

- Caregiver & Family Support
- Chronic Disease Management
- **In-Home Hospice (Visiting)**
- **Complementary Therapies**
- Day Programs / **Day Hospice**
- Education
- **End-of-Life Care** within a **Hospice Residence** or *homelike** setting
- **Grief & Bereavement Support**
- Interdisciplinary Community Palliative Care Teams
- Navigation Support
- Pain & Symptom Management Consultation
- Pain Clinics
- Psychosocial & **Spiritual Care**
- Respite & Symptom Management
- Transitional Care
- Wellness Programs

Each service type marked in **bold** is defined separately in the Hospice Palliative Care Ontario (HPCO) Hospice Standards. The remaining examples will be defined when standards are developed for that particular service type.

Hospice services are provided at no cost to the *service recipient**. A hospice may be partially funded by the Ministry of Health as well as charitable donations, fundraising and other fund development opportunities. All hospices must comply with relevant provincial and federal legislation and regulations including those governing registered charities and community support services.

Day Hospice

Day Hospice is a service offered to individuals who have a progressive, life-limiting illness. For the individual receiving service, Day Hospice provides whole person care in a supportive setting outside the home. Day Hospice services are offered at no cost to the participant and are typically offered between one to five days a week, and two to six hours per day. Day Hospice services may offer transportation to and from the venue by *volunteers**. Meals and / or snacks may be provided. In addition to providing support to the participant, *caregivers** may benefit from this opportunity for *respite**.

Day Hospice services have clear criteria for eligibility. Day Hospice activities promote autonomy by allowing individuals the opportunity to use their existing abilities, develop new skills and express their creativity. Day Hospice offers an alternative to social isolation; it offers a sense of community and a place of belonging. One of the most important goals for Day Hospice is helping individuals to retain a sense of integrity and dignity in the face of progressive losses.

Day Hospice is of particular value for individuals who are transitioning from a curative to a palliative care approach. At Day Hospice, the individuals receiving services, their *caregivers** and family members have an opportunity to learn about the spectrum of *Hospice Palliative Care** services that may be available in their community including Caregiver Support, Visiting Hospice Volunteers, Hospice Residences, Bereavement Support, Spiritual Care, and more.

Each Day Hospice offers programming which may include *complementary therapies**, legacy writing, arts and crafts, music entertainment, exercise, social programs, educational lectures, horticultural and support groups. Day Hospice services are delivered by an *interdisciplinary team** that may include medical professionals and other staff, as well as trained *volunteers**.

Module: Service Standards
Section: Day Hospice
Standard: Model of Care / Service Model

Standard SS.DHS.1 – Model of Care / Service Model

Day Hospice services are guided by a model of care / service model which emphasizes collaboration, promotes equity and *whole-person care, and aligns with current evidence-based practice related to hospice palliative care.**

Criteria

a. Services are designed to improve quality of life by meeting the holistic needs of each participant. This includes psychological, social, physical, practical and spiritual needs identified by the participant.
b. Services are delivered utilizing the expertise of qualified hospice staff, trained and professionally supervised *volunteers**, and other members of the *interdisciplinary team**.
c. At minimum, *access** to *supervision** by a registered nursing professional (RN or RPN) is available during Day Hospice programming hours. Day Hospice services vary in level of development, *access** to resources and capacity. By necessity, individual hospices adapt and rationalize program design according to local feasibility, and at the same time recognize and aspire to meet the best practice of having a registered nursing professional (RN or RPN) onsite when participants are present.
d. The *model of care** / service model emphasizes collaboration with internal and external care providers to facilitate seamless care. This may include use of common tools, processes, resources and partnerships to minimize duplication and fragmentation.
e. All members of the hospice team, including participants, *caregivers**, *volunteers**, and staff, are informed of their rights and responsibilities (see Glossary: *Bill of Rights for Clients** and *Bill of Rights for Staff and Volunteers**). There is a mechanism for addressing concerns, *complaints**, and *unusual incidents*.
f. Participants, staff and *volunteers** have *access** to an interpreter and/or *assistive services** and *communication tools** to decrease/reduce barriers to communication and to promote understanding of all information exchanged.
g. The service undergoes ongoing program evaluation and *quality improvement**. Decisions and practices are informed by evidence and current research.
h. Policies and procedures are in place to govern the delivery of the service.

Accreditation Evidence Requirements for SS.DHS.1

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Day Hospice – Model of Care Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.DHS.1.01	Copy of mission statement and vision statement for the hospice	Document
SS.DHS.1.02	Copy of *Model of Care** or Philosophy of Care statement for the hospice (reflective of collaborative, *evidence-based**, *equity**-informed, *holistic care** delivered by an *interdisciplinary team** with expertise in *hospice palliative care**)	Document
SS.DHS.1.03	List of roles on the collaborative / *interdisciplinary team** in the Day Hospice service and number of individuals by role	Narrative
SS.DHS.1.04	Evidence that the collaborative / *interdisciplinary team** works together and communicates effectively. Include examples of common tools, processes, resources, and partnerships to minimize duplication and fragmentation	Document
SS.DHS.1.05	Copy of *volunteer** position descriptions relevant to provision of Day Hospice service	Document
SS.DHS.1.06	Evidence that members of the hospice team are informed of their rights and responsibilities	Document
SS.DHS.1.07	Evidence of ongoing program evaluation and/or *quality improvement** specific to the Day Hospice service	Document
SS.DHS.1.08	Copy of policies relevant to the operation of the Day Hospice service	Policy
SS.DHS.1.09	Evidence of community partnerships and description of how you collaborate. Include examples of "common" tools, processes, resources and partnerships that demonstrate provincial, regional or local efforts to minimize duplication and fragmentation (examples may include PPS, ESAS, centralized referral, MOUs, partnership agreements, use of HPCO Hospice Metrics platform, participation in Interest Groups, etc.)	Document
SS.DHS.1.10	*Service recipient** feedback validates that the hospice service, overall, meets their needs (minimum denominator is 10% of total number of individuals served during defined one-year audit period) Target = 80% report met needs	*Service Recipient** Feedback (i.e. HPCO Hospice Metrics Client Check-In)

Module: Service Standards
Section: Day Hospice
Standard: Access

Standard SS.DHS.2 - Access

Access to services offered by the Day Hospice is determined by specific eligibility criteria and facilitated using a clearly defined and documented referral, admission, and discharge process.

Criteria

a. The referral, admission and discharge processes include but are not limited to:
    i. *Eligibility criteria**
    ii. Exclusion criteria & subsequent referral process, as applicable
    iii. Discharge criteria & transfer or referral to another service, as applicable
    iv. Priority populations, as applicable (e.g. geographical boundaries, marginalized communities, specific diagnosis/illness)
b. *Eligibility criteria** may specify that this service is available to individuals who are:
    i. Living with a progressive, life-limiting illness (members of their *circle of care** may participate by invitation, and/or may be referred to other services as required),
    ii. Able to provide consent, manage their own personal care and administer their own medication (mental and physical *capacity**),
    iii. Able and willing to participate socially in a group setting, and,
    iv. Able to transfer in and out of a vehicle with minimal assist.
c. Exclusion criteria may specify that this service is not appropriate for individuals:
    i. Whose main needs are rehabilitative, rather than palliative
    ii. Who are not abiding by the 'code of conduct' to which the participants consent. The Day Hospice service has the right to discharge individuals with disruptive behaviours, whose condition improves, or who have needs beyond the scope and resources of the service.
d. *Informed consent** to receive the service must be obtained and documented prior to commencement of service.
e. The Day Hospice determines its own referral procedure, however, every individual who is referred or requests service has a personal record that contains documentation outlining the referral, admission and discharge process that was followed.
f. If possible, the hospice will facilitate a referral to an alternate service for:
    i. Individuals who do not qualify for the program
    ii. Individuals whose status changes

At minimum, information about other day services available in the community will be provided.

g. There is a clearly defined and documented process for managing and tracking requests for service that result in a *Wait List**. Individuals who have requested the service are informed of this process. Prioritization for *access** to the service considers all "*domains of issues associated with illness and bereavement*"* and may be determined in collaboration with other services.

Accreditation Evidence Requirements for SS.DHS.2

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Day Hospice – Access Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.DHS.2.01	Copy of P&P related to eligibility, exclusion, discharge, and priority populations for the Day Hospice service	Policy
SS.DHS.2.02	Copy of referral template (blank sample)	Document
SS.DHS.2.03	Description of the process for follow-up with referred individuals who are not eligible for service.	Narrative
SS.DHS.2.04	Review a selection of records for *service recipients** served within a selected one-year audit period to confirm that: i. Referral, admission, and discharge information was fully documented. ii. *Informed consent** to receive the service was obtained and documented prior to commencement of service.	File Audit
SS.DHS.2.05	Copy of P&P related to *Wait List**	Policy

Module: Service Standards
Section: Day Hospice
Standard: Assessment

Standard SS.DHS.3 – Assessment

Assessments are completed using a comprehensive and collaborative person and family-centered approach at the start of service and ongoing throughout the service. The purpose of assessment is to identify the participant's goals of care and determine the appropriate level and type of support(s) to be offered.

Criteria

a. The *interdisciplinary team** member who completes *assessments** has the required *competency** to determine which needs may be served through the Day Hospice service.
b. *Assessments** are completed with *informed consent** and in collaboration with the participant to determine the appropriate *goals of care**.
c. Relevant information regarding the participant's status is collected from *interdisciplinary team** members and/or the referral source, with the *informed consent** of the participant and in accordance with current *privacy** legislation.
d. The *assessment** includes the "*domains of issues associated with illness and bereavement*"*: Physical, Psychological, Social, Spiritual, Practical, *End-of-Life Care**, *Loss**/*Grief**, Disease Management.
e. The *assessment* includes a review of possible risk and safety issues, so that the Day Hospice service is better able to meet the needs of the participant.
f. The *assessment** includes documentation of key contacts including the *Substitute Decision Maker** in case the participant becomes incapable of giving/refusing consent.
g. There is a personal record for each participant who is receiving the Day Hospice service. All records are maintained in accordance with applicable laws and regulations. *Personal health information** is collected as needed to address the care needs of the participant.
h. If an individual is determined to have needs beyond the scope of what the Day Hospice service can support, wherever possible, the individual will be referred to alternate service(s).

Accreditation Evidence Requirements for SS.DHS.3

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Day Hospice – Assessment Standard.

Evidence Requirements - Electronic Submission		**Evidence Type**
SS.DHS.3.01	Copy of P&P related to the initial and ongoing *assessment** process	Policy
SS.DHS.3.02	Copy of P&P related to the admission process for Day Hospice	Policy
SS.DHS.3.03	Copy of *assessment** template (blank sample) that is added to the *service recipient's** record	Document
SS.DHS.3.04	List of personnel approved to conduct *assessments** for Day Hospice, including *professional designation**. This could be a registered nurse, palliative physician, or CCAC staff	Narrative
SS.DHS.3.05	Review a selection of records for *service recipients** served within a selected one-year audit period to confirm that: i. *Evidence-based** tools (recognized in field of *hospice palliative care**) have been used in the pre-admission *assessment** process, and in on-going *assessments** ii. *Service Agreement** has been signed by resident/*SDM** and Hospice representative (Target 80%)	File Audit

Module: Service Standards
Section: Day Hospice
Standard: Decision-Making / Capacity

SS.DHS.4 – Decision-Making / Capacity

Every participant (or SDM if the participant is not capable at the time consent is required) receives the necessary information to make decisions and provide informed consent.

Criteria

a. *Informed consent** is obtained prior to initiation of service/treatment, change in service/treatment or termination of service/treatment. *Informed consent** is obtained from the participant (or *SDM** if the participant is not capable of providing consent).
b. The process in place to assess *capacity** of the participant aligns with current Ontario legislation.
c. Members of the *interdisciplinary team** deliver information about service/treatment options including expected outcomes, risks, benefits, side effects, and alternative options including the right to decline services or treatments. These conversations are documented according to regulatory and organizational standards. A clear process exists to ensure all team members are aware of the outcome of these discussions and/or decisions, in accordance with *privacy** legislation.
d. Services/treatments and participant/*SDM** choices are reviewed regularly and as the participant's condition changes. Opportunities to choose other services/treatments or withdraw *consent for service**/treatment are provided as the participant's condition changes.
e. Each member of the *interdisciplinary team** within the hospice service has received education on *Health Care Consent** and *Advance Care Planning** that is consistent with current Ontario legislation addressing these issues.
f. The hospice service actively promotes, shares and utilizes HCC ACP resources that are consistent with the Ontario legal framework (i.e. Speak Up Ontario). These resources are promoted, shared and utilized with members of the *interdisciplinary team** and participants/*SDMs**.

Accreditation Evidence Requirements for SS.DHS.4

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Day Hospice – Decision-Making / Capacity Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.DHS.4.01	Copy of P&P related to assessing *capacity**	Policy
SS.DHS.4.02	Evidence outlining the education requirements related to *Health Care Consent** and *Advance Care Planning** (who must receive education, how often, who tracks the completion and renewal, who provides the education, what are the outcome measurements, etc.)	Narrative
SS.DHS.4.03	Description of how the hospice promotes, shares and utilizes HCC ACP resources that are consistent with the Ontario legal framework (i.e. Speak Up Ontario).	Narrative
SS.DHS.4.04	Description of how the hospice ensures that *informed consent** prior to initiation of service, change in service or termination of service is obtained and documented.	Narrative
SS.DHS.4.05	Review current employee records to locate evidence that hospice staff have received education on *Health Care Consent** and *Advance Care Planning** that is consistent with current Ontario legislation addressing these issues. (Target: 80%)	File Audit
SS.DHS.4.06	Review a selection of records for *service recipients** served within a selected one-year audit period to confirm that: • Information about treatment options (expected outcomes, risks and benefits, alternates to treatments, including no treatment) were delivered and the conversation was documented • Information about *Health Care Consent** and *Advance Care Planning** was provided to the *service recipient**/*SDM** (Target: 80%)	File Audit

Module: Service Standards
Section: Day Hospice
Standard: Care Planning

Standard SS.DHS.5 – Care Planning

The collaborative and integrated care plan for individuals receiving service outlines how identified individual needs or goals of care will be met by the Day Hospice service.

Criteria

a. The *care plan** is:
   i. Informed by what the hospice can offer and what the individual requests
   ii. Based on the initial and ongoing *assessment** of the individual's care needs, *goals of care**, resources, and risk factors
   iii. Developed in collaboration with, and with the *informed consent** of, the individual receiving service
   iv. An agreement between the hospice and the individual that outlines what services will (and will not) be provided by the hospice, as well as the role and responsibilities of the participant. Wherever possible, it is informed by the expectations and preferences of the participant
   v. Documented, monitored, and updated in the participant's record, according to hospice procedure and applicable regulatory standards. At minimum, the *care plan** must be reviewed and updated when there is a significant change in the participant's status
b. During the development of their *care plan**, participants receive the necessary information to make informed decisions
c. There is a process to plan termination of, or discharge from, the service

Accreditation Evidence Requirements for SS.DHS.5

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Day Hospice – Care Planning Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.DHS.5.01	Copy of P&P related to *care planning** that addresses: i. Involvement of resident and family and members of the *interdisciplinary team**. ii. How soon after admission the plan of care must be developed. iii. How often plan of care should be reviewed and updated (even if there is no change in condition).	Policy
SS.DHS.5.02	Copy of *care planning** template (blank sample) that includes all relevant "*domains of issues associated with illness and bereavement*"* (also known as the "domains of care"). For example, physical, social, spiritual, psychological, practical, *end-of-life**/death management, *loss**/*grief** domains.	Document
SS.DHS.5.03	Review a selection of records for *service recipients** served within a selected one-year audit period to confirm that: i. There is a documented *care plan** to address the immediate needs of the *service recipient** ii. The *service recipient** was involved in the development of the *care plan** and their *wishes** have been incorporated into the plan iii. A goal of care has been established within the *care plan* iv. There has been an attempt to address all relevant domains of care v. *Assessments** are based on standardized tools vi. The *care plan** is being followed vii. The *care plan** has been updated as needs change. (Target = 80%)	File Audit
SS.DHS.5.04	*Service recipient** feedback confirms their involvement in the development of the *care plan** (minimum denominator is 10% of total number of participants served during defined one-year audit period). Target = 80% report involvement	*Service Recipient** Feedback (i.e. HPCO Hospice Metrics Client Check-in results)

Module: Service Standards
Section: Day Hospice
Standard: Care Delivery

Standard SS.DHS.6 – Care Delivery

The Day Hospice service has defined staffing ratios to ensure there are adequate staff and trained volunteers qualified to provide care at a specific location, and at scheduled hours, with the aim of meeting the needs of the participant in accordance with their care plan.

Criteria

a. *Informed consent** to receive the service must be obtained (verbally or in writing) and documented prior to commencement of service
b. A designated person oversees the Day Hospice service. The person designated to oversee the service has the required *competency** to do so
c. The facility in which the Day Hospice operates must comply with applicable legislation within the jurisdiction
d. Programs are adequately supported by staff and *volunteers** to appropriately address needs. *Staffing ratios** and number of participants are determined through the individual hospice policies, procedures, and *risk management** processes
e. When *volunteers** provide support to participants during Day Hospice program hours:
    i. Appropriate support is available to the *volunteer** while on duty for the Hospice. The *volunteer** is aware of how to *access** this support
    ii. There is a process for a designated, qualified, and trained person to make an optimal match between the participant and the *volunteer**
    iii. There is a process for making changes as required or requested by the participant and/or the *volunteer**. The participant and *volunteer** are informed of this procedure
    iv. The *volunteer** management process follows the standards found in Section 2 of HPCO's Hospice Standards framework
f. There is a mechanism for identifying new needs of *service recipients**. The hospice strives to meet those needs directly or through referral. Ongoing contact is guided by the *care plan**, identified concerns, and inquiries by the individual receiving service

Accreditation Evidence Requirements for SS.DHS.6

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Day Hospice – Care Delivery Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.DHS.6.01	Copy of position description for each collaborative/*interdisciplinary team** member within the Day Hospice service, including *competency** requirements	Document
SS.DHS.6.02	Description of staffing model for the hospice overall and the Day Hospice service	Narrative
SS.DHS.6.03	Description of how *volunteers** are utilized in the Day Hospice service and how the hospice ensures that: i. Appropriate support is available to the *volunteer** while on duty for the hospice. The *volunteer** is aware of how to *access** this support. ii. There is a process for a designated, qualified, and trained person to make an optimal match between the individual receiving service and the *volunteer**. iii. There is a process for making changes as required or requested by the individual receiving service and/or the *volunteer**. The individual and *volunteer** are informed of this procedure	Narrative
SS.DHS.6.04	Copy of P&P related to interrupting or withdrawing service in cases and situations deemed inappropriate or unsafe	Policy
SS.DHS.6.05	Description of how new needs of *service recipients** are identified and addressed (i.e. use of HPCO Hospice Metrics Client Check-in)	Narrative

Glossary and Resource

An asterisk (*) beside a term in this document indicates that the term is defined in HPCO's Standards and Accreditation Glossary, which is available as part of the overall HPCO Hospice Standards and Accreditation package. A list of resources is also available within that document.

Appendix - Considerations when developing a Day Hospice program

The following suggestions were collated from the expert panel who guided the development of the Day Hospice standards. A Day Hospice program may benefit from the following elements:

1. Main Room
   - Large room, preferably on main level of a building, with windows
   - 1-2 couches made of 'wipeable' material
   - 2 comfortable chairs ('wipeable')
   - 3-4 card tables for activities
   - Audio-visual equipment (ideal but not necessary)
   - Tables and chairs (enough to seat everyone plus extra tables for snacks)
2. Smaller Breakout Room(s)
   - At least one smaller room for *complementary therapies**, etc.
3. Washrooms
   - At least two washrooms available (with at least one being wheelchair *accessible**
4. Kitchen
   - Full commercial kitchen with serving items/dishes to seat 30 people
   - Tea towels (hopefully donated each week by a linen service…)
   - Tea pot/large Thermos, kettle, coffee maker
   - Sugar, milk, cups, etc.
5. Prepared Lunch
   - Fresh flowers weekly (if possible)
   - Linen tablecloths and napkins (hopefully donated each week by a linen service…)
   - Colourful small square tablecloths for center pieces - decorative
   - Battery operated candle (to acknowledge any recent deaths)
   - Bell (to call everyone to lunch!)
6. Complementary Care
   - Nail polish, disposable emery boards, etc.
   - Zero Gravity Chair or Massage table
   - *Access** to *complementary therapy** *volunteers**
7. Games and Activities
   - Cards and euchre markers
   - Art supplies
8. Other
   - Non-sterile gloves
   - Incontinent pads/supplies
   - Band-Aids etc.
   - Disposable Kidney basin
   - Wheelchair, Pillows, Shawls
   - AED (defibrillator) in the building
   - Wi-Fi in building is preferred

Hospice Standards

Module 3 – Hospice Service Standards (SS)
Section 2 – In-Home Hospice, Visiting (HHS)

June 2020

Hospice Palliative Care Ontario is grateful to the Mount Pleasant Group for generously supporting the development of Hospice Standards and HPCO's Centre of Excellence for Hospice Care. This support has allowed HPCO to create 12 hospice standards, a comprehensive accreditation framework, and other tools and resources supporting hospices throughout Ontario in providing high quality, compassionate care.

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Table of Contents

Foreword

The In-Home Hospice, Visiting Standard is a product of Hospice Palliative Care Ontario. It is situated within a larger Standards framework that is outlined in the Introduction section of this document. This section of the HPCO Hospice Standards was updated by an expert panel of individuals with relevant experience in the hospice sector.

The contents of this document, published in April 2020, represent the culmination of 8 months of discussion and review. The expert panel was convened in September 2019. Two rounds of sector consultation occurred, first in January 2020 and again in April 2020.

The Client Service Standards for Volunteer Hospice Visiting Service (1999) were originally published by Hospice Association of Ontario, and then updated and republished as the Visiting Hospice Standards (2014) by Hospice Palliative Care Ontario. Some portions of the 2014 Visiting Hospice Standards document have been converted to separate modules within the HPCO Hospice Standards Framework – namely, Organizational Oversight (Module 1) and Volunteer Management (Module 2). The remaining contents, which have now been reviewed and updated as a separate module, are specifically focused on the delivery of In-Home Hospice, Visiting services.

HPCO is committed to engaging in a multi-perspective approach by consulting representatives from across the province in the development and/or revision of the HPCO Hospice Standards. We strive to ensure that our panels and contributors represent the diverse opinions from all relevant stakeholders, with consideration to the wide variety of geography, organizational size, and professional backgrounds within our member hospices.

Thank you to the authors, contributors and reviewers of the documents that preceded this edition. The contribution of each person involved has been instrumental and is deeply appreciated.

Acknowledgements

The development of the In-Home Hospice, Visiting Standard was a team effort. The expertise of our members and their dedication to quality hospice palliative care made this work possible. HPCO acknowledges and thanks the following individuals for their extensive contributions to this document:

Annalise Stenekes, Hospice Palliative Care Ontario (Facilitator)
Janice MacInnes, Hospice Quinte
Leslie Duffy, Hospice of Waterloo Region
Lisa Kronenberg, Jewish Hospice
Lisa Rae, Circle of Care
Matt Walker, The Heart of Hastings Hospice
Sherry Cain, Rose Cottage Visiting Volunteers
Suzette Forget, Maison McCulloch Hospice
Teneal Campbell, Hospice Simcoe

In addition to the individuals listed above, feedback on the first draft was received from respondents via online survey (n=17). Additional feedback on the second draft was received from individuals/groups via email submission (n=10).

Finally, thank you to the authors, contributors and reviewers of the previously published HPCO Standard documents, including the Visiting Hospice (1999, 2014) and Residential Hospice (2005, 2012) whose invaluable contributions have laid the foundation for much of this work.

Introduction

Scope and Purpose of HPCO Hospice Standards

Hospice standards set the minimum required expectations that differentiate the operations, work, and philosophy of hospice-based services from other community support services.

HPCO Hospice Standards have been developed and revised in consultation with member hospices and are based on best practices and evidence from literature. Whenever applicable, every attempt is made to ensure that these standards also align with the governing legislation and national models of care such as the *CHPCA Norms of Practice**, as well as other provincial documents such as the *Health Quality Ontario (HQO)** Quality Standard for Palliative Care[1] and the Ontario Palliative Care Network (OPCN) Health Services Delivery Framework[2].

The HPCO Hospice Standards act as a guide to organizations with existing hospice services, as well as organizations that are considering developing such services. Additional resources may be available for any parties interested in specific hospice services – please contact HPCO for more information.

Framework of the Standards

This document was developed as part of a larger volume of work. The **In-Home Hospice, Visiting Service Standard** is situated within the following HPCO Hospice Standards framework.

Module 1: Organizational Oversight (OO)

- Governance
- Administrative Operations
- Quality Assurance

Module 2: Volunteer Management (VM)

- Foundations
- Engagement
- Stewardship

Module 3: Service Standards (SS)

- Day Hospice
- **In-Home Hospice, Visiting**
- Hospice Residence
- Grief and Bereavement Support
- Spiritual Care
- Complementary Therapy

Module 4: Resource List and Glossary

- One glossary and one resource list for the entire HPCO Standards & Accreditation package, available as separate documents

[1] https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Palliative-Care
[2] https://www.ontariopalliativecarenetwork.ca/en/healthservicesdeliveryframework

Timeline of Standard Development and the Accreditation Process

This In-Home Hospice, Visiting Service Standard was published in June 2020 following a public consultation process.

When Standards are established or revised, they must be in place for a minimum of one year before the Standards can be assessed as Accreditation requirements for the hospice service.

Information about the HPCO Accreditation program is available at www.hpco.ca/accreditation

Environmental Factors

The development of provincial standards for hospice services takes place in a continuously evolving health care climate and a diverse network of organizations, each with their own respective care delivery system and availability of resources. The purpose of the HPCO Hospice Standards is to have clear and consistent quality standards that are applicable to organizations in a range of hospice settings.

Existing standards are updated every 3-5 years to ensure that they remain current, complete, and consistent with emerging best practices.

Glossary

An asterisk (*) beside a term in this document indicates that the term is defined in HPCO's Standards and Accreditation Glossary, which is available as a separate document within the HPCO Hospice Standards package.

Definitions

Hospice *Updated March 2020*

The overall concept of ***Hospice Palliative Care**** is well-defined in *CHPCA's A Model to Guide Hospice Palliative Care**. But what exactly is a "hospice" in Ontario?

A **hospice** is a charitable organization that plays a vital role in the health and social care system and works collaboratively with a variety of partners to serve its community. Hospice services are provided to children, adults, and seniors; some organizations may specialize in serving a specific population.

The goal of hospice care is to enhance the quality of life of individuals living with a progressive, *life-threatening illness** and the well-being of anyone that is impacted by the person's illness or death (*caregivers**, family members, and friends). *Volunteers** (both direct service and indirect service) and staff play an integral role in achieving that goal.

A hospice may be a standalone organization, or a program offered by a multi-service organization. Hospice services vary based on local community needs and are provided in a variety of settings – including where the individual lives or in a *homelike** location. A hospice offers one or more services such as:

- Caregiver & Family Support
- Chronic Disease Management
- **In-Home Hospice, Visiting**
- **Complementary Therapies**
- Day Programs / **Day Hospice**
- Education
- **End-of-Life Care** within a **Hospice Residence** or *homelike** setting
- **Grief & Bereavement Support**
- Interdisciplinary Community Palliative Care Teams
- Navigation Support
- Pain & Symptom Management Consultation
- Pain Clinics
- Psychosocial & **Spiritual Care**
- Respite & Symptom Management
- Transitional Care
- Wellness Programs

Each service type marked in **bold** is defined separately in the Hospice Palliative Care Ontario (HPCO) Hospice Standards. The remaining examples will be defined when standards are developed for that particular service type.

Hospice services are provided at no cost to the *service recipient**. A hospice may be partially funded by the Ministry of Health as well as charitable donations, fundraising and other fund development opportunities. All hospices must comply with relevant provincial and federal legislation and regulations including those governing registered charities and community support services.

In-Home Hospice, Visiting[3]

*In-Home Hospice, Visiting** is a community support service where *volunteers** are screened, trained, matched with *service recipients** and supervised to provide various forms of support – including emotional, social, spiritual and practical support – to those who are living with a *life-threatening* or terminal illness** and their families.

The *volunteer(s)** offer support where the *service recipient** resides.

*In-Home Hospice, Visiting** services may:

- Be offered alongside additional hospice services (see definition of "hospice" above).
- Supplement the support of family (i.e. by providing *respite** and existing care providers or, in some situations, may be the only source of support for the *service recipient**.

[3] *For the Ministry of Health and Long-Term Care definition of "Visiting Hospice", please see p 91 of the Ontario Health Reporting Standards, Chapter 10, Version 10.1, 2017/18.*

Module: Service Standards
Section: In-Home Hospice, Visiting
Standard: Model of Care / Service Model

Standard SS.HHS.1 – Model of Care

The hospice service is guided by a model of care that is rooted in the hospice palliative care philosophy, fosters collaboration, promotes equity, emphasizes *whole-person care, and aligns with existing evidence.**

Note: In future, the Model of Care standard will be consistent across all hospice service standards. (i.e. There will be one Model of Care* standard underpinning all hospice services.) Currently, it is copied into each service section and gets edited slightly each time a service section is developed/updated. This 2020 In-Home Hospice, Visiting version is the most current version of the HPCO Hospice Model of Care* Standard.*

Criteria

a. Services are designed to improve the quality of life of each individual and their family/friends by meeting the *holistic care** needs as identified according to the *domains of issues associated with illness and bereavement** that are applicable.
b. The individual and their family/friends, who are at the centre of the *circle of care**, are an integral part of the collaborative hospice team.
c. *Volunteers** who have received *hospice palliative care** training/education are an integral part of the collaborative hospice team in a non-clinical capacity. See Module 2: Volunteer Management of the HPCO Hospice Standards for more information.
d. Members of the collaborative hospice team, including individuals receiving service, *caregivers**, *volunteers**, and staff:
    i. Are informed of their rights and responsibilities (see Glossary: *Bill of Rights for Clients** and *Bill of Rights for Staff and Volunteers**). There is a mechanism for addressing concerns, *complaints**, and *unusual incidents** without repercussions.
    ii. Have *access** to an interpreter and/or *assistive services** and *communication tools** to decrease/reduce barriers to communication and to promote understanding of all information exchanged.
e. To promote an *equity**-informed approach to care, the *social determinants of health** are acknowledged as a factor that impacts on the lives of individuals receiving service and their family/friends.
f. Ongoing collaboration with internal and external *service providers** occurs, in order to facilitate seamless care. This may include use of common tools, processes, resources, and partnerships to minimize duplication and fragmentation.
g. Ongoing program evaluation and *quality improvement** occurs. Decisions and practices are informed by existing evidence, current research, and input from stakeholders.
h. Policies and procedures are in place related to the delivery of the service. Depending on organizational capacity, the operational policies should be reviewed at least every two years.

Accreditation Evidence Requirements for SS.HHS.1

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the In-Home Hospice, Visiting – Model of Care / Service Model Standard.

Evidence code	Related Criteria	Description of Evidence for Electronic Submission	Type of Evidence
SS.HHS.1.01	a, b, c	Copy of *Model of Care** or Philosophy of Care statement for the hospice (reflective of collaborative, *evidence-based**, *equity**-informed, *holistic care** delivered by a collaborative *interdisciplinary team** with expertise in *hospice palliative care**)	Document
SS.HHS.1.02	d	Evidence that members of the collaborative hospice team are informed of their rights and responsibilities	Document
SS.HHS.1.03	g	Evidence of ongoing program evaluation and/or *quality improvement** specific to the *In-Home Hospice, Visiting** service	Document
SS.HHS.1.04	h	List of policies/procedures relevant to the operation of the *In-Home Hospice, Visiting** service (i.e. Table of Contents)	Document
SS.HHS.1.05	All	Link to website highlighting the mission statement and vision statement for the hospice	Narrative
SS.HHS.1.06	b, c	List of roles on the collaborative hospice team in the *In-Home Hospice, Visiting** service and number of individuals by role	Narrative
SS.HHS.1.07	b, c	Description of how the collaborative hospice team works together and communicates. Provide examples to highlight what this looks like in practice	Narrative
SS.HHS.1.08	f	Description of how you collaborate with community partners. Provide examples of "common" tools, processes, resources and partnerships that demonstrate provincial, regional or local efforts to minimize duplication and fragmentation (examples may include PPS, ESAS, centralized referral, MOUs, partnership agreements, use of HPCO Hospice Metrics platform, participation in Interest Groups, etc.)	Narrative
SS.HHS.1.09	f	Description of process used to communicate with others when there is a change in the status or location of the *service recipient** (i.e. What are the barriers or obstacles that your hospice has experienced in this area and how are you striving to overcome them?)	Narrative
SS.HHS.1.10	b, g	*Service recipient** feedback validates that the hospice service, overall, meets their needs (minimum denominator is 10% of total number of individuals served during defined one-year audit period) **Target = 80% report met needs** *Note: when collecting feedback re: met needs, the relevant domains of care should be referenced (i.e. there are different types of needs to be met)*	*Service Recipient** Feedback (i.e. HPCO Hospice Metrics Client Check-In)

Module: Service Standards
Section: In-Home Hospice, Visiting
Standard: Access

Standard SS.HHS.2 – Access

Access to the In-Home Hospice, Visiting service is determined by specific eligibility criteria using a clearly defined and documented referral, admission and discharge process.

Criteria

a. The referral, admission and discharge processes include but are not limited to:
    i. *Eligibility criteria**
    ii. Exclusion criteria and subsequent referral process, as applicable
    iii. Discharge criteria and transfer to another service, as applicable
b. *Eligibility criteria** outline the parameters of who may receive the In-Home Hospice, Visiting service. For example, this service is typically available to individuals who are:
    i. Living with a life-threatening, life-limiting and/or *terminal illness**
    ii. Significant others of an individual living with a *life-threatening**, life-limiting and/or *terminal illness**
    iii. Living within the defined catchment area (geographical boundaries) of the hospice
    iv. Living outside the geographical boundaries of the hospice but meet eligibility for special programs as determined by the hospice
c. *Informed consent** to receive the service must be obtained, verbally or in writing, and documented prior to commencement of service.
d. Each hospice determines its own referral procedure; however, every individual who is referred or requests service has a personal record (with unique identifying number) that contains documentation outlining the referral, admission and discharge process that was followed. It is recommended that self-referral is permitted (no professional referral is required), however, *informed consent** is required to process a referral and *eligibility** requirements must be met in order to proceed with service.
e. Following receipt of a complete and accurate referral, a hospice representative confirms receipt and acceptance of the referral (with the referring person/organization) and responds to new referrals (usually with a phone call to the *service recipient**) within 2 *business days**.
f. If possible, the hospice will facilitate a referral to an alternate service for individuals who do not qualify for the service. At minimum, information about other services available in the community will be provided.
g. There is a clearly defined and documented procedure for managing and tracking requests for service that result in a *Wait List**. The procedure addresses the criteria for determining priority and addresses how individuals are informed of:
    i. The *wait list** process
    ii. Their status on the *wait list**
    iii. Possible alternatives for service

Accreditation Evidence Requirements for SS.HHS.2

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the In-Home Hospice, Visiting – Access Standard.

Evidence code	Related Criteria	Description of Evidence for Electronic Submission	Type of Evidence
SS.HHS.2.01 SS.HHS.2.02 SS.HHS.2.03	a	Copy of: i. *Eligibility criteria** ii. Exclusion criteria iii. Discharge criteria	Document
SS.HHS.2.04	g	Documented procedure re: *Wait List**, including how the individual receiving service becomes familiar with this procedure	Document
SS.HHS.2.05	c, d	Describe process used for receipt and response to referrals for service, including referring out to an alternate service for individuals who do not qualify. Provide examples to highlight what this looks like in practice	Narrative
SS.HHS.2.06 SS.HHS.2.07	d e	Review a selection of records for *service recipients** served within a selected one-year audit period to confirm that: i. Referral process has been documented ii. Contact within 2 *business days** of referral has been documented. Contact includes phone call or leaving a voice message. Please exclude files that contain clear documentation indicating that referred individual did not require contact within 2 days Target = 80% of files contain the required element	File Audit

Module: Service Standards
Section: In-Home Hospice, Visiting
Standard: Assessment

Standard SS.HHS.3 – Assessment

An assessment determines whether In-Home Hospice, Visiting is appropriate for client needs and is used to identify new/changing needs at the start of, and throughout, the duration of service.

Criteria

a. *Assessments** are completed with *informed consent** and in collaboration with the individual receiving service. If an *assessment** has been previously completed by an external member of the *interdisciplinary team**, relevant information may be gathered from that source (with consent).
b. *Assessments** are comprehensive. A collaborative *person-centred approach** is used to address any *"domains of issues associated with illness and bereavement"** that are relevant.
c. The individual who performs each *assessment** has the required *competency** to determine whether the *In-Home Hospice, Visiting** service is appropriate for current needs and which needs might be addressed by the service.
d. An attempt is made to complete the initial *assessment** within 10 *business days** of the referral unless deferred due to change in client status and/or by client request. There is a process for tracking how often this target is not met to assist with identifying capacity and system issues.
e. During each *assessment** the individual is advised of any *Wait List** for service(s) requested as per Standard SS.HHS.2 (Access).
f. There is a personal record (i.e. a file) for each individual assessed by the *In-Home Hospice, Visiting** service. *Personal health information** is collected as needed to carry out the work of the hospice, and records are maintained in accordance with applicable *privacy** laws and regulations. See Standard OO.ADM.3 (Information *Privacy**) for additional information.
g. If the individual is determined to have needs beyond the scope of the *In-Home Hospice, Visiting** service, wherever possible, a referral to alternate service(s) is made.
h. When possible, a separate *caregiver** *assessment** should be completed to identify any potential *caregiver** needs. This *assessment** may identify *caregiver** needs that can be met through the *In-Home Hospice, Visiting** service (i.e. *respite** and/or it may identify needs that require distinct *caregiver** support services. When distinct *caregiver** support services are initiated by the hospice, a separate record (file) is created for the *caregiver**.

Accreditation Evidence Requirements for SS.HHS.3

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the In-Home Hospice, Visiting – Assessment Standard.

Evidence code	Related Criteria	Description of Evidence for Electronic Submission	Evidence Type
SS.HHS.3.01 SS.HHS.3.02	a, b	Documented procedure related to: i. Admission process ii. Initial and ongoing *assessment** of *service recipient** needs	Document
SS.HHS.3.03	All	Copy of *assessment** template (blank) that is added to *service recipient** record	Document
SS.HHS.3.04	c	Describe the expectations regarding the education, experience, and training of those who perform *assessments** with a list of personnel authorized to conduct *assessments** for the *In-Home Hospice, Visiting** service	Narrative
SS.HHS.3.05	d	Describe process for tracking how often, and for what reason, *assessments** do not occur within 10 *business days** to assist with identifying capacity and system issues	Narrative
SS.HHS.3.06	h	Describe process for ensuring that *caregiver** needs are met either through the *In-Home Hospice, Visiting** service (i.e. *respite** or through a distinct *caregiver** support service	Narrative
SS.HHS.3.07 SS.HHS.3.08	All	Review a selection of records for *service recipients** served within a selected one-year audit period to confirm that each record contains: i. A signed *Service Agreement** or evidence of verbal agreement ii. An initial *assessment** Target = 100% of files contain the required element	File Audit

Module: Service Standards
Section: In-Home Hospice, Visiting
Standard: Decision-Making / Capacity

Standard SS.HHS.4 – Decision-Making / Capacity

Everyone receiving service (or *Substitute Decision Maker if the service recipient is not capable at the time consent is required) receives the necessary information to provide informed consent when making decisions.**

Criteria

a. *Informed consent** is obtained prior to initiation of service, change in service or termination of service.
b. The process that is in place for assessing *capacity** of the *service recipient** aligns with current Ontario legislation, and staff involved in the *In-Home Hospice, Visiting** service understand the process.
c. The hospice staff delivers information about service options including (when relevant) expected outcomes, risks, benefits, side effects, and alternative options including the right to decline or terminate services. These conversations are documented according to regulatory and organizational standards. A clear process exists to ensure relevant team members are aware of the outcome of these discussions and/or decisions, in accordance with *privacy** legislation.
d. Services and *service recipient** choices are reviewed regularly and as their condition changes. Opportunities to choose other services or withdraw *consent for service** are provided as the individual's condition changes. See Standard SS.HHS.6 (Care Delivery) for more information.
e. Staff involved in the *In-Home Hospice, Visiting** service have received education on *Health Care Consent** and *Advance Care Planning** that is consistent with current legislation addressing these issues.
f. The hospice actively promotes, shares, and utilizes *Health Care Consent** and *Advance Care Planning** (HCC ACP) resources that are consistent with the provincial legal framework (i.e. Speak Up Ontario). These resources are promoted, shared, and utilized with relevant stakeholders (i.e. members of the collaborative hospice team, *service recipients**, *caregivers**, *volunteers**, etc.).

Accreditation Evidence Requirements for SS.HHS.4

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the In-Home Hospice, Visiting – Decision-Making / Capacity standard.

Evidence code	Related Criteria	Description of Evidence for Electronic Submission	Evidence Type
SS.HHS.4.01	b	Documented procedure related to assessing *capacity*.* Note: hospice staff does not have to complete the *capacity* assessment** themselves. Rather, the hospice must have a defined procedure for *capacity** to be assessed by a qualified member of hospice team or a health care partner, when required. The hospice staff must understand the process. Some considerations to address may include: How does the hospice know when a *capacity* assessment** is required? When it is required, how does the hospice ensure it happens?	Document
SS.HHS.4.02	c	Description of how and when information about service options (expected outcomes, risks, benefits, side effects, and alternative options including the right to decline or terminate services) is delivered to the *service recipient**.	Narrative
SS.HHS.4.03	e	Description of the education requirements related to *Health Care Consent** and *Advance Care Planning** (which staff members/*volunteer*s* must receive education, who tracks the completion, who provides the education, what are the outcome measurements, etc.)	Narrative
SS.HHS.4.04	f	Description of how and when the hospice promotes, shares and utilizes *Health Care Consent** and *Advance Care Planning** resources that are consistent with the Ontario legal framework with relevant stakeholders (i.e. members of the collaborative hospice team, *service recipients**, *caregivers**, *volunteers**, etc.).	Narrative
SS.HHS.4.05	a	Review a selection of records for *service recipients** served within a selected one-year audit period to confirm that *informed consent** was obtained and documented prior to initiation of service, change in service or termination of service. Target = 80% of files contain the required element	File Audit
SS.HHS.4.06	e	Review current half of current **employee** records within the *In-Home Hospice, Visiting** service to locate evidence that staff have received education on *Health Care Consent** and *Advance Care Planning** that is consistent with current Ontario legislation addressing these issues. Target = 80% of files contain the required element	File Audit

Module: Service Standards
Section: In-Home Hospice, Visiting
Standard: Care Planning

Standard SS.HHS.5 – Care Planning

The integrated care plan for individuals receiving service outlines how identified needs or goals will be met by the In-Home Hospice, Visiting service.

Criteria

a. The *care plan** is a written arrangement between the hospice and the individual that outlines the *goals of care**, what services will (and will not) be provided by the hospice, as well as the roles and responsibilities of the individual and family / friends with respect to the *In-Home Hospice, Visiting** service (i.e. informing the need to cancel a visit, updating if there is a change in the client's condition etc.).
b. During the development of their *care plan**, individuals receive the necessary information to make informed decisions.
c. The *care plan** is:
    i. Based on initial and follow-up *assessment** of the support needs of the individual and family / friends, as well as the services the hospice can reasonably offer.
    ii. Developed in collaboration with, and with the *informed consent** of, the individual receiving service.
    iii. Aligned to any *"domains of issues associated with illness and bereavement"** that are relevant.
    iv. Documented-in the individual's record, according to hospice procedure and applicable regulatory standards.
    v. Coordinated with external organizations when appropriate.
d. The *care plan** **may** incorporate strategies to:
    i. Support the individual and family throughout the illness
    ii. Support *caregivers**
    iii. Plan for contingencies, emergencies and/or disruptions in service
    iv. Assist with *end-of-life** planning
    v. Support family with post-death *bereavement**
e. To address changing needs, expectations and preferences, the *care plan** is reviewed and updated following each *assessment**. A follow-up *assessment** and review/update of the *care plan** occurs:
    i. When there is a significant change in *service recipient** status
    ii. When a service change occurs or is requested
    iii. At minimum, quarterly if no significant changes have occurred.
f. There is a process to plan termination of, or discharge from, the service.

Accreditation Evidence Requirements for SS.HHS.5

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the In-Home Hospice, Visiting – Care Planning Standard.

Evidence code	Related Criteria	Description of Evidence for Electronic Submission	Evidence Type
SS.HHS.5.01 SS.HHS.5.02 SS.HHS.5.03	All	Documented procedure related to *care planning** that addresses: i. Involvement of *service recipient** and family and members of the *interdisciplinary team**. ii. Internal targets / deadlines for when the initial *care plan** should be developed. iii. How often *care plan** should be reviewed and updated (even if there is no change in condition).	Document
SS.HHS.5.04	All	Copy of *care planning** template (blank sample) that includes all relevant *"domains of issues associated with illness and bereavement"** (also known as the "domains of care"). For example, physical, social, spiritual, psychological, practical, *end-of-life**/death management, *loss*/grief** domains.	Document
SS.HHS.5.05 SS.HHS.5.06 SS.HHS.5.07 SS.HHS.5.08 SS.HHS.5.09	All	Review a selection of records for *service recipients** served within a selected one-year audit period to confirm that: i. There is a documented *care plan** to address the immediate needs of the *service recipient** ii. The *service recipient** was involved in the development of the *care plan** and their *wishes** have been incorporated into the plan iii. At least one *goal of care** has been established within the *care plan** iv. The *care plan** is being followed (were the requested service initiated? If not, why not? Is this documented?) v. The *care plan** has been updated as needs change. Target = 80% of files contain the required element	File Audit
SS.HHS.5.10	All	*Service recipient** feedback confirms their involvement in the development of the *care plan** (minimum denominator is 10% of total number of participants served during defined one-year audit period). Target = 80% report involvement in development of *care plan**	*Service Recipient** Feedback (i.e. HPCO Hospice Metrics Client Check-in)

Module: Service Standards
Section: In-Home Hospice, Visiting
Standard: Service Delivery

Standard SS.HHS.6 – Service Delivery

The focus of delivering In-Home Hospice, Visiting services is to enhance quality of life of each individual and their family/friends by offering person-centred emotional, social, spiritual, and practical support. The support is provided in a variety of settings within the established scope of the care plan.

Criteria

a. *Informed consent** to receive the service must be obtained, verbally or in writing, and documented prior to commencement of service.
b. A clearly designated individual is responsible for oversight of the *In-Home Hospice (Visiting)** service. The requirements of this position (education, *professional designation**, etc.) are determined by each individual hospice following a *risk assessment** of the role. However, this person must possess the minimum required competencies (experience, skills, and qualifications) outlined below.
    i. Ability to supervise and provide ongoing support to *volunteers** in accordance with Module 2 of HPCO's Hospice Standards framework
    ii. Interpersonal skills/ability to develop rapport with individuals receiving service, family members, *volunteers** and other stakeholders
    iii. *Assessment** skills, including:
        1. Ability to determine if the service is suitable for the individual's needs
        2. Ability to identify when a service request is out of scope
        3. Ability to assess risk and safety of the environment
    iv. Case management skills/ability to coordinate the ongoing provision of service for multiple clients at a time
    v. *Care planning** skills/ability to develop a *care plan** in collaboration with the individual receiving service
    vi. Ability to make links to external resources/knowing what other resources are available
    vii. Ability to *access** ethical and/or clinical support and/or guidance as needed – either in house or in consultation with the *interdisciplinary team**
    viii. Understanding of basic medical terminology
c. Service is available in a variety of settings and at various times of day. Parameters regarding service time and settings is communicated to clients and other stakeholders.
d. When a *volunteer** provides support directly to the individual receiving service:
    i. Support is available to the *volunteer** while on duty for the hospice and the *volunteer** is aware of how to *access** this support.

ii. There is a defined process for matching the individual and the *volunteer** and for making changes as requested by either party. The individual and *volunteer** are informed of this procedure.
iii. The *volunteer** management process aligns to the standards found in Module 2 of HPCO's Hospice Standards framework.

e. *Service recipients**, *volunteers**, and hospice staff have the right to a safe, appropriate service environment. There is a process for service to be interrupted or withdrawn in situations that are deemed inappropriate or unsafe. This process includes documentation supporting the service interruption and subsequent communication with the *service recipient**. Additionally, a mechanism exists to review any correction of circumstances which may allow service to resume.
f. There is a mechanism for identifying new needs of *service recipients**. The hospice strives to meet those needs directly or through referral. Ongoing contact is guided by the *care plan**, identified concerns, and inquiries by the individual receiving service.
g. *Service recipients** should receive regular contact from hospice staff to ensure the service is meeting their needs and to identify whether additional services are needed (follow-up *assessment**, leading to updated *care plan**). At minimum, when *volunteers** are assigned, contact by hospice staff occurs:
    i. When the hospice is informed of a significant change in *service recipient** status
    ii. When a service change is requested or recommended
    iii. At minimum, quarterly if no significant changes have occurred.
h. Services may be occasional, episodic, or infrequent depending on individual needs and preferences, as well as hospice capacity.

Accreditation Evidence Requirements for SS.HHS.6

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with *the In-Home Hospice, Visiting** – Service Delivery standard.

Evidence code	Related Criteria	Description of Evidence for Electronic Submission	Evidence Type
SS.HHS.6.01	b	Copy of position description for individual who oversees the *In-Home Hospice, Visiting** service and any other key staff roles	Document
SS.HHS.6.02 SS.HHS.6.03 SS.HHS.6.04 SS.HHS.6.05 SS.HHS.6.06	c, d, e	Documented procedure related to service delivery that addresses: i. Where and when support can be provided to *service recipients**. ii. How *volunteers** can *access** support while on duty after regular office hours and how/when *volunteers** are informed of this process. iii. Process used for client/*volunteer** matches and the criteria used when matching iv. Process used to evaluate and change the match as requested by the *service recipient** and/or *volunteer** and how/when *service recipients** and *volunteers** are informed of this procedure v. Service being interrupted or withdrawn in situations that are deemed inappropriate or unsafe	Document
SS.HHS.6.07	d	Describe process used to change the match between a *service recipient** and *volunteer**. If possible, provide an example to highlight what this looks like in practice. The example can be from outside the audit period.	Narrative
SS.HHS.6.08	g	Review a selection of records for individuals served within a selected one-year audit period to confirm that the hospice staff reach out regularly to ensure the service was meeting their needs and to identify whether additional services were required. When reviewing each file, please confirm that the individual was contacted: i. When the hospice was informed of a significant change in *service recipient** status ii. When a service change was requested or recommended iii. At minimum, quarterly if no significant changes occurred. Target = 90% of files contain the required element	File Audit
SS.HHS.6.09	g	*Service recipient** feedback confirms their overall satisfaction with the service (minimum denominator is 10% of total number of participants served during defined one-year audit period). Target = 80% report satisfaction	*Service Recipient** Feedback (i.e. HPCO Hospice Metrics Client Check-in)

Glossary and Resource List

An asterisk (*) beside a term in this document indicates that the term is defined in HPCO's Standards and Accreditation Glossary, which is available as part of the overall HPCO Hospice Standards and Accreditation package. A list of resources is also available within that document.

Hospice Standards

Module 3 – Hospice Service Standards (SS)
Section 3 – Hospice Residence (HRS)

June 2020

Hospice Palliative Care Ontario is grateful to the Mount Pleasant Group for generously supporting the development of Hospice Standards and HPCO's Centre of Excellence for Hospice Care. This support has allowed HPCO to create 12 hospice standards, a comprehensive accreditation framework, and other tools and resources supporting hospices throughout Ontario in providing high quality, compassionate care.

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Table of Contents

Foreword

The Hospice Residence Service Standard is a product of Hospice Palliative Care Ontario. It is situated within a larger Standards framework that is outlined on the following page of this document.

This section of the HPCO Hospice Standards framework was developed by an expert panel of individuals with expertise providing Hospice Residence services. The expert panel was convened in January 2017. Two rounds of public consultation occurred, first in July/August 2017 and again in December 2017.

HPCO is committed to ensuring a multi-perspective approach by involving individuals from across the province throughout the process of developing each hospice service standard. We strive to ensure our panels and reviewers represent the wide variety of geography, organizational size, and professional backgrounds within our member hospices.

Acknowledgements

The revision of the former standards document, the "Community Residential Hospice Standards (2012)", was a team effort. The expertise of our members and their dedication to quality hospice palliative care* made this work possible. In addition to the individuals listed below, feedback on the draft document was received from several unidentifiable respondents via online survey (n=23).

HPCO acknowledges and thanks the following individuals for their contributions to this document:

Members of 2017 Review Panel - Community Residential Hospice Standards

Annalise Stenekes, Hospice Palliative Care Ontario (Facilitator)
Betty Smallwood, Timiskaming Hospice Palliative Care
Joseph Perry, Hospice of Windsor and Essex County
Kerri-Anne Wilson, The Bridge Hospice
Maureen Sullivan-Bentz, Hospice Renfrew
Pam Blackwood, McNally House
Rebecca Ellerson, Hospice Huntsville
Theresa Mudge, Algoma Community Residential Hospice
Wendy Boyle, St. Joseph's Hospice London

Thank you also to the authors, contributors and reviewers of the original Community Residential Hospice Standards (2005), the revised Community Residential Hospice Standards (2012), and the revised Visiting Hospice Standards (2014) – whose work we have borrowed and expanded upon. The individuals that volunteered their time and expertise on each of these panels are listed below.

Working Group – Community Residential Hospice Standards (2005)

Anne Marie Dean, Hill House Hospice
Barbara Bowie, The Dorothy Ley Hospice
Barbara O'Connor, The Hospice at May Court
Beth Ellis, Dr. Bob Kemp Hospice (Co-Chair)
Carolyn Harding, Hospice Caledon
Deborah Lavender, Toronto Palliative Care Network (previously with Hospice of Peel, Inc.)
Deborah Randall Wood, Casey House Hospice
Mary McGeown, The Carpenter Hospice
Megan McCullough, Lisaard House
Pat Hundertmark, Hospice Niagara (Co-Chair)

Review Panel - Community Residential Hospice Standards (2012)

Anne-Marie Dean, Hill House Hospice
Beth Ellis, The Dr. Bob Kemp Hospice
Connie Dwyer, Lisaard House
Diane Caughey, Hospice Renfrew
Helen Ross, Algoma Community Residential Hospice
Lesley Hirst, The Carpenter Hospice
Lloyd Cowin, Rogers House

Review Panel – Visiting Hospice Service Standards (2014)

Alexandra McKenna, Heart House Hospice
Amanda Maragos, Philip Aziz Centre for Hospice Care
Annalise Stenekes, Hospice Palliative Care Ontario
Cindy Fischer, Hospice Palliative Care Ontario
Karen Emsig, Hazel Burns Hospice
Maureen Riedler, Hospice Dufferin
Shirley Dinsmore, Huron Hospice Volunteer Service

Introduction

Scope and Purpose of HPCO Hospice Standards

Hospice standards set the minimum required expectations that differentiate the operations, work, and philosophy of hospice-based services from other community support services.

HPCO Hospice Standards have been developed and revised in consultation with member hospices and are based on best practices and evidence from literature. Whenever applicable, every attempt is made to ensure that these standards also align with the governing legislation and national models of care such as the *CHPCA Norms of Practice**, as well as other provincial documents such as the *Health Quality Ontario (HQO)** Quality Standard for Palliative Care[1] and the Ontario Palliative Care Network (OPCN) Health Services Delivery Framework[2].

The HPCO Hospice Standards act as a guide to organizations with existing hospice services, as well as organizations that are considering developing such services. Additional resources may be available for any parties interested in specific hospice services – please contact HPCO for more information.

Framework of the Standards

This document was developed as part of a larger volume of work. The **Hospice Residence Service Standard** is situated within the following HPCO Hospice Standards framework.

Module 1: Organizational Oversight (OO)

- Governance
- Administrative Operations
- Quality Assurance

Module 2: Volunteer Management (VM)

- Foundations
- Engagement
- Stewardship

Module 3: Service Standards (SS)

- Day Hospice
- In-Home Hospice, Visiting
- **Hospice Residence**
- Grief and Bereavement Support
- Spiritual Care
- Complementary Therapy

Module 4: Resource List and Glossary

- One glossary and one resource list for the entire HPCO Standards & Accreditation package, available as separate documents

[1] https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Palliative-Care
[2] https://www.ontariopalliativecarenetwork.ca/en/healthservicesdeliveryframework

Timeline of standard development and accreditation requirements

The revised Hospice Residence Service Standard was published in February 2018 following a public consultation process. The current document has undergone a format edit for style and consistency purposes and any changes are immaterial to Accreditation requirements for this edition of the Standards.

When Standards are established or revised, they must be in place for a minimum of one year before the accreditation process is made available based on the new/updated Standards.

For the revised Hospice Residence Service Standard, the accreditation evidence requirements were released in October 2018 and Accreditation was available according to these standards effective April 1, 2019.

Information about the HPCO Accreditation program is available at www.hpco.ca/accreditation

Environmental Factors

The development of provincial standards for hospice services takes place in a continuously evolving health care climate and a diverse network of organizations, each with their own respective care delivery system and availability of resources. The purpose of the HPCO Hospice Standards is to have clear and consistent quality standards that are applicable to organizations in a range of hospice settings.

Existing standards are updated every 3-5 years to ensure that they remain current, complete, and consistent with emerging best practices.

Glossary

An asterisk (*) beside a term in this document indicates that the term is defined in HPCO's Standards and Accreditation Glossary, which is available as a separate document within the HPCO Hospice Standards package.

Definitions

Hospice *Updated March 2020*

The overall concept of ***Hospice Palliative Care**** is well-defined in *CHPCA's A Model to Guide Hospice Palliative Care**. But what exactly is a "hospice" in Ontario?

A **hospice** is a charitable organization that plays a vital role in the health and social care system and works collaboratively with a variety of partners to serve its community. Hospice services are provided to children, adults, and seniors; some organizations may specialize in serving a specific population.

The goal of hospice care is to enhance the quality of life of individuals living with a progressive, *life-threatening illness** and the well-being of anyone that is impacted by the person's illness or death (*caregivers**, family members, and friends). *Volunteers** (both direct service and indirect service) and staff play an integral role in achieving that goal.

A hospice may be a standalone organization, or a program offered by a multi-service organization. Hospice services vary based on local community needs and are provided in a variety of settings – including where the individual lives or in a *homelike** location. A hospice offers one or more services such as:

- Caregiver & Family Support
- Chronic Disease Management
- **In-Home Hospice, Visiting**
- **Complementary Therapies**
- Day Programs / **Day Hospice**
- Education
- **End-of-Life Care** within a **Hospice Residence** or *homelike** setting
- **Grief & Bereavement Support**
- Interdisciplinary Community Palliative Care Teams
- Navigation Support
- Pain & Symptom Management Consultation
- Pain Clinics
- Psychosocial & **Spiritual Care**
- Respite & Symptom Management
- Transitional Care
- Wellness Programs

Each service type marked in **bold** is defined separately in the Hospice Palliative Care Ontario (HPCO) Hospice Standards. The remaining examples will be defined when standards are developed for that particular service type.

Hospice services are provided at no cost to the *service recipient**. A hospice may be partially funded by the Ministry of Health as well as charitable donations, fundraising and other fund development opportunities. All hospices must comply with relevant provincial and federal legislation and regulations including those governing registered charities and community support services.

Hospice Residence / Residential Hospice

A Hospice Residence is a health *service provider** that delivers expert care to individuals and their families in a *homelike** setting during the *end-of-life** phase (when death is anticipated within 3 months).

The care provided in a Hospice Residence supports and enhances the quality of life and death and is offered at no cost to those receiving the service. A Hospice Residence may be an independent free-standing facility or a dedicated *hospice suite(s)** which is co-located within a larger facility.

In a Hospice Residence, *end-of-life** services are provided to the resident and their family/friends by an *interdisciplinary** team with palliative care expertise 24 hours a day, 7 days a week. *Volunteers** support a Hospice Residence in direct service (i.e. resident care) and indirect service (i.e. reception, administrative, facility management) roles.

Other services may be provided in the facility to support the residents and their family/friends. This may include Grief and Bereavement Support, Spiritual Care, *Complementary Therapies**, Children's support, and Caregiver/Wellness programs.

A Hospice Residence is operated by a non-profit organization and is supported by its community and donors; it usually receives some operating funding from government and the rest from charitable donations/fundraising.

Hospice Residences collaborate and partner with other healthcare organizations such as *Long-Term Care** facilities (LTC), local hospitals, other Community Support Services, and LHIN Home and Community Care. The level of partnership/collaboration varies from community to community.

Each Hospice Residence must comply with relevant municipal, provincial and federal legislation and regulations.

When determining the size/layout of the facility, the key consideration is that a Hospice Residence is designed to be *homelike** rather than institutional, and that the staffing model is appropriate given the number of beds. Most Hospice Residences operate up to 10 beds and some operate more than one site. In any given section of a Hospice Residence facility, it is recommended that there be no more than 12 beds, but multiple ranges are acceptable. A Hospice Residence includes, but is not limited to:

- Private resident rooms
- Community living room, kitchen and eating area
- Quiet area
- Tub/Shower room
- Public washrooms meeting *accessibility** regulations
- Dirty utility area
- Supplies area
- Care Team & Nursing station including secure medication room
- Children's play area
- Administrative offices

Module: Service Standards
Section: Hospice Residence
Standard: Model of Care / Service Model

Standard SS.HRS.1 – Model of Care / Service Model

The services offered by the Hospice Residence are guided by a model of care which is collaborative in nature and aligns with current evidence-based practice related to hospice palliative care. Services promote equity and *whole-person care and are delivered by an interdisciplinary team that has expertise in hospice palliative care.**

Criteria

a. Services are designed to improve quality of life by meeting the holistic needs of each resident and their family/friends. This includes all the *"domains of issues associated with illness and bereavement"** - psychological, social, practical, spiritual, physical, disease management, *loss*/grief**, and *end-of-life care**/death management.
b. The resident and family/friends, who are at the centre of the *circle of care**, are an integral part of the *collaborative care team**.
c. *Volunteers** who have received specialized training/education are an integral part of the *collaborative care team**.
d. Services will be managed and/or delivered by members of an *interdisciplinary team** that consists of professionally trained *service providers** with expertise in *hospice palliative care**. The Hospice Residence ensures *access** to ongoing specialized training/education for members of the *interdisciplinary team** to maintain *competency** in practice.
e. The *social determinants of health** are acknowledged as a factor that impacts on the lives of residents and their family/friends.
f. The *model of care** emphasizes collaboration with external care providers to facilitate seamless care. This may include use of common tools, processes, resources, and partnerships.
g. All members of the *collaborative care team**, including residents, family/friends, *volunteers**, and staff, are informed of their rights and responsibilities (see Glossary: *Bill of Rights for Clients** and *Bill of Rights for Staff and Volunteers**). There is a mechanism for addressing concerns, *complaints**, and *unusual incidents**.
h. Residents, family/friends, *volunteers**, and staff have *access** to interpretive support, *assistive services** and/or *communication tools** as required to decrease/reduce barriers to communication and promote understanding of any information exchanged.
i. Policies and procedures and a review process are in place for all areas of operation within the hospice.

Accreditation Evidence Requirements for SS.HRS.1

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Hospice Residence – Model of Care Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.HRS.1.01	Copy of mission statement and vision statement for the hospice	Document
SS.HRS.1.02	Copy of *Model of Care** or Philosophy of Care statement for the hospice (reflective of collaborative, *evidence-based**, *equity**-informed, *holistic care** delivered by an *interdisciplinary team** with expertise in *hospice palliative care**)	Document
SS.HRS.1.03	Description of how the collaborative/*interdisciplinary team** works together and communicates effectively.	Narrative
SS.HRS.1.04	Evidence of community partnerships and description of how you collaborate. Include examples of "common" tools, processes, resources and partnerships that demonstrate provincial, regional or local efforts to minimize duplication and fragmentation (examples may include PPS, ESAS, centralized referral, MOUs, partnership agreements, use of HPCO Hospice Metrics platform, participation in Interest Groups, etc.)	Narrative and/or Document
SS.HRS.1.05	Description of how the *volunteers** are made an integral part of the collaborative/interdisciplinary care team	Narrative
SS.HRS.1.06	Evidence of ongoing specialized training/education for members of the collaborative/interdisciplinary care team to maintain *competency** in practice	Narrative and/or Document
SS.HRS.1.07	Copy of P&P related to concerns, *complaints**, and *unusual incidents**	Policy
SS.HRS.1.08	*Service recipient** feedback validates that the hospice service, overall, meets their needs (minimum denominator is 10% of total number of individuals served during defined one-year audit period) Target = 80% report met needs	*Service Recipient** Feedback (i.e. HPCO Hospice Metrics Client Check-In)

Evidence Requirements - Site Visit[3]	
SS.HRS.1.09 (SV)	Interview with resident and/or person of significance re: *model of care**
SS.HRS.1.10 (SV)	Interview with staff re: *model of care**
SS.HRS.1.11 (SV)	Interview with *volunteer** re: *model of care**
SS.HRS.1.12 (SV)	Review of prepared materials (binder) - List of roles on the collaborative/*interdisciplinary team** and number of individuals by role
SS.HRS.1.13 (SV)	Review of *Critical Incidents** binder

[3] *Additional details about the prepared materials (binder) and interview process are available in the Site Visit prep document.*

Module: Service Standards
Section: Hospice Residence
Standard: Access

Standard SS.HRS.2 - Access

Access to services offered by the Hospice Residence is determined by specific eligibility criteria and facilitated using clearly defined and documented referral, admission, and discharge processes.

Criteria

a. *Eligibility criteria** and the referral/admission process for various service types are clearly documented and communicated to stakeholders. The various service types may include, but are not limited to:
    i. *End-of-life**
    ii. Pain and symptom management short stay
    iii. *Respite** short stay (*caregiver relief**)
b. The referral, admission and discharge processes include, but are not limited to:
    i. *Eligibility criteria**
    ii. Exclusion criteria and subsequent referral process, as applicable
    iii. Discharge criteria and transfer to another care setting, as applicable
    iv. Priority populations, as applicable (e.g. *acute** EOL, geographical boundaries, marginalized communities)
    v. A *risk management** approach to ensure that the capabilities of the hospice match the needs of the resident(s)
c. *Informed consent** to receive services from/within the Hospice Residence must be obtained and documented prior to commencement of service.
d. Each hospice may have its own referral procedure; however, each resident's file/chart contains documentation outlining the referral, admission and discharge processes that were followed.
e. The Hospice Residence provides clear information regarding what services or treatments are/are not available to residents within the facility.
f. There is a clear and documented process for managing the Referral List and this process is explained to those who are waiting for service. Prioritization for service considers all "*domains of issues associated with illness and bereavement*"* and the capacity of the individual hospice. Prioritization for service delivery may be developed in collaboration with other organizations.

Accreditation Evidence Requirements for SS.HRS.2

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Hospice Residence – Access Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.HRS.2.01	Copy of referral template (blank sample)	Document
SS.HRS.2.02	Copy of P&P related to eligibility, exclusion and discharge criteria for *end-of-life care**	Policy
SS.HRS.2.03	Copy of P&P related to eligibility, exclusion and discharge criteria for any services offered in addition *end-of-life care** (i.e. *respite** short stay, pain/symptom management)	Policy
SS.HRS.2.04	Copy of P&P related to specific services and treatments that are/are not available within the facility and how residents are informed (i.e. *MAID**, medicinal marijuana, vaping, smoking)	Policy

Evidence Requirements – Site Visit[4]	
SS.HRS.2.05 (SV)	File Audit – Resident Surveyors will review a selection of records for residents served within a selected one-year audit period to confirm that: i. Referral, admission and discharge information was fully documented. ii. Information regarding which services or treatments are/are not available to residents within the facility was shared. iii. *Informed consent** to receive the service was obtained and documented prior to commencement of service. (Target: 80%)
SS.HRS.2.06 (SV)	Interview with staff re: *access**
SS.HRS.2.07 (SV)	Interview with resident and/or person of significance re: *access**

[4] *Additional details about the prepared materials (binder) and interview process are available in the Site Visit prep document.*

Module: Service Standards
Section: Hospice Residence
Standard: Assessment

Standard SS.HRS.3 – Assessment

Assessments are completed using a comprehensive and collaborative person and family-centred approach, prior to admission, at the time of admission and throughout the resident's stay. The purpose of assessment is to identify the resident's goals of care and determine the appropriate level and type of supports to be offered.

Criteria

a. The *interdisciplinary team** member who performs *assessments** has the required *competency** to do so.
b. The *assessment** is completed with *informed consent** and in collaboration with the resident to determine their *goals of care** (or *Substitute Decision Maker** if the resident is not capable at the time consent is required).
c. Relevant information regarding the resident's situation is collected from the resident, *interdisciplinary team** members and/or the referral source, with the *informed consent** of the resident (or *SDM**) and in accordance with current *privacy** legislation.
d. *Assessments** are completed by members of the *interdisciplinary team** using a variety of available *evidence-based** tools and techniques.
e. The *assessment** addresses, at minimum, the following *"domains of issues associated with illness and bereavement"**:
    i. Physical
    ii. Psychological (including emotional)
    iii. Social
    iv. Spiritual
    v. Practical (activities of daily living)
    vi. Disease Management
    vii. *End-of-life care**/Death Management
    viii. *Grief and Bereavement**
f. The *assessment** includes a review of possible risk and safety issues so that the hospice is better able to meet the needs of the resident.
g. There is a personal record (written and/or electronic) for each resident who is admitted to the Hospice Residence and all *assessments** are documented in the resident's file/chart according to individual hospice procedure and applicable regulatory standards.

Accreditation Evidence Requirements for SS.HRS.3

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Hospice Residence – Assessment standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.HRS.3.01	Copy of P&P related to the initial and ongoing *assessment** process.	Policy
SS.HRS.3.02	Copy of P&P related to the admission process.	Policy
SS.HRS.3.03	Copy of *assessment** and admission templates (blank sample) that are added to the resident's record.	Document

Evidence Requirements – Site Visit[5]	
SS.HRS.3.04 (SV)	File Audit – resident Surveyors will review a selection of records for residents served within a selected one-year audit period to confirm that: • *Evidence-based** tools (recognized in field of *hospice palliative care**) were used to conduct the pre-admission *assessment** as well as on-going *assessment** following admission. • *Admission Agreement** was signed by resident/*SDM** and Hospice representative • Nursing *assessments** were documented at minimum once per shift. • If LOS > 48 hours, documentation exists demonstrating that all domains of care were addressed with the resident and/or family (Target: 80%)
SS.HRS.3.05 (SV)	Interview with staff re: *assessment**
SS.HRS.3.06 (SV)	Interview with resident and/or person of significance re: *assessment**
SS.HRS.3.07 (SV)	Review of prepared materials (binder) – list of personnel approved to conduct *assessments**, including *professional designation**. This may be a registered nurse, palliative physician, or external care team member (i.e. Home and Community Care staff)

[5] *Additional details about the prepared materials (binder) and interview process are available in the Site Visit prep document.*

Module: Service Standards
Section: Hospice Residence
Standard: Decision-Making / Capacity

Standard SS.HRS.4 – Decision-Making / Capacity

Each resident (or Substitute Decision Maker if the resident is not capable at the time consent is required) receives the necessary information to make decisions and provide informed consent.

Criteria

a. *Informed consent** is obtained prior to initiation of service/treatment, change in service/treatment or termination of service/treatment. *Informed consent** is obtained from the resident (or *Substitute Decision Maker** if the resident is not capable at the time consent is required).
b. The process in place to assess *capacity** of the resident aligns with current Ontario legislation.
c. Members of the *interdisciplinary team** deliver information about service/treatment options including expected outcomes, risks, benefits, side effects, and alternative options including the right to decline services or treatments. These conversations are documented according to regulatory and organizational standards. A clear process exists to ensure all team members are aware of the outcome of these discussions and/or decisions, in accordance with *privacy** legislation.
d. Services/treatments and resident/*SDM** choices are reviewed regularly and as the resident's condition changes. Opportunities to choose other services/treatments or withdraw *consent for service**/treatment are provided as the person's condition changes.
e. Each member of the *interdisciplinary team** within the Hospice Residence has received education on *Health Care Consent** and *Advance Care Planning** that is consistent with current Ontario legislation addressing these issues.
f. The hospice actively promotes, shares, and utilizes HCC ACP resources that are consistent with the Ontario legal framework (i.e. Speak Up Ontario). These resources are promoted, shared, and utilized with members of the *interdisciplinary team** and residents/*SDMs**.

Accreditation Evidence Requirements for SS.HRS.4

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Hospice Residence – Decision-Making / Capacity Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.HRS.4.01	Copy of P&P related to assessing *capacity**	Policy
SS.HRS.4.02	Evidence outlining the education requirements related to *Health Care Consent** and *Advance Care Planning** (who must receive education, how often, who tracks the completion and renewal, who provides the education, what are the outcome measurements, etc.)	Narrative

Evidence Requirements – Site Visit[6]	
SS.HRS.4.03 (SV)	Interview with staff re: *informed consent** and promoting, sharing, utilizing HCC ACP resources
SS.HRS.4.04 (SV)	File Audit – Staff Surveyors will review current employee records to locate evidence that hospice staff have received education on *Health Care Consent** and *Advance Care Planning** that is consistent with current Ontario legislation addressing these issues. (Target: 80%)
SS.HRS.4.05 (SV)	File Audit – Resident Surveyors will review a selection of records for residents served within a selected one-year audit period to confirm that: • Information about treatment options (expected outcomes, risks and benefits, alternates to treatments, including no treatment) were delivered and the conversation was documented • Information about *Health Care Consent** and *Advance Care Planning** was provided to the resident/*SDM** (Target: 80%)

[6] *Additional details about the prepared materials (binder) and interview process are available in the Site Visit prep document.*

Module: Service Standards
Section: Hospice Residence
Standard: Care Planning

Standard SS.HRS.5 – Care Planning

A collaborative and integrated care plan is documented for each resident and outlines how their goals of care will be met by the Hospice Residence services. The care plan is based on all "domains of issues associated with illness and bereavement" and encompasses the resident's needs, goals, and personal values/preferences.

Criteria

a. The *care plan** and *goals of care** are based on the initial and ongoing *assessment** of the resident.
b. The *care plan** is developed in collaboration with the resident and family/friends. It is based on what the Hospice Residence can offer and what the resident and family/friends request. It is an agreement between the hospice and the resident that outlines what services will be provided by the hospice, as well as the roles and responsibilities of the resident and family/friends.
c. As part of the *care planning** process, members of the *interdisciplinary team** deliver information about service/treatment options including expected outcomes, risks, benefits, and alternative options including declining service/treatment. These conversations are documented according to regulatory and organizational requirements. A clear process exists to ensure all team members are aware of the outcome of these discussions and/or decisions, in accordance with *privacy** legislation.
d. The *care plan** is documented in the resident's file/chart according to individual hospice procedure and applicable regulatory standards.
e. To address changing needs, expectations and preferences, the *care plan** is monitored, reviewed, and updated regularly according to individual hospice policy, or at minimum when there is a significant change in the resident's status.

Accreditation Evidence Requirements for SS.HRS.5

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Hospice Residence – Care Planning Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.HRS.5.01	Copy of P&P related to *care planning** that addresses: i. Involvement of resident and persons of significance in the *care planning** process ii. How soon after admission the plan of care must be developed iii. How often plan of care should be reviewed and updated (even if there is no change in condition)	Policy
SS.HRS.5.02	Copy of *care planning** template (blank sample) that includes all relevant *"domains of issues associated with illness and bereavement"** (also known as the "domains of care"). For example, disease management, physical, social, spiritual, psychological, practical, *end-of-life**/death management, *loss**/*grief**	Document
SS.HRS.5.03	*Service recipient** feedback confirms their involvement in the development of the *care plan** (minimum denominator is 10% of total number of residents served during defined one-year audit period) Target = 80%	*Service Recipient** Feedback (i.e. HPCO Hospice Metrics Client Check-in results)

Evidence Requirements – Site Visit[7]	
SS.HRS.5.04 (SV)	File Audit – Resident Surveyors will review a selection of records for residents served within a selected one-year audit period to confirm that: i. There is a documented *care plan** to address the immediate needs of the resident ii. The resident/*SDM** was involved in the development of the *care plan** and their *wishes** have been incorporated into the plan iii. A goal of care has been established within the *care plan** iv. There has been an attempt to address all domains of care (applicable when LOS > 48 hours) v. *Assessments** are based on standardized tools vi. The *care plan** is being followed vii. The care has been updated as the care needs change. (Target = 80%)
SS.HRS.5.05 (SV)	Interview with staff re: *care planning**
SS.HRS.5.06 (SV)	Interview with resident and/or person of significance re: *care planning**

[7] *Additional details about the prepared materials (binder) and interview process are available in the Site Visit prep document.*

Module: Service Standards
Section: Hospice Residence
Standard: Care Delivery

Standard SS.HRS.6 – Care Delivery

Comprehensive, holistic, interdisciplinary hospice palliative care is available in the Hospice Residence 24 hours a day, 7 days a week to meet the needs of the resident and their family/friends, as set out in the care plan.

Criteria

a. Individualized care is delivered by members of an *interdisciplinary team** with expertise in *hospice palliative care**. Appropriate certification and *access** to ongoing specialized training/education is available for members of the *interdisciplinary team** to maintain *competency** in practice.
b. On-site care is provided by nurses (RN/RPN) and personal support workers (PSW) with *competency** in providing *hospice palliative care**. An RN supervises the care delivery 24/7 as follows:
    i. In a Hospice Residence of 4 beds or more, an RN must be on-site 24/7.
    ii. In a Hospice Residence of 3 beds or less, an RN or other staff with appropriate skills (RPN, PSW) must be on site 24/7. *Access** to an RN is required at all times. This means the RN may be off-site, providing they can respond by phone/web conference immediately and arrive on-site within 15 minutes by car if needed. With this staffing model, a daily nursing visit is required at minimum and admissions must be risk managed to ensure that the capabilities of the staff match the needs of the resident. Staff levels will be assessed continually and adjusted in accordance with the scope of resident care needs, regulatory standards, and the hospice's own *risk management** processes. When the needs of the patient require the care of an on-site registered nurse 24/7, it must be provided.
c. The Hospice Residence ensures timely *access** to appropriate supplies, medical equipment, and devices to meet the care and comfort needs of all residents. *Access** to the following is required, at minimum:
    i. Suction machine
    ii. Oxygen
    iii. Adjustable bed with a therapeutic surface to maintain skin integrity
    iv. Equipment to ensure safety of resident including movement and transferring of the resident
    v. Ambulatory infusion devices
    vi. Medical supplies and equipment that are relevant to the demographic population the hospice serves (children, adults)
    vii. Syringes and sharps disposal container
d. The Hospice Residence demonstrates a commitment to providing a safe and effective care environment by practicing in accordance with current provincial *Infection Prevention and Control** guidelines and safety protocols.

e. The Hospice Residence makes referrals to, or facilitates *access** to, external services at the request of the resident (or *SDM** if resident is not capable). *Informed consent** will be obtained prior to such referrals being made, and the process will be documented in the resident's personal record/chart.
f. The *social determinants of health**, and their impact on the lives of residents and their family/friends, are considered throughout the provision of service in order to promote *equity**.
g. The Hospice Residence seeks feedback about the care/service delivery directly from the resident and family/friends while service is being provided, and from the primary *caregiver** after service has concluded[8].
h. Relevant data with respect to service delivery is tracked and reported to HPCO quarterly.

[8] After service has concluded, the Hospice Residence ensures feedback is collected from the primary caregiver* using the Caregiver Voice Survey http://palliativecareinnovation.com/caregivervoiceproject/

Accreditation Evidence Requirements for SS.HRS.6

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Hospice Residence – Care Delivery Standard. ***Continued on following page.***

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.HRS.6.01	Copy of position description for each interdisciplinary staff position within hospice residence including *competency** requirements	Document
SS.HRS.6.02	Copy of most recent infection control audit report	Document
SS.HRS.6.03	Copy of feedback mechanism used with *service recipients** and/or family *caregiver** (i.e. HPCO Hospice Metrics Client Check-in).	Document
SS.HRS.6.04	Copy of most recent Hospice Residence quarterly report to HPCO and relevant HPCO Hospice Metrics results	Document
SS.HRS.6.05	Description of staffing model for the Hospice Residence	Narrative
SS.HRS.6.06	Copy of a signed memorandum of understanding between the hospice and the physician with clearly stated expectations and date that the memorandum of understanding was last signed.	Document
SS.HRS.6.07	Copy of signature page of contract regarding oxygen supply including date that the contract was last signed.	Document
SS.HRS.6.08	Copy of signature page of contract regarding *access** to medical equipment, including date that the contract was last signed.	Document
SS.HRS.6.09	Copy of P&P related to serving those who are not eligible for contracted services.	Policy
SS.HRS.6.10	Description of how the hospice ensures that appropriate certification and *access** to ongoing specialized training/education is available for members of the *interdisciplinary team** to maintain *competency** in practice.	Narrative

Evidence Requirements – Site Visit[9]	
SS.HRS.6.11 (SV)	Interview with staff re: care delivery
SS.HRS.6.12 (SV)	File Audit – Staff Surveyors will review current employee records to confirm that professional registration/certificate is up to date (RN, RPN, SW, etc.) Target: 80%
SS.HRS.6.13 (SV)	Review of prepared materials (binder): a. Organizational chart b. Copy of Master Rotation/schedule and confirm it is available in a prominent location for staff to *access** c. Copy of physician rotation/schedule and confirm location d. Confirmation that registered staff have up-to-date certification or registration (RN, RPN, SW, etc.) e. Copy of contract related to oxygen supply f. Copy of contract related to medical equipment *access**
SS.HRS.6.14 (SV)	Facility Tour – View supplies, medical equipment and devices including at minimum: a. Suction machine b. Oxygen c. Adjustable bed with a therapeutic surface to maintain skin integrity d. Equipment to ensure safety of resident including movement and transferring of the resident e. Ambulatory infusion devices f. Medical supplies and equipment that are relevant to the demographic population the hospice serves (children, adults) g. Syringes and sharps disposal container
SS.HRS.6.15 (SV)	Facility Tour – View examples of *infection prevention and control** practices including at minimum: a. Hand sanitizer b. Sharps containers c. Use of gloves

[9] *Additional details about the prepared materials (binder) and interview process are available in the Site Visit prep document.*

Module: Service Standards
Section: Hospice Residence
Standard: Facility Requirements

Standard SS.HRS.7 – Facility Requirements

The Hospice Residence provides specialized hospice palliative care services in a *homelike setting for the residents it serves and their families. It may be an independent free-standing healthcare facility or a dedicated *hospice suite(s)** which is co-located within a larger facility. The Hospice Residence is designed to ensure the comfort, privacy, safety, and security of all residents.**

Criteria

a. It is recommended that each Hospice Residence use the Ministry of Health Design Standards for the Hospice Capital Program (2017) as a guide for facility design.
b. The Hospice Residence is designed to provide a *homelike** and comfortable environment for each resident and their family/friends. *Homelike** and comfortable includes:
    i. Allowing for individual expressions of self.
    ii. Common spaces (kitchen, quiet area, etc.) that may be shared by all residents and family/friends.
    iii. Ensuring 24-hour *access** for family/friends as identified by the resident (or *SDM** if the resident is not capable to provide instructions themselves).
    iv. *Access** to prepared meals for residents.
c. The Hospice Residence is designed to provide and maintain *privacy** for each resident and their family/friends by:
    i. Offering a private single resident room with *controlled access**.
    ii. Ensuring designated space for private and confidential interactions.
    iii. Providing designated washrooms (individual or shared) for residents' use.
d. The Hospice Residence is designed to ensure maximum *accessibility** for residents and their family/friends according to current legislation (i.e. *AODA**, 2005).
e. To meet the safety, security and other complex multi-dimensional needs of each resident, the design will allow for each room to have *access** to:
    i. Adjustable bed with a therapeutic surface to maintain skin integrity
    ii. Medical supplies that are relevant to the demographic population the hospice serves (children, adult)
    iii. Equipment to ensure safety of resident including movement and transferring of the resident
    iv. Syringes and sharps disposal container
    v. Non-intrusive communication system to call for professional assistance

Accreditation Evidence Requirements for SS.HRS.7

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Hospice Residence – Facility Requirements Standard. ***Continued on following page.***

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.HRS.7.01	Copy of client admission package and/or program brochure.	Document
SS.HRS.7.02	Copy of P&P related to *Accessibility (AODA)** *Optional: Include copy of multi-year work plan re: AODA**	Policy
SS.HRS.7.03	Evidence that an *AODA** compliance report has been submitted within the past 3 years	Document
SS.HRS.7.04	Copy of most recent *Health and Safety** report	Document
SS.HRS.7.05	Copy of written information regarding safety and security practices that is offered to resident/*SDM*s* upon admission	Document

Evidence Requirements – Site Visit[10]	
SS.HRS.7.06 (SV)	Facility Tour – View evidence that hospice provides a *homelike** / comfortable environment for residents and persons of significance. i. Allowing for individual expressions of self. ii. Common spaces (dining room, family room/quiet room, etc.) that may be shared by all residents and family/friends. iii. Significant others being accommodated (place to sleep, *access** to shower, *access** to dining room, designated family room/quiet room) iv. *Access** to prepared meals for residents
SS.HRS.7.07 (SV)	Facility Tour – View evidence that hospice has created an environment that maintains *privacy** for residents and persons of significance. i. Offering a private single resident room with *controlled access**. ii. Ensuring designated space for private and confidential interactions. iii. Providing designated washrooms (individual or shared) for residents' use
SS.HRS.7.08 (SV)	Facility Tour – View evidence that the hospice has created an environment that mains safety and security for residents, persons of significance, staff and *volunteers**. This includes, at minimum: i. Locked doors – all entrances and exists to the building ii. Locked security system (for example, swipe card access, fobs, key, keypad) iii. Security monitoring on premises (i.e. functioning security cameras) iv. Double locked narcotic system v. Floor safety – floors are flat, no glare on floors, no loose area rugs vi. Functioning non-intrusive communication system to call for professional assistance (i.e. alert/alarm/panic buttons)

[10] *Additional details about the prepared materials (binder) and interview process are available in the Site Visit prep document.*

Evidence Requirements – Site Visit[10]	
SS.HRS.7.09 (SV)	Facility Tour – View evidence that hospice has created an environment that maintains *accessibility** for residents and persons of significance, including: i. Wheelchair ramps ii. Elevators for *access** to programming space, if applicable iii. *Accessible** washrooms – both resident washrooms and those for the public iv. Unobstructed hallways and exits
SS.HRS.7.09 (SV)	File Audit – Resident Surveyors will review a selection of records for residents served within a selected one-year audit period to confirm that an overview of safety and security practices was provided to resident and persons of significance upon admission. (Target 80%)
SS.HRS.7.10 (SV)	Interview with resident and/or person of significance re: facility design including how the hospice promotes a *homelike** environment, *privacy**, *accessibility**, safety and security.

Module: Service Standards
Section: Hospice Residence
Standard: Risk Management

Standard SS.HRS.8 – Risk Management

The Hospice Residence engages in a robust *Risk Management process with the goal of minimizing and mitigating operational risk. This includes ensuring compliance with applicable federal, provincial, and municipal legislation.**

Criteria

a. *Risk Management** policies, procedures and training processes are in place with respect to:
   i. *Health and Safety**
   ii. Incident Reporting
   iii. Falls Prevention
   iv. Facility Design (i.e. childproofing, risk associated with facility itself, *accessibility**)
   v. WHMIS
   vi. Environmental Controls (air/water temps)
   vii. WSIB reporting
   viii. Insurance (building, property, liability, Board, *volunteers**, cyber)
   ix. *Staffing ratios** based on scope of practice/level of care required by residents
b. *Infection Prevention and Control** policies, procedures and training processes are in place with respect to:
   i. Safe storage, handling, and disposal of sharps
   ii. Routine Practices
   iii. Hand Hygiene
   iv. Use of Personal Protective Equipment
   v. Pet Visitation
   vi. Food Handling
   vii. Proper and safe storage, disposal, and removal of controlled substances within and from the hospice facility
c. Medication and Equipment Management policies, procedures and training processes are in place with respect to:
   i. Safe Storage, Handling, Administration & Disposal of medications
   *ii. High alert medications**
   iii. Availability and use of alternative treatment and/or *complementary therapies**
   iv. *Med reconciliation**
   v. Storage, maintenance, and operation of equipment
d. Emergency Management policies, procedures and training processes are in place with respect to:
   i. Fire, Safety, Evacuation and Violence Plans are documented and a process for regular inspection and testing are in place. All staff and *volunteers** are trained on the plan(s) at regular intervals as determined by legislation and have *access** to the plan(s).
   ii. Security systems are in place and inspected monthly by internal maintenance staff. The inspections are documented, and a report is made to the *Health and Safety** Committee quarterly.

Accreditation Evidence Requirements for SS.HRS.8

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Hospice Residence – Risk Management Standard. ***Continued on following page(s).***

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.HRS.8.01	Evidence that appropriate ***Risk Management**** (associated with minimizing and mitigating operational risk) policies and processes are in place, including an overview of training provided for each process. This includes, at minimum: i. *Health and Safety** ii. Incident and/or occurrence reporting iii. Falls Prevention iv. Facility Design (i.e. childproofing, risk associated with facility itself, *accessibility**) v. Workplace Hazardous Materials Information System (WHMIS) vi. Environmental Controls (air and water temperature) vii. WSIB reporting viii. Insurance (building, property, liability, Board, *volunteers**, cyber) ix. *Staffing ratios** based on scope of practice/level of care required by residents	Document
SS.HRS.8.02	Evidence that appropriate ***Infection Prevention and Control (IPAC)**** policies and processes are in place, including an overview of training provided for each process. This includes, at minimum: ii. Safe storage, handling and disposal of sharps and other potentially hazardous materials and substances iii. Routine Practices iv. Hand Hygiene v. Use of Personal Protective Equipment vi. Pet Visitation vii. Safe Food Handling (process must include training/ certification for staff and *volunteers**; process for food storage/ tracking/ disposal) viii. Proper and safe storage, disposal, and removal of controlled substances within and from the hospice facility	Document

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.HRS.8.03	Evidence that appropriate **Medication and Equipment Management** policies and processes are in place, including an overview of training provided for each process. This includes, at minimum: ii. Safe Storage, Handling, Administration/Dispensing & Disposal of medications iii. Prescribing and standing orders *iv. High alert medications** v. *Med reconciliation** vi. Self-administered medications vii. Storage, maintenance, and operation of medical equipment viii. Availability and use of alternative treatment and *complementary therapies** ix. Documenting incidents related to medication and equipment management	Document
SS.HRS.8.04	Evidence that appropriate **Emergency Management** policies and processes are in place, including an overview of training provided for each process. This includes, at minimum: i. Fire, Safety, Evacuation and Violence Plans are documented and a process for regular inspection and testing are in place. ii. All staff and *volunteers** are trained on the Fire, Safety, Evacuation and Violence plan(s) at regular intervals as determined by legislation and have *access** to the plan(s). iii. Policies and processes are in place related to building safety and security. iv. Security systems are in place and inspected monthly. The inspections are documented, and a report is made to the *Health and Safety** Committee quarterly.	Document
SS.HRS.8.05	Copy of Fire, Safety, Evacuation and Violence plans with date of last drill and indication of approval from the Provincial Fire Marshal's office where applicable	Document
SS.HRS.8.06	Copy of Terms of Reference for OHS committee and copy of minutes from two most recent OHS committee meetings	Document
SS.HRS.8.07	Copy of P&P related to accommodating (or not accommodating) residents who smoke	Policy
SS.HRS.8.08	List of mandatory training / certifications for staff and/or *volunteers** including delivery method, outcome measurement, frequency of recertification and date last offered (i.e. *AODA**, WHMIS, WSIB, OHS, CPR, Fire safety, etc.)	Document

Evidence Requirements – Site Visit[11]	
SS.HRS.8.10 (SV)	Facility Tour – Observe implementation of *Risk Management** (associated with minimizing and mitigating operational risk) policies and processes. This includes, at minimum: i. *Health and Safety** ii. Incident and/or occurrence reporting iii. Falls Prevention iv. Facility Design (i.e. childproofing, risk associated with facility itself, *accessibility**) v. Workplace Hazardous Materials Information System (WHMIS) vi. Environmental Controls (air and water temperature) vii. WSIB reporting viii. Insurance (building, property, liability, Board, *volunteers**, cyber) ix. *Staffing ratios** based on scope of practice/level of care required by residents
SS.HRS.8.11 (SV)	Facility Tour – Observe implementation of *Infection Prevention and Control** policies and processes. This includes, at minimum: i. Safe storage, handling and disposal of sharps and other potentially hazardous materials and substances ii. Routine Practices iii. Hand Hygiene iv. Use of Personal Protective Equipment v. Pet Visitation vi. Safe Food Handling (process must include training/ certification for staff and *volunteers**; process for food storage/ tracking/ disposal) vii. Proper and safe storage, disposal, and removal of controlled substances within and from the hospice facility
SS.HRS.8.12 (SV)	Facility Tour – Observe implementation of Medication (from point of prescribing to disposal) and Equipment Management policies and processes. This includes, at minimum: i. Safe Storage, Handling, Administration/Dispensing & Disposal of medications ii. Prescribing and standing orders iii. *High alert medications** iv. *Med reconciliation** v. Self-administered medications vi. Storage, maintenance, and operation of medical equipment vii. Availability and use of alternative treatment and *complementary therapies** viii. Documenting incidents related to medication and equipment management

[11] *Additional details about the prepared materials (binder) and interview process are available in the Site Visit prep document.*

Evidence Requirements – Site Visit[11]	
SS.HRS.8.13 (SV)	Facility Tour – Observe implementation of Emergency Management policies and processes. This includes, at minimum: i. Fire, Safety, Evacuation and Violence Plans are documented and a process for regular inspection and testing are in place. Confirm location of the plans(s) within the facility. ii. All staff and *volunteers** are trained on the Fire, Safety, Evacuation and Violence plan(s) at regular intervals as determined by legislation and have *access** to the plan(s). iii. Policies and processes are in place related to building safety and security. iv. Security systems are in place. The security systems are continuously managed (arming, monitoring, testing) and inspected monthly. The inspections are documented, and a report is made to the *Health and Safety** Committee quarterly
SS.HRS.8.14 (SV)	File Audit – Resident Surveyors will review 20% resident records (randomly selected, active or closed within selected one-year audit period) to locate evidence that: i. Med rec is completed on admission ii. MAR is on file iii. Standing orders are on file and abbreviations are correct iv. IPAC *screening**/practices are documented
SS.HRS.15 (SV)	File Audit – Staff Surveyors will review current employee records to confirm that mandatory training is up to date (i.e. *AODA**, WHMIS, WSIB, OHS, CPR, Fire safety, etc.) Target: 80%
SS.HRS.8.16 (SV)	Interview with clinical staff re: *Risk Management** including incident reporting and *complaints**, how secured *access** to the building is maintained, *access** to emergency security measures, use of resident identifiers, IPAC practices, etc.
SS.HRS.8.17 (SV)	Interview with staff and *volunteers** who work in the kitchen of the hospice residence
SS.HRS.8.18 (SV)	Review of prepared materials (binder) i. Maintenance log of regular inspections (i.e. fire alarms, vents, fire extinguishers, sprinkler system, fire barriers, security system, air handling, water systems, etc.) ii. Copy of inspection templates for each system. iii. Copy of monthly maintenance reports for the past 3 months iv. Copy of Fire, Safety, Evacuation and Violence plans with indication of approval from the Provincial Fire Marshal's office where applicable v. Staff/*volunteer** training schedules and logs for Fire, Safety, Evacuation and Violence plans. vi. Copy of current insurance certificate

Glossary and Resource List

An asterisk (*) beside a term in this document indicates that the term is defined in HPCO's Standards and Accreditation Glossary, which is available as part of the overall HPCO Hospice Standards and Accreditation package. A list of resources is also available within that document.

Hospice Standards

Module 3 – Hospice Service Standards (SS)
Section 4 – Grief and Bereavement Support (GBS)

June 2020

Hospice Palliative Care Ontario is grateful to the Mount Pleasant Group for generously supporting the development of Hospice Standards and HPCO's Centre of Excellence for Hospice Care. This support has allowed HPCO to create 12 hospice standards, a comprehensive accreditation framework, and other tools and resources supporting hospices throughout Ontario in providing high quality, compassionate care.

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Foreword

The Grief and Bereavement Support Service Standard is a product of Hospice Palliative Care Ontario. It is situated within a larger Standards framework that is outlined on the following page of this document.

This section of the HPCO Hospice Standards framework was developed by an expert panel of individuals with expertise providing Grief and Bereavement Support in a hospice setting. The expert panel was convened in January 2017. Two rounds of public consultation occurred, first in May 2017 and again in August 2017.

HPCO is committed to ensuring a multi-perspective approach by involving individuals from across the province throughout the process of developing each hospice service standard. We strive to ensure our panels and reviewers represent the wide variety of geography, organizational size, and professional backgrounds within our member hospices.

Acknowledgements

The development of the HPCO Grief and Bereavement Support Service Standard was a team effort. The expertise of our members and their dedication to quality hospice palliative care made this work possible. In addition to the individuals listed below, feedback on the first draft was received from fifty unidentifiable respondents via online survey in May 2017.

HPCO acknowledges and thanks the following individuals for their contributions to this document:

Annalise Stenekes, Hospice Palliative Care Ontario (co-facilitator)
Evelyn Cheung, Hospice Toronto
Kristine Gagnon, Dorothy Ley Hospice
Lisa Kronenberg, Jewish Family and Child Services / Jewish Hospice
Monica Do Coutto Monni, Near North Palliative Care Network
Normand Blanchard, Maison Sudbury Hospice
Rachelle McGuire, Dr. Bob Kemp Hospice
Sandy Curtis-Arnot, Hospice Care Ottawa
Sheila Berry, Better Living Health and Community Services / Alliance Hospice
Terri Kannegiesser, Hospice Northwest
Victoria Coombes, Hospice Care Ottawa
Tory Russell, Hospice Palliative Care Ontario (co-facilitator, student intern)

Thank you also to the authors, contributors, and reviewers of the previously published HPCO Standard documents – Visiting Hospice (2014) and Residential Hospice (2012) – whose work we have borrowed and expanded upon.

Introduction

Scope and Purpose of HPCO Hospice Standards

Hospice standards set the minimum required expectations that differentiate the operations, work, and philosophy of hospice-based services from other community support services.

HPCO Hospice Standards have been developed and revised in consultation with member hospices and are based on best practices and evidence from literature. Whenever applicable, every attempt is made to ensure that these standards also align with the governing legislation and national models of care such as the *CHPCA Norms of Practice**, as well as other provincial documents such as the *Health Quality Ontario (HQO)** Quality Standard for Palliative Care[1] and the Ontario Palliative Care Network (OPCN) Health Services Delivery Framework[2].

The HPCO Hospice Standards act as a guide to organizations with existing hospice services, as well as organizations that are considering developing such services. Additional resources may be available for any parties interested in specific hospice services – please contact HPCO for more information.

Framework of the Standards

This document was developed as part of a larger volume of work. The **Grief and Bereavement Support Service Standard** is situated within the following HPCO Hospice Standards framework.

Module 1: Organizational Oversight (OO)

- Governance
- Administrative Operations
- Quality Assurance

Module 2: Volunteer Management (VM)

- Foundations
- Engagement
- Stewardship

Module 3: Service Standards (SS)

- Day Hospice
- In-Home Hospice, Visiting
- Hospice Residence
- **Grief and Bereavement Support**
- Spiritual Care
- Complementary Therapy

Module 4: Resource List and Glossary

- One glossary and one resource list for the entire HPCO Standards & Accreditation package, available as separate documents

[1] https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Palliative-Care
[2] https://www.ontariopalliativecarenetwork.ca/en/healthservicesdeliveryframework

Timeline of standard development and accreditation requirements

The Grief and Bereavement Support Service Standard was published in January 2018 following a public consultation process. The current document has undergone a format edit for style and consistency purposes and any changes are immaterial to Accreditation requirements for this edition of the Standards.

When Standards are established or revised, they must be in place for a minimum of one year before the accreditation process is made available based on the new/updated Standards.

For the Grief and Bereavement Support service standard, the Accreditation evidence requirements were released in October 2018 and Accreditation was available for this service effective April 1, 2019.

Information about the HPCO Accreditation program is available at www.hpco.ca/accreditation

Environmental Factors

The development of provincial standards for hospice services takes place in a continuously evolving health care climate and a diverse network of organizations, each with their own respective care delivery system and availability of resources. The purpose of the HPCO Hospice Standards is to have clear and consistent quality standards that are applicable to organizations in a range of hospice settings.

Existing standards are updated every 3-5 years to ensure that they remain current, complete, and consistent with emerging best practices.

Glossary

An asterisk (*) beside a term in this document indicates that the term is defined in HPCO's Standards and Accreditation Glossary, which is available as a separate document within the HPCO Hospice Standards package.

Definitions

Hospice *Updated March 2020*

The overall concept of ***Hospice Palliative Care**** is well-defined in *CHPCA's A Model to Guide Hospice Palliative Care**. But what exactly is a "hospice" in Ontario?

A **hospice** is a charitable organization that plays a vital role in the health and social care system and works collaboratively with a variety of partners to serve its community. Hospice services are provided to children, adults, and seniors; some organizations may specialize in serving a specific population.

The goal of hospice care is to enhance the quality of life of individuals living with a progressive, *life-threatening illness** and the well-being of anyone that is impacted by the person's illness or death (*caregivers**, family members, and friends). *Volunteers** (both direct service and indirect service) and staff play an integral role in achieving that goal.

A hospice may be a standalone organization, or a program offered by a multi-service organization. Hospice services vary based on local community needs and are provided in a variety of settings – including where the individual lives or in a *homelike** location. A hospice offers one or more services such as:

- Caregiver & Family Support
- Chronic Disease Management
- **In-Home Hospice, Visiting**
- **Complementary Therapies**
- Day Programs / **Day Hospice**
- Education
- **End-of-Life Care** within a **Hospice Residence** or *homelike** setting
- **Grief & Bereavement Support**
- Interdisciplinary Community Palliative Care Teams
- Navigation Support
- Pain & Symptom Management Consultation
- Pain Clinics
- Psychosocial & **Spiritual Care**
- Respite & Symptom Management
- Transitional Care
- Wellness Programs

Each service type marked in **bold** is defined separately in the Hospice Palliative Care Ontario (HPCO) Hospice Standards. The remaining examples will be defined when standards are developed for that particular service type.

Hospice services are provided at no cost to the *service recipient**. A hospice may be partially funded by the Ministry of Health as well as charitable donations, fundraising and other fund development opportunities. All hospices must comply with relevant provincial and federal legislation and regulations including those governing registered charities and community support services.

Grief and Bereavement

*Bereavement** is the state of living with *loss**. *Loss** is a unique and internal experience that can include a wide range of conflicting emotions. There are many types of *loss** including: autonomy, health, family role, professional role, life's potential, hope, and actual or anticipated death.

*Grief** is personal. *Grief** is a normal, healthy response to *loss** and can include physical, emotional, cognitive, behavioural, spiritual, social and sexual aspects.

Hospice-based Grief and Bereavement Support

Grief and Bereavement Support within a hospice is available to both individuals who are dying, as well as to individuals experiencing the death of a person of significance. Services may apply to *anticipatory grief** before a death and may also extend to processing after a death.

Death and dying are addressed as normal aspects of human experience. The need for individuals and communities to build skills, make meaning, and develop resilience for living with *loss** is natural.

Depending on the hospice setting, *grief** and *bereavement** care and supports are tailored to match people's needs and may be delivered in a variety of ways:

- By professional clinicians, non-clinical support people, and/or peer supporters
- In group and/or individual formats
- In person, by phone, and/or online
- Printed materials, workshops and online tools may also be provided
- Hospices may refer individuals elsewhere if needs exceed the scope and capacity of the available services.

Module: Service Standards
Section: Grief and Bereavement Support
Standard: Model of Care / Service Model

Standard SS.GBS.1 – Model of Care / Service Model

Grief and Bereavement Support in a hospice context is guided by a model of care / service model which emphasizes collaboration, promotes equity and *whole-person care, and aligns with current evidence-based practice related to hospice palliative care.**

Criteria

a. Services are designed to improve quality of life by addressing the unique *grief** and *bereavement** of individuals receiving service with appropriate supports and resources.
b. Services are delivered utilizing the expertise of qualified hospice staff, trained and professionally supervised *volunteers**, and other members of the *interdisciplinary team**.
c. The *model of care**/service model emphasizes collaboration with internal and external care providers to facilitate seamless care. This may include use of common tools, processes, resources, and partnerships to minimize duplication and fragmentation.
d. All members of the hospice team, including individuals receiving service, *caregiver**, *volunteers**, and staff, are informed of their rights and responsibilities (see Glossary: *Bill of Rights for Clients** and *Bill of Rights for Staff and Volunteers**). There is a mechanism for addressing concerns, *complaints**, and *unusual incidents**.
e. Individuals receiving service, staff and *volunteers** have *access** to an interpreter and/or *assistive services** and *communication tools** to decrease/reduce barriers to communication and to promote understanding of all information exchanged.
f. The service undergoes ongoing program evaluation and *quality improvement**. Decisions and practices are informed by evidence and current research.
g. Policies and procedures are in place to govern the delivery of the service.

Accreditation Evidence Requirements for SS.GBS.1

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Grief and Bereavement Support – Model of Care Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.GBS.1.01	Copy of mission statement and vision statement for the hospice	Document
SS.GBS.1.02	Copy of *Model of Care** or Philosophy of Care statement for the hospice (reflective of collaborative, *evidence-based**, *equity**-informed, *holistic care** delivered by an *interdisciplinary team** with expertise in *hospice palliative care**)	Document
SS.GBS.1.03	List of roles on the collaborative/*interdisciplinary team** in the Grief and Bereavement Support service and number of individuals by role	Narrative
SS.GBS.1.04	Evidence that the collaborative/*interdisciplinary team** works together and communicates effectively. Include examples of common tools, processes, resources and partnerships to minimize duplication and fragmentation	Document
SS.GBS.1.05	Copy of *volunteer** position descriptions relevant to provision of Grief and Bereavement Support services	Document
SS.GBS.1.06	Evidence that members of the hospice team are informed of their rights and responsibilities	Document
SS.GBS.1.07	Evidence of ongoing program evaluation and/or *quality improvement** specific to the Grief and Bereavement Support service	Document
SS.GBS.1.08	Copy of policies relevant to the operation of the Grief and Bereavement Support service	Policy
SS.GBS.1.09	Evidence of community partnerships and description of how you collaborate. Include examples of "common" tools, processes, resources and partnerships that demonstrate provincial, regional or local efforts to minimize duplication and fragmentation (examples may include PPS, ESAS, centralized referral, MOUs, partnership agreements, use of HPCO Hospice Metrics platform, participation in Interest Groups, etc.)	Document
SS.GBS.1.10	*Service recipient** feedback validates that the hospice service, overall, meets their needs (minimum denominator is 10% of total number of individuals served during defined one-year audit period). Target = 80% report met needs	*Service Recipient** Feedback

Module: Service Standards
Section: Grief and Bereavement Support
Standard: Access

Standard SS.GBS.2 – Access

Access to Grief and Bereavement Support is determined by specific eligibility criteria and facilitated using a clearly defined and documented referral, admission and discharge process.

Criteria

a. The referral, admission and discharge processes include but are not limited to:
    i. *Eligibility criteria**
    ii. Exclusion criteria & subsequent referral process, as applicable
    iii. Discharge criteria & transfer to another service, as applicable
    iv. Priority populations, as applicable (e.g. geographical boundaries, marginalized communities, specific type of *grief**)
b. *Eligibility criteria** may specify that this service is available to individuals who are:
    i. Approaching *end-of-life*,
    ii. Dealing with *anticipatory grief** for a significant person,
    iii. Experiencing *grief** from the death of a significant person,
    iv. Living or working within catchment area and experiencing *grief**, or,
    v. Working or volunteering in the hospice.
c. Services may be specific, according to:
    i. The *service recipient's** *grief**/*losses**,
    ii. The anticipatory losses of *caregivers**/family, and
    iii. The needs of *caregivers**/family throughout the *bereavement** period.
d. *Informed consent** to receive the service must be obtained and documented prior to commencement of service.
e. Services remain available to *service recipients**, as determined by their needs. Individual Hospices vary in resources and capacity, and have their own practices and procedures related to referral, admission and discharge.
f. Each hospice may determine its own referral procedure; however, every individual who is referred or requests service has a personal record that contains documentation outlining the referral, admission and discharge process that was followed. It is recommended that self-referral to Grief and Bereavement Services is encouraged; no professional referral is required, however, *informed consent** is required to process a referral.
g. If possible, the hospice will facilitate a referral to an alternate service for individuals who do not qualify for the service. At minimum, information about other *grief** and *bereavement** services available in the community will be provided.
h. There is a clearly defined and documented process for managing and tracking requests for service that result in a *Wait List**. Individuals who have requested the service are informed of this process.

Accreditation Evidence Requirements for SS.GBS.2

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Grief and Bereavement Support – Access Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.GBS.2.01	Copy of P&P related to eligibility, exclusion, discharge and priority populations for the Grief and Bereavement Support service	Policy
SS.GBS.2.02	Copy of referral template (blank sample)	Document
SS.GBS.2.03	Description of the process for follow-up with referred individuals who are not eligible for service.	Narrative
SS.GBS.2.04	Review a selection of records for *service recipients** served within a selected one-year audit period to confirm that: i. Referral, admission, and discharge information was fully documented. ii. *Informed consent** to receive the service was obtained and documented prior to commencement of service. (Target: 80%)	File Audit
SS.GBS.2.05	Copy of P&P related to *Wait List**	Policy

Module: Service Standards
Section: Grief and Bereavement Support
Standard: Assessment

Standard SS.GBS.3 – Assessment

Assessments are completed using a comprehensive and collaborative person-centred approach at the start of service and ongoing throughout the service. The purpose of assessment is to identify the individual's goals of care and determine the appropriate level and type of support(s) to be offered.

Criteria

a. The *interdisciplinary team** member who performs the *assessment** has the required *competency** to determine which needs may be served through the Grief and Bereavement Support service.
b. Individual needs, strengths, resiliency, and risks are all factors for determining the *goals of care**.
c. The *assessment** is completed with *informed consent** and in collaboration with the *service recipient**, including children who are age appropriate.
d. The *assessment** is holistic and addresses any *"domains of issues associated with illness and bereavement"** that are relevant.
e. There is a personal record for each individual receiving Grief and Bereavement Support services. All records are maintained in accordance with applicable laws and regulations. *Personal health information** is collected as needed to address care needs of the individual and used accordingly.
f. If the *service recipient** is determined to have needs beyond the scope of the Grief and Bereavement Support service, wherever possible, the *service recipient** will be referred to alternate service(s).

Accreditation Evidence Requirements for SS.GBS.3

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Grief and Bereavement Support – Assessment Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.GBS.3.01	Copy of P&P related to the initial and ongoing *assessment** process	Policy
SS.GBS.3.02	Copy of P&P related to the admission process for Grief and Bereavement Support	Policy
SS.GBS.3.03	Copy of *assessment** template (blank sample) that is added to the *service recipient's** record.	Document
SS.GBS.3.04	List of personnel approved to conduct *assessments** for Grief and Bereavement Support, including *professional designation**. This could be a registered nurse, palliative physician, or CCAC staff	Narrative
SS.GBS.3.05	Review a selection of records for *service recipients** served within a selected one-year audit period to confirm that: • *Evidence-based** tools (recognized in field of *hospice palliative care**) have been used in the pre-admission *assessment** process, and in on-going *assessments** • *Service Agreement** has been signed by *service recipient** and Hospice representative (Target 80%)	File Audit

Module: Service Standards
Section: Grief and Bereavement Support
Standard: Decision-Making / Capacity

Standard SS.GBS.4 – Decision-Making / Capacity

Every individual (or *SDM if the individual is not capable at the time consent is required) receives the necessary information to make decisions and provide informed consent.**

Criteria

a. *Informed consent** is obtained prior to initiation of service, change in service or termination of service. *Informed consent** is obtained from the individual (or *SDM** if the individual is not capable of providing consent).
b. The process in place to assess *capacity** of the individual aligns with current Ontario legislation.
c. Members of the *interdisciplinary team** deliver information about service options including expected outcomes, risks, benefits, side effects, and alternative options including the right to decline services. These conversations are documented according to regulatory and organizational standards. A clear process exists to ensure all team members are aware of the outcome of these discussions and/or decisions, in accordance with *privacy** legislation.
d. Services and individual/*SDM** choices are reviewed regularly and as the individual's condition changes. Opportunities to choose other services or withdraw *consent for service** are provided as the individual's condition changes.
e. Each member of the *interdisciplinary team** within the hospice service has received education on *Health Care Consent** and *Advance Care Planning** that is consistent with current Ontario legislation addressing these issues.
f. The hospice service actively promotes, shares and utilizes HCC ACP resources that are consistent with the Ontario legal framework (i.e. Speak Up Ontario). These resources are promoted, shared and utilized with members of the *interdisciplinary team** and individuals/*SDM*s*.

Accreditation Evidence Requirements for SS.GBS.4

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Grief and Bereavement Support – Decision-Making / Capacity Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.GBS.4.01	Copy of P&P related to assessing *capacity**	Policy
SS.GBS.4.02	Evidence outlining the education requirements related to *Health Care Consent** and *Advance Care Planning** (who must receive education, how often, who tracks the completion and renewal, who provides the education, what are the outcome measurements, etc.)	Narrative
SS.GBS.4.03	Description of how the hospice promotes, shares and utilizes HCC ACP resources that are consistent with the Ontario legal framework (i.e. Speak Up Ontario).	Narrative
SS.GBS.4.04	Description of how the hospice ensures that *informed consent** prior to initiation of service, change in service or termination of service is obtained and documented.	Narrative
SS.GBS.4.05	Review current employee records to locate evidence that hospice staff have received education on *Health Care Consent** and *Advance Care Planning** that is consistent with current Ontario legislation addressing these issues. (Target: 80%)	File Audit
SS.GBS.4.06	Review a selection of records for *service recipients** served within a selected one-year audit period to confirm that: • Information about treatment options (expected outcomes, risks and benefits, alternates to treatments, including no treatment) were delivered and the conversation was documented • Information about *Health Care Consent** and *Advance Care Planning** was provided to the *service recipient*/SDM** (Target: 80%)	File Audit

Module: Service Standards
Section: Grief and Bereavement Support
Standard: Care Planning

Standard SS.GBS.5 – Care Planning

The collaborative and integrated care plan for individuals receiving service outlines how identified individual needs or goals will be met by the Grief and Bereavement Support service.

Criteria

a. The *care plan** is:
   i. Informed by what the Hospice can offer and what the individual requests.
   ii. Based on the initial and ongoing *assessment** of the individual's support needs, goals, resources, and risk factors.
   iii. Developed in collaboration with, and with the *informed consent** of, the individual receiving service.
   iv. An agreement between the hospice and the individual that outlines what services will (and will not) be provided by the hospice, as well as the role and responsibilities of the individual. Care may be episodic, or infrequent, depending on individual needs and preferences.
   v. Documented, monitored, and updated in the individual's record, according to hospice procedure and applicable regulatory standards.
b. During the development of their *care plan**, individuals receive the necessary information to make informed decisions.
c. There is a process to plan termination of, or discharge from, the service.

Accreditation Evidence Requirements for SS.GBS.5

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Grief and Bereavement Support – Care Planning Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.GBS.5.01	Copy of P&P related to *care planning** that addresses: i. Involvement of *service recipient** in development of their *care plan** ii. How soon after service begins the plan of care must be developed. iii. How often plan of care should be reviewed and updated (even if there is no change in *service recipient's** status).	Policy
SS.GBS.5.02	Copy of *care planning** template (blank sample) that includes all relevant *"domains of issues associated with illness and bereavement"** (also known as the "domains of care"). For example, physical, social, spiritual, psychological, practical, *end-of-life**/death management, *loss**/*grief** domains.	Document
SS.GBS.5.03	Review a selection of records for *service recipients** served within a selected one-year audit period to confirm that: i. There is a documented *care plan** to address the immediate needs of the *service recipient** ii. The *service recipient** was involved in the development of the *care plan** and their *wishes** have been incorporated into the plan iii. A goal of care has been established within the *care plan** iv. There has been an attempt to address all relevant domains of care v. *Assessments** are based on standardized tools vi. The *care plan** is being followed vii. The *care plan** has been updated as needs change. (Target = 80%)	File Audit
SS.GBS.5.04	*Service recipient** feedback confirms their involvement in the development of the *care plan** (minimum denominator is 10% of total number of individuals served during defined one-year audit period). Target = 80% report involvement	*Service Recipient** Feedback

Module: Service Standards
Section: Grief and Bereavement Support
Standard: Care Delivery

Standard SS.GBS.6 – Care Delivery

Staff and volunteers within the Grief and Bereavement Support service provide care with the aim of meeting the needs of the individual receiving service in accordance with their care plan. Services, whether anticipatory or aftercare, clinical or non-clinical, may be offered on an individual basis or in groups.

Criteria

a. *Informed consent** to receive the service must be obtained (verbally or in writing) and documented prior to commencement of service.
b. A designated person oversees the Grief and Bereavement Support service. The person designated to oversee the service has the required *competency** to do so.
c. Limitations regarding where and when the service can be received is documented and communicated to stakeholders.
d. When a *volunteer** provides support directly to the individual receiving service:
    i. Appropriate support is available to the *volunteer** while on duty for the hospice. The *volunteer** is aware of how to *access** this support.
    ii. There is a process for a designated, qualified and trained person to make an optimal match between the individual receiving service and the *volunteer**.
    iii. There is a process for making changes as required or requested by the individual receiving service and/or the *volunteer**. The individual and *volunteer** are informed of this procedure.
    iv. The *volunteer** management process follows the standards found in Section 2 of HPCO's Hospice Standards framework.
e. Hospice staff, *volunteers**, and *service recipients** have the right to a safe, appropriate service environment. There is a process for service to be interrupted or withdrawn in cases and situations deemed inappropriate or unsafe.
f. There is a mechanism for identifying new needs of *service recipients**. The hospice strives to meet those needs directly or through referral. Ongoing contact is guided by the *care plan**, identified concerns, and inquiries by the individual receiving service.

Accreditation Evidence Requirements for SS.GBS.6

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Grief and Bereavement Support – Care Delivery Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.GBS.6.01	Copy of position description for each collaborative/*interdisciplinary team** member within the Grief and Bereavement Support service, including *competency** requirements.	Document
SS.GBS.6.02	Description of staffing model for the hospice overall and the Grief and Bereavement Support service	Narrative
SS.GBS.6.03	Description of how *volunteers** are utilized in the Grief and Bereavement Support service and how the hospice ensures that: ○ Appropriate support is available to the *volunteer** while on duty for the hospice. The *volunteer** is aware of how to *access** this support. ○ There is a process for a designated, qualified, and trained person to make an optimal match between the individual receiving service and the *volunteer**. ○ There is a process for making changes as required or requested by the individual receiving service and/or the *volunteer**. The individual and *volunteer** are informed of this procedure.	Narrative
SS.GBS.6.04	Copy of P&P related to interrupting or withdrawing service in cases and situations deemed inappropriate or unsafe.	Policy
SS.GBS.6.05	Description of how new needs of *service recipients** are identified and addressed (i.e. use of HPCO Hospice Metrics Client Check-in).	Narrative

Glossary and Resource List

An asterisk (*) beside a term in this document indicates that the term is defined in HPCO's Standards and Accreditation Glossary, which is available as part of the overall HPCO Hospice Standards and Accreditation package. A list of resources is also available within that document.

Hospice Palliative Care Ontario

Hospice Standards

Module 3 – Hospice Service Standards (SS)
Section 5 – Spiritual Care (SCS)

June 2020

Hospice Palliative Care Ontario is grateful to the Mount Pleasant Group for generously supporting the development of Hospice Standards and HPCO's Centre of Excellence for Hospice Care. This support has allowed HPCO to create 12 hospice standards, a comprehensive accreditation framework, and other tools and resources supporting hospices throughout Ontario in providing high quality, compassionate care.

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Table of Contents

Foreword

The Spiritual Care Service Standard is a product of Hospice Palliative Care Ontario. It is situated within a larger standards framework that is outlined on the following page of this document.

This section of the HPCO Hospice Standards framework was developed by an expert panel of individuals with expertise providing Spiritual Care services in a hospice setting. The expert panel was convened in January 2017. Two rounds of public consultation occurred, first in May 2017 and again in August 2017.

HPCO is committed to ensuring a multi-perspective approach by involving individuals from across the province throughout the process of developing each hospice service standard. We strive to ensure our panels and reviewers represent the wide variety of geography, organizational size, and professional backgrounds within our member hospices.

Acknowledgements

The development of the Spiritual Care Service Standard was a team effort. The expertise of our members and their dedication to quality hospice palliative care made this work possible. In addition to the individuals listed below, feedback on the first draft was received from fifty unidentifiable respondents via online survey in May 2017.

HPCO acknowledges and thanks the following individuals for their contributions to this document:

Annalise Stenekes, Hospice Palliative Care Ontario (co-facilitator)
Bridget Murphy, Chatham Kent Hospice
Kelly Collins, Dorothy Ley Hospice
Marguerite Moore, Heart House Hospice
Rabbi Ronald Weiss, Jewish Family and Child Services / Jewish Hospice
Sean Gedney, Hospice Vaughan
Shirley Chenette, Hospice Care Ottawa
Tory Russell, Hospice Palliative Care Ontario (co-facilitator, student intern)

Thank you also to the authors, contributors, and reviewers of the previous published HPCO Standard documents – Visiting Hospice (2014) and Residential Hospice (2012) – whose work we have borrowed and expanded upon.

Introduction

Scope and Purpose of HPCO Hospice Standards

Hospice standards set the minimum required expectations that differentiate the operations, work, and philosophy of hospice-based services from other community support services.

HPCO Hospice Standards have been developed and revised in consultation with member hospices and are based on best practices and evidence from literature. Whenever applicable, every attempt is made to ensure that these standards also align with the governing legislation and national models of care such as the *CHPCA Norms of Practice**, as well as other provincial documents such as the *Health Quality Ontario (HQO)** Quality Standard for Palliative Care[1] and the Ontario Palliative Care Network (OPCN) Health Services Delivery Framework[2].

The HPCO Hospice Standards act as a guide to organizations with existing hospice services, as well as organizations that are considering developing such services. Additional resources may be available for any parties interested in specific hospice services – please contact HPCO for more information.

Framework of the Standards

This document was developed as part of a larger volume of work. The **Spiritual Care Service Standard** is situated within the following HPCO Hospice Standards framework.

Module 1: Organizational Oversight (OO)

- Governance
- Administrative Operations
- Quality Assurance

Module 2: Volunteer Management (VM)

- Foundations
- Engagement
- Stewardship

Module 3: Service Standards (SS)

- Day Hospice
- In-Home Hospice, Visiting
- Hospice Residence
- Grief and Bereavement Support
- **Spiritual Care**
- Complementary Therapy

Module 4: Resource List and Glossary

- One glossary and one resource list for the entire HPCO Standards & Accreditation package, available as separate documents

[1] https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Palliative-Care
[2] https://www.ontariopalliativecarenetwork.ca/en/healthservicesdeliveryframework

Timeline of standard development and accreditation requirements

The Spiritual Care Service Standard was published in January 2018 following a public consultation process. The current document has undergone a format edit for style and consistency purposes and any changes are immaterial to Accreditation requirements for this edition of the Standards.

When Standards are established or revised, they must be in place for a minimum of one year before the Accreditation process is made available based on the new/updated Standards.

For the Spiritual Care Service Standard, the Accreditation evidence requirements were released in October 2018 and Accreditation was available for this service effective April 1, 2019.

Information about the HPCO Accreditation program is available at www.hpco.ca/accreditation

Environmental Factors

The development of provincial standards for hospice services takes place in a continuously evolving health care climate and a diverse network of organizations, each with their own respective care delivery system and availability of resources. The purpose of the HPCO Hospice Standards is to have clear and consistent quality standards that are applicable to organizations in a range of hospice settings.

Existing standards are updated every 3-5 years to ensure that they remain current, complete, and consistent with emerging best practices.

Glossary

An asterisk (*) beside a term in this document indicates that the term is defined in HPCO's Standards and Accreditation Glossary, which is available as a separate document within the HPCO Hospice Standards package.

Definitions

Hospice *Updated March 2020*

The overall concept of ***Hospice Palliative Care**** is well-defined in *CHPCA's A Model to Guide Hospice Palliative Care**. But what exactly is a "hospice" in Ontario?

A **hospice** is a charitable organization that plays a vital role in the health and social care system and works collaboratively with a variety of partners to serve its community. Hospice services are provided to children, adults, and seniors; some organizations may specialize in serving a specific population.

The goal of hospice care is to enhance the quality of life of individuals living with a progressive, *life-threatening illness** and the well-being of anyone that is impacted by the person's illness or death (*caregivers**, family members, and friends). *Volunteers** (both direct service and indirect service) and staff play an integral role in achieving that goal.

A hospice may be a standalone organization, or a program offered by a multi-service organization. Hospice services vary based on local community needs and are provided in a variety of settings – including where the individual lives or in a *homelike** location. A hospice offers one or more services such as:

- Caregiver & Family Support
- Chronic Disease Management
- **In-Home Hospice, Visiting**
- **Complementary Therapies**
- Day Programs / **Day Hospice**
- Education
- **End-of-Life Care** within a **Hospice Residence** or *homelike** setting
- **Grief & Bereavement Support**
- Interdisciplinary Community Palliative Care Teams
- Navigation Support
- Pain & Symptom Management Consultation
- Pain Clinics
- Psychosocial & **Spiritual Care**
- Respite & Symptom Management
- Transitional Care
- Wellness Programs

Each service type marked in **bold** is defined separately in the Hospice Palliative Care Ontario (HPCO) Hospice Standards. The remaining examples will be defined when standards are developed for that particular service type.

Hospice services are provided at no cost to the *service recipient**. A hospice may be partially funded by the Ministry of Health as well as charitable donations, fundraising and other fund development opportunities. All hospices must comply with relevant provincial and federal legislation and regulations including those governing registered charities and community support services.

Spiritual Care

Opening possibilities for healing and hope during a major life experience is a foundation of spiritual care. For certain life experiences such as living with a progressive, life limiting illness or approaching the *end-of-life**, Spiritual Care may be a suitable dimension for support.

*Spirituality** is a natural human quality that is unique and deeply personal for each person. At the heart of one's *spirituality** is a sense of well-being and a connection to something larger than the physical world. For some, *spirituality** is based in organized religion; for others *spirituality** is expressed through connection to nature, the arts, relationships, rituals, personal values and beliefs. One's unique *spirituality** supports and enhances the journey through life.

Spiritual Care is neither prescriptive nor directive; it is a compassionate presence to provide a "safe space" for difficult conversations, and for exploration of intrinsic values and psycho-social spiritual issues in a way that allows the individual to make meaning as they find their unique spiritual path. Spiritual care is part of an interdisciplinary approach through the entire *hospice palliative care** journey, from the point of diagnosis through *bereavement**. Distressing feelings may arise such as disbelief, fear, anger, sadness, isolation and *grief**. Spiritual care may provide transcendence, a sense of peace, appreciation and validation.

Spiritual Care within a hospice context supports people facing distress and existential questions about faith, religion, *spirituality**, meaning and philosophy of life. When one's foundational *spirituality** is shaken, questions and doubts may surface, life circumstances and relationships are considered, and what is important at this point in the life journey is explored.

Module: Service Standards
Section: Spiritual Care
Standard: Model of Care / Service Model

Standard SS.SCS.1 – Model of Care / Service Model

Spiritual Care in a hospice context is guided by a model of care / service model which emphasizes collaboration, promotes equity and *whole-person care, and aligns with current evidence-based practice related to hospice palliative care.**

Criteria

a. Services are designed to improve quality of life by addressing the unique spiritual needs of the individual.
b. Services are delivered utilizing the expertise of qualified hospice staff, trained and professionally supervised *volunteers**, and other members of the *interdisciplinary team**.
c. The hospice determines the minimum qualifications of a Spiritual Care provider while recognizing that:
    i. The Canadian Association for Spiritual Care has certification standards. The CASC certification standard can serve as a basis of measuring equivalency with community-based and other standards.
    ii. Some individuals receive spiritual care from people within their own faith communities who have the *competency** and experience to provide spiritual care but who may not be trained and certified by a professional association.
    iii. As Hospices work toward accreditation, and equivalency with CASC, safe-guarding of effective community-based experience is a goal.
d. The *model of care** / service model emphasizes collaboration with internal and external care providers to facilitate seamless care. This may include use of common tools, processes, resources and partnerships to minimize duplication and fragmentation.
e. All members of the hospice team, including individuals receiving service, *caregivers**, *volunteers**, and staff, are informed of their rights and responsibilities (see Glossary: *Bill of Rights for Clients** and *Bill of Rights for Staff and Volunteers**). There is a mechanism for addressing concerns, *complaints**, and *unusual incidents**.
f. Individuals receiving service, staff and *volunteers** have *access** to an interpreter and/or *assistive services** and *communication tools** to decrease/reduce barriers to communication and to promote understanding of all information exchanged.
g. The service undergoes ongoing program evaluation and *quality improvement**. Decisions and practices are informed by evidence and current research.
h. Policies and procedures are in place to govern the delivery of the service.

Accreditation Evidence Requirements for SS.SCS.1

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Spiritual Care – Model of Care Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.SCS.1.01	Copy of mission statement and vision statement for the hospice	Document
SS.SCS.1.02	Copy of *Model of Care** or Philosophy of Care statement for the hospice (reflective of collaborative, *evidence-based**, *equity**-informed, *holistic care** delivered by an *interdisciplinary team** with expertise in *hospice palliative care**)	Document
SS.SCS.1.03	List of roles on the collaborative/*interdisciplinary team** in the Spiritual Care service and number of individuals by role	Narrative
SS.SCS.1.04	Evidence that the collaborative/*interdisciplinary team** works together and communicates effectively. Include examples of common tools, processes, resources, and partnerships to minimize duplication and fragmentation	Narrative
SS.SCS.1.05	Copy of *volunteer** job descriptions relevant to provision of Spiritual Care service	Document
SS.SCS.1.06	Evidence that members of the hospice team are informed of their rights and responsibilities	Document
SS.SCS.1.07	Evidence of ongoing program evaluation and/or *quality improvement** specific to the Spiritual Care service	Document
SS.SCS.1.08	Copy of policies relevant to the operation of the Spiritual Care service	Policy
SS.SCS.1.09	Evidence of community partnerships and description of how you collaborate. Include examples of "common" tools, processes, resources and partnerships that demonstrate provincial, regional or local efforts to minimize duplication and fragmentation (examples may include PPS, ESAS, centralized referral, MOUs, partnership agreements, use of HPCO Hospice Metrics platform, participation in Interest Groups, etc.)	Document
SS.SCS.1.10	*Service recipient** feedback validates that the hospice service, overall, meets their needs (minimum denominator is 10% of total number of individuals served during defined one-year audit period). Target = 80% report met needs	*Service Recipient** Feedback (i.e. HPCO Hospice Metrics Client Check-In)

Module: Service Standards
Section: Spiritual Care
Standard: Access

Standard SS.SCS.2 – Access

Access to Spiritual Care services is determined by specific eligibility criteria and facilitated using a clearly defined and documented referral, admission, and discharge process.

Note: These criteria can be applied to a designated Spiritual Care service, or to a Spiritual Care service that is integrated into an overall hospice service.

Criteria

a. The referral, admission and discharge processes include but are not limited to:
    i. *Eligibility criteria**
    ii. Exclusion criteria & subsequent referral process, as applicable
    iii. Discharge criteria & transfer to another service, as applicable
    iv. Priority populations, as applicable (e.g. geographical boundaries, marginalized communities)
b. *Eligibility criteria** may specify that this service is available to individuals who are in need of spiritual support and:
    i. Are receiving *hospice palliative care** services, living with a progressive life-limiting illness, or eligible for residential hospice (as identified by individual hospices), or,
    ii. Have a relationship with a person of significance living with a progressive, life-limiting illness experience, or,
    iii. Are working or volunteering in the hospice.
c. *Informed consent** to receive the service must be obtained and documented prior to commencement of service.
d. The Spiritual Care service determines its own referral procedure; however, every individual who is referred or requests service has a personal record that contains documentation outlining the referral, admission and discharge process that was followed. It is recommended that referrals and/or requests for spiritual care services be accepted by anyone and that self-referral is encouraged, through a variety of confidential means; no professional referral is required, however, *informed consent** is required to process a referral.
e. If possible, the hospice will facilitate a referral to an alternate service for individuals who do not qualify for the service. At minimum, information about other spiritual care services available in the community will be provided.
f. Hospices maintain lists of individuals interested in programming. There is a clearly defined and documented process for managing and tracking requests for service that result in a *Wait List**. Individuals who have requested the service are informed of this process. Criteria for priority of service delivery are based on hospice capacity, and the *service recipient's** needs.

Accreditation Evidence Requirements for SS.SCS.2

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Spiritual Care – Access Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.SCS.2.01	Copy of P&P related to eligibility, exclusion, discharge, and priority populations for the Spiritual Care service	Policy
SS.SCS.2.02	Copy of referral template (blank sample)	Document
SS.SCS.2.03	Description of the process for follow-up with referred individuals who are not eligible for service	Narrative
SS.SCS.2.04	Review a selection of records for *service recipients** served within a selected one-year audit period to confirm that: i. Referral, admission, and discharge information was fully documented. ii. *Informed consent** to receive the service was obtained and documented prior to commencement of service. (Target: 80%)	File Audit
SS.SCS.2.05	Copy of P&P related to *Wait List**	Policy

Module: Service Standards
Section: Spiritual Care
Standard: Assessment

Standard SS.SCS.3 – Assessment

Assessments are completed using a comprehensive and collaborative person and family-centred approach at the start of service and ongoing throughout the service. The purpose of assessment is to identify the individual's goals of care and determine the appropriate level and type of support(s) to be offered.

Criteria

a. The *interdisciplinary team** member who performs the *assessment** has the required *competency** to determine which needs may be served through the Spiritual Care service.
b. Individual needs, strengths, hopes and fears, expectations, resiliency, and risks are all factors for determining the *goals of care**.
c. The *assessment** is completed with *informed consent** and in collaboration with *service recipients**, including children who are age appropriate.
d. If an *assessment** has been previously completed by a member of the *interdisciplinary team**, the Spiritual Care provider will (with the *informed consent** of the *service recipient**) gather relevant information from the *interdisciplinary team** member.
e. There is a personal record for each individual who is receiving Spiritual Care services. All records are maintained in accordance with applicable laws and regulations. *Personal health information** is collected as needed to address care needs of the participant and used accordingly.
f. If an individual is determined to have needs beyond the scope of what the Spiritual Care service can support, wherever possible, the individual will be referred to alternate service(s).

Accreditation Evidence Requirements for SS.SCS.3

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Spiritual Care – Assessment Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.SCS.3.01	Copy of P&P related to the initial and ongoing *assessment** process	Policy
SS.SCS.3.02	Copy of P&P related to the admission process for Spiritual Care	Policy
SS.SCS.3.03	Copy of *assessment** template (blank sample) that is added to the *service recipient's** record.	Document
SS.SCS.3.04	List of personnel approved to conduct *assessments** for Spiritual Care, including *professional designation**. This could be a registered nurse, palliative physician, or CCAC staff.	Narrative
SS.SCS.3.05	Review a selection of records for *service recipients** served within a selected one-year audit period to confirm that: • *Evidence-based** tools (recognized in field of *hospice palliative care**) have been used in the pre-admission *assessment* process, and in on-going *assessments** • *Admission Agreement** has been signed by resident/*SDM** and Hospice representative (Target 80%)	File Audit

Module: Service Standards
Section: Spiritual Care
Standard: Decision Making / Capacity

Standard SS.SCS.4 – Decision Making / Capacity

Every individual (or *SDM if the individual is not capable at the time consent is required) receives the necessary information to make decisions and provide informed consent.**

Criteria

a. *Informed consent** is obtained prior to initiation of service, change in service or termination of service. *Informed consent** is obtained from the individual (or *SDM** if the individual is not capable of providing consent).
b. The process in place to assess *capacity** of the individual aligns with current Ontario legislation.
c. Members of the *interdisciplinary team** deliver information about service options including expected outcomes, risks, benefits, side effects, and alternative options including the right to decline services. These conversations are documented according to regulatory and organizational standards. A clear process exists to ensure all team members are aware of the outcome of these discussions and/or decisions, in accordance with *privacy** legislation.
d. Services and individual/*SDM** choices are reviewed regularly and as the individual's condition changes. Opportunities to choose other services or withdraw *consent for service** are provided as the individual's condition changes.
e. Each member of the *interdisciplinary team** within the hospice service has received education on *Health Care Consent** and *Advance Care Planning** that is consistent with current Ontario legislation addressing these issues.
f. The hospice service actively promotes, shares and utilizes HCC ACP resources that are consistent with the Ontario legal framework (i.e. Speak Up Ontario). These resources are promoted, shared and utilized with members of the *interdisciplinary team** and individuals/*SDM*s*.

Accreditation Evidence Requirements for SS.SCS.4

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Spiritual Care – Decision-Making / Capacity Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.SCS.4.01	Copy of P&P related to assessing *capacity**	Policy
SS.SCS.4.02	Evidence outlining the education requirements related to *Health Care Consent** and *Advance Care Planning** (who must receive education, how often, who tracks the completion and renewal, who provides the education, what are the outcome measurements, etc.)	Narrative
SS.SCS.4.03	Description of how the hospice promotes, shares and utilizes HCC ACP resources that are consistent with the Ontario legal framework (i.e. Speak Up Ontario).	Narrative
SS.SCS.4.04	Description of how the hospice ensures that *informed consent** prior to initiation of service, change in service or termination of service is obtained and documented.	Narrative
SS.SCS.4.05	Review current employee records to locate evidence that hospice staff have received education on *Health Care Consent** and *Advance Care Planning** that is consistent with current Ontario legislation addressing these issues. (Target: 80%)	File Audit
SS.SCS.4.06	Review a selection of records for *service recipients** served within a selected one-year audit period to confirm that: • Information about treatment options (expected outcomes, risks and benefits, alternates to treatments, including no treatment) were delivered and the conversation was documented • Information about *Health Care Consent** and *Advance Care Planning** was provided to the *service recipient**/*SDM** (Target: 80%)	File Audit

Module: Service Standards
Section: Spiritual Care
Standard: Care Planning

Standard SS.SCS.5 – Care Planning

The collaborative and integrated care plan for individuals receiving service outlines how identified individual needs or goals will be met by the Spiritual Care service.

Criteria

a. The *care plan** is:
   i. Informed by what the Hospice can offer and what the individual requests
   ii. Based on the initial and ongoing *assessment** of the individual's spiritual care needs, goals, resources, and risk factors.
   iii. Developed in collaboration with, and with the *informed consent** of, the individual receiving service.
   iv. An agreement between the hospice and the individual that outlines what services will (and will not) be provided by the hospice, as well as the role and responsibilities of the individual. Care may be episodic, or infrequent, depending on individual needs and preferences.
   v. Documented, monitored, and updated in the individual's record, according to hospice procedure and applicable regulatory standards. At minimum, the *care plan** must be reviewed and updated when there is a significant change in the individual's status.
b. During the development of their *care plan**, individuals receive the necessary information to make informed decisions.
c. There is a process to plan termination of, or discharge from, the service.

Accreditation Evidence Requirements for SS.SCS.5

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Spiritual Care – Care Planning Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.SCS.5.01	Copy of P&P related to *care planning** that addresses: i. Involvement of resident and family and members of the *interdisciplinary team**. ii. How soon after admission the plan of care must be developed. iii. How often plan of care should be reviewed and updated (even if there is no change in condition).	Policy
SS.SCS.5.02	Copy of *care planning** template (blank sample) that includes all relevant *"domains of issues associated with illness and bereavement"** (also known as the "domains of care"). For example, physical, social, spiritual, psychological, practical, *end-of-life**/death management, *loss*/grief** domains.	Document
SS.SCS.5.03	Review a selection of records for *service recipients** served within a selected one-year audit period to confirm that: i. There is a documented *care plan** to address the immediate needs of the *service recipient** ii. The *service recipient** was involved in the development of the *care plan** and their *wishes** have been incorporated into the plan iii. A goal of care has been established within the *care plan** iv. There has been an attempt to address all relevant domains of care v. *Assessments** are based on standardized tools vi. The *care plan** is being followed vii. The *care plan** has been updated as needs change. (Target = 80%)	File Audit
SS.SCS.5.04	*Service recipient** feedback confirms their involvement in the development of the *care plan** (minimum denominator is 10% of total number of individuals served during defined one-year audit period). Target = 80% report involvement	*Service Recipient** Feedback (i.e. HPCO Hospice Metrics Client Check-in results)

Module: Service Standards
Section: Spiritual Care
Standard: Care Delivery

Standard SS.SCS.6 – Care Delivery

Staff and volunteers within the Spiritual Care service provide care in a variety of settings and at times of the day deemed appropriate by the individual hospice. The goal of care delivery is to meet the needs of the individual receiving service in accordance with their care plan.

Criteria

a. *Informed consent** to receive the service must be obtained (verbally or in writing) and documented prior to commencement of service.
b. A designated person oversees the Spiritual Care service. The person designated to oversee the service has the required *competency** to do so.
c. Limitations regarding where and when the service can be received is documented and communicated to stakeholders.
d. When a *volunteer** provides support directly to the individual receiving service:
    i. Appropriate support is available to the *volunteer** while on duty for the hospice. The *volunteer** is aware of how to *access** this support.
    ii. There is a process for a designated, qualified, and trained person to make an optimal match between the individual receiving service and the *volunteer**.
    iii. There is a process for making changes as required or requested by the individual receiving service and/or the *volunteer**. The individual and *volunteer** are informed of this procedure.
    iv. The *volunteer** management process follows the standards found in Section 2 of HPCO's Hospice Standards framework.
e. Hospice staff, *volunteers**, and *service recipients** have the right to a safe, appropriate service environment. There is a process for service to be interrupted or withdrawn in cases and situations deemed inappropriate or unsafe.
f. There is a mechanism for identifying new needs of *service recipients**. The hospice strives to meet those needs directly or through referral. Ongoing contact is guided by the *care plan**, identified concerns, and inquiries by the individual receiving service.

Accreditation Evidence Requirements for SS.SCS.6

The HPCO Accreditation process includes an evidence submission that is evaluated by a team of peer reviewers. The hospice must provide the following items to demonstrate compliance with the Spiritual Care – Care Delivery Standard.

Evidence Code	Description of Evidence for Electronic Submission	Type of Evidence
SS.SCS.6.01	Copy of position description for each collaborative/*interdisciplinary team** member within the Spiritual Care service, including *competency** requirements.	Document
SS.SCS.6.02	Description of staffing model for the hospice overall and the Spiritual Care service	Narrative
SS.SCS.6.03	Description of how *volunteers** are utilized in the Spiritual Care service and how the hospice ensures that: i. Appropriate support is available to the *volunteer** while on duty for the hospice. The *volunteer** is aware of how to *access** this support. ii. There is a process for a designated, qualified, and trained person to make an optimal match between the individual receiving service and the *volunteer**. iii. There is a process for making changes as required or requested by the individual receiving service and/or the *volunteer**. The individual and *volunteer** are informed of this procedure.	Narrative
SS.SCS.6.04	Copy of P&P related to interrupting or withdrawing service in cases and situations deemed inappropriate or unsafe.	Policy
SS.SCS.6.05	Description of how new needs of *service recipients** are identified and addressed (i.e. use of HPCO Hospice Metrics Client Check-in).	Narrative

Glossary and Resource List

An asterisk (*) beside a term in this document indicates that the term is defined in HPCO's Standards and Accreditation Glossary, which is available as part of the overall HPCO Hospice Standards and Accreditation package. A list of resources is also available within that document.

Hospice Standards

Module 3 – Hospice Service Standards (SS)
Section 6 – Complementary Therapy (CTS)

June 2020

Hospice Palliative Care Ontario is grateful to the Mount Pleasant Group for generously supporting the development of Hospice Standards and HPCO's Centre of Excellence for Hospice Care. This support has allowed HPCO to create 12 hospice standards, a comprehensive accreditation framework, and other tools and resources supporting hospices throughout Ontario in providing high quality, compassionate care.

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Table of Contents

Foreword – DRAFT

The Complementary Therapy Service Standard is a product of Hospice Palliative Care Ontario. It is situated within a larger standards framework that is outlined on the following page of this document.

This section of the HPCO Hospice Standards framework was developed by an expert panel of individuals with expertise providing or coordinating Complementary Therapies in a hospice setting. The expert panel was convened in January 2018. Two rounds of public consultation will occur before this section of the standards is finalized and published.

HPCO is committed to ensuring a multi-perspective approach by involving individuals from across the province throughout the process of developing each hospice service standard. We strive to ensure our panels and reviewers represent the wide variety of geography, organizational size, and professional backgrounds within our member hospices.

Acknowledgements

The development of the HPCO Complementary Therapy Service Standard was a team effort. The expertise of our members and their dedication to quality hospice palliative care made this work possible. In addition to the individuals listed below, feedback on the first draft was received from XX unidentifiable respondents via online survey in XX.

HPCO acknowledges and thanks the following individuals for their contributions to this document:

Members of 2017 Review Panel

Katt Brooks, Roger Neilson House
Evelyn Cheung, Hospice Toronto
Chrystalla Chew, Scarborough Centre for Healthy Communities
Myriam Lavoie, Hospice Care Ottawa
Julie Premo, ARCH Hospice
Danielle Scarlett, Roger Neilson House
Brandy Sedore, St. Joseph's Hospice London
Nancy Umphrey, Heart House Hospice
Julia von Flotow, Individual Member, Toronto

Facilitators of 2017 Review Panel

Annalise Stenekes, Hospice Palliative Care Ontario
Charlotte Scott, (intern) Hospice Palliative Care Ontario

Thank you also to the authors, contributors, and reviewers of the previously published HPCO Standards whose work has been instrumental and deeply appreciated.

A special thanks to the 2011 Complementary Therapy Standards working group listed below:

Cher Curshen – The Dorothy Ley Hospice
Chrystalla Chew – Community Care Northumberland
Cindy Webber – Serenity House Hospice
Evelyn MacKay – Hospice Wellington
Lynn McLarnon – Hospice King Aurora
Marianne Tavares – HPCO Volunteer (Facilitator)
Steve Brennan – The Hospice of Windsor and Essex County Inc.

Introduction

Scope and Purpose of HPCO Hospice Standards

Hospice standards set the minimum required expectations that differentiate the operations, work, and philosophy of hospice-based services from other community support services.

HPCO Hospice Standards have been developed and revised in consultation with member hospices and are based on best practices and evidence from literature. Whenever applicable, every attempt is made to ensure that these standards also align with the governing legislation and national models of care such as the *CHPCA Norms of Practice**, as well as other provincial documents such as the *Health Quality Ontario (HQO)** Quality Standard for Palliative Care[1] and the Ontario Palliative Care Network (OPCN) Health Services Delivery Framework[2].

The HPCO Hospice Standards act as a guide to organizations with existing hospice services, as well as organizations that are considering developing such services. Additional resources may be available for any parties interested in specific hospice services – please contact HPCO for more information.

Framework of the Standards

This document was developed as part of a larger volume of work. The **Complementary Therapy Service Standard** is situated within the following HPCO Hospice Standards framework.

Module 1: Organizational Oversight

- Governance
- Administrative Operations
- Quality Assurance

Module 2: Volunteer Management

- Foundations
- Engagement
- Stewardship

Module 3: Hospice Services

- Day Hospice
- Visiting Hospice
- Hospice Residence
- Grief and Bereavement Support
- Spiritual Care
- **Complementary Therapy**

Module 4: Resource List and Glossary

- One glossary and one resource list for the entire HPCO Standards & Accreditation package, available as separate documents

[1] https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Palliative-Care
[2] https://www.ontariopalliativecarenetwork.ca/en/healthservicesdeliveryframework

Timeline of standard development and accreditation requirements

The Complementary Therapy Service Standard remains under a public consultation process. The current draft document has undergone a format edit for style and consistency purposes and any changes are immaterial to Accreditation requirements for this edition of the Standards.

When Standards are established or revised, they must be in place for a minimum of one year before the Accreditation process is made available based on the new/updated Standards.

Information about the HPCO Accreditation program is available at www.hpco.ca/accreditation

Environmental Factors

The development of provincial standards for hospice services takes place in a continuously evolving health care climate and a diverse network of organizations, each with their own respective care delivery system and availability of resources. The purpose of the HPCO Hospice Standards is to have clear and consistent quality standards that are applicable to organizations in a range of hospice settings.

Existing standards are updated every 3-5 years to ensure that they remain current, complete, and consistent with emerging best practices.

Glossary

An asterisk (*) beside a term in this document indicates that the term is defined in HPCO's Standards and Accreditation Glossary, which is available as a separate document within the HPCO Hospice Standards package.

Definitions

Hospice *Updated March 2020*

The overall concept of ***Hospice Palliative Care**** is well-defined in *CHPCA's A Model to Guide Hospice Palliative Care**. But what exactly is a "hospice" in Ontario?

A **hospice** is a charitable organization that plays a vital role in the health and social care system and works collaboratively with a variety of partners to serve its community. Hospice services are provided to children, adults, and seniors; some organizations may specialize in serving a specific population.

The goal of hospice care is to enhance the quality of life of individuals living with a progressive, *life-threatening illness** and the well-being of anyone that is impacted by the person's illness or death (*caregivers**, family members, and friends). *Volunteers** (both direct service and indirect service) and staff play an integral role in achieving that goal.

A hospice may be a standalone organization, or a program offered by a multi-service organization. Hospice services vary based on local community needs and are provided in a variety of settings – including where the individual lives or in a *homelike** location. A hospice offers one or more services such as:

- Caregiver & Family Support
- Chronic Disease Management
- **In-Home Hospice, Visiting**
- **Complementary Therapies**
- Day Programs / **Day Hospice**
- Education
- **End-of-Life Care** within a **Hospice Residence** or *homelike** setting
- **Grief & Bereavement Support**
- Interdisciplinary Community Palliative Care Teams
- Navigation Support
- Pain & Symptom Management Consultation
- Pain Clinics
- Psychosocial & **Spiritual Care**
- Respite & Symptom Management
- Transitional Care
- Wellness Programs

Each service type marked in **bold** is defined separately in the Hospice Palliative Care Ontario (HPCO) Hospice Standards. The remaining examples will be defined when standards are developed for that particular service type.

Hospice services are provided at no cost to the *service recipient**. A hospice may be partially funded by the Ministry of Health as well as charitable donations, fundraising and other fund development opportunities. All hospices must comply with relevant provincial and federal legislation and regulations including those governing registered charities and community support services.

Complementary Therapy

*Complementary therapies** are those modalities which are provided to enhance quality of life by supporting physical, emotional, psychosocial, and spiritual wellbeing. They are used alongside and integrated with conventional medical intervention and other community support services.

Some key benefits may include, but are not limited to, promoting a relaxation response, managing pain and symptoms, reducing stress and anxiety, enhancing coping and resilience while fostering a sense of wellbeing and peace.

Hospice-based Complementary Therapy

Individuals receiving service from a hospice residence, community/visiting hospice, or day hospice may choose to receive *complementary therapies** as part of their *care plan**.

*Complementary therapies** are offered by qualified practitioners*. *Complementary therapy** services may include providing a direct service and may include a training component. *Complementary therapies** can also enhance self-care and wellness for clients, families, staff, and *volunteers**.

Hospices may refer individuals elsewhere if the needs exceed the scope and capacity of the available services.

Additional definitions about specific therapies and/or wellness activities are provided in the appendix.

Module: Service Standards
Section: Complementary Therapy
Standard: Model of Care / Service Model

Standard SS.CTS.1 – Model of Care / Service Model (DRAFT)

Complementary therapy services in a hospice context are guided by a model of care / service model which emphasizes collaboration, promotes equity and *whole-person care, and aligns with current evidence-based practice related to hospice palliative care.**

Criteria

a. Hospice services are designed to enhance quality of life by addressing the unique needs of individuals receiving service with appropriate supports and resources.
b. *Complementary therapy** services are delivered utilizing the expertise of qualified practitioners*. *Complementary therapy** practitioners are encouraged to seek membership with their regulatory body where one exists.
c. The *model of care**/service model emphasizes collaboration with internal and external care providers to facilitate seamless care. This may include use of common tools, processes, resources, and partnerships to minimize duplication and fragmentation.
d. All members of the hospice team, including individuals receiving service, *caregivers**, *volunteers**, and staff, are informed of their rights and responsibilities (see Glossary: *Bill of Rights for Clients** and *Bill of Rights for Staff and Volunteers**). There is a mechanism for addressing concerns, *complaints**, and *unusual incidents**.
e. *Informed consent** is required before any service is provided. Individuals receiving service have *access** to interpretation support and/or necessary *assistive services** and *communication tools** to reduce any barriers to communication and to promote understanding of information exchanged.
f. The service undergoes ongoing program evaluation and *quality improvement** (for more information on QI please see organizational oversight standard).
g. Policies and procedures are in place to govern the delivery of the *Complementary Therapy** service.

Module: Service Standards
Section: Complementary Therapy
Standard: Access

Standard SS.CTS.2 – Access (DRAFT)

Access to available complementary therapy services is determined by specific eligibility criteria and facilitated using a clearly defined and documented referral, admission and discharge process.

Criteria

a. The referral, admission and discharge processes include but are not limited to:
    i. *Eligibility criteria**
    ii. Exclusion criteria & subsequent referral process, as applicable. For example: if a client has an open wound, allergies, or physical conditions that disallow them from receiving or participating in the therapy
    iii. Discharge criteria & transfer to another service, as applicable
    iv. Priority populations, as applicable (e.g. geographical boundaries, marginalized communities)
b. *Eligibility criteria** **may** specify that this service is available to individuals who are:
    i. Approaching *end-of-life**,
    ii. Experiencing, physical, emotional, psychological and/or spiritual effects from living with a life limiting illness,
    iii. Wanting a more *holistic** approach to care, or
    iv. A hospice client, or a hospice client's family member (note that anyone receiving formal and sustained service must have a client record, *assessment** and *care plan** in place)
c. Services may be specific, according to:
    i. The client's care needs and goals
    ii. The services the hospice provides
    iii. Medical interventions the client is receiving
d. There is a process to plan termination of, or discharge from, the service.
e. Each hospice may determine its own referral procedure; however, every individual who is referred or requests service has a personal record that contains documentation outlining the referral, admission and discharge process that was followed. Self-referral to *Complementary Therapy** services is encouraged. Professional referral is not required, however, *informed consent** is required to process a referral.
f. There is a clearly defined and documented process for managing and tracking requests for service that result in a *Wait List** (the discretion is left up to the hospice). Individuals who have requested the service are informed of this process. - clarify that it is the **internal** waitlist for the hospice service.

Module: Service Standards
Section: Complementary Therapy
Standard: Assessment

Standard SS.CTS.3 – Assessment (DRAFT)

Assessments are completed using a comprehensive and collaborative person-centred approach at the start of service and ongoing throughout the service. The purpose of assessment is to identify the individual's goals of care and determine the appropriate level and type of support(s) to be offered.

Criteria

a. The *assessment** is completed with *informed consent** and in collaboration with the *service recipient** and/or *SDM** where applicable.
b. The *assessment** is holistic and addresses any "*domains of issues associated with illness and treatment*"* that are relevant.
c. Individual factors in the *care plan** as well as, needs, strengths, resiliency and risks are all factors for determining the *goals of care**.
d. The *interdisciplinary team** member who completes the *assessment** has the required *competency** to identify which needs may be addressed through the *complementary therapy** service.
e. There is a personal record for each individual who receives formal and sustained *complementary therapy** services. All records are maintained in accordance with applicable laws and regulations. *Personal health information** is collected as needed to address care needs of the individual and used accordingly.
f. If the individual has needs beyond the scope of the *Complementary Therapy** service, they will be referred to an alternate service wherever possible.

Module: Service Standards
Section: Complementary Therapy
Standard: Decision Making / Capacity

Standard SS.CTS.4 – Decision Making / Capacity (DRAFT)

Every individual (or SDM if the individual is not capable at the time consent is required) receives the necessary information to make decisions and provide informed consent.

Criteria

a. *Informed consent** is obtained prior to initiation of service, change in service or termination of service. *Informed consent** is obtained from the individual (or *SDM** if the individual is not capable of providing consent).
b. The process in place to assess *capacity** of the individual aligns with current Ontario legislation.
c. Members of the *interdisciplinary team** deliver information about service options including expected outcomes, risks, benefits, side effects, and alternative options including the right to decline services. These conversations are documented according to regulatory and organizational standards. A clear process exists to ensure all team members are aware of the outcome of these discussions and/or decisions, in accordance with *privacy** legislation.
d. Services and individual/*SDM** choices are reviewed regularly and as the individual's condition changes. Opportunities to choose other services or withdraw *consent for service** are provided as the individual's condition changes.
e. Each member of the *interdisciplinary team** within the hospice service has received education on *Health Care Consent** and *Advance Care Planning** that is consistent with current Ontario legislation addressing these issues.
f. The hospice service actively promotes, shares and utilizes HCC ACP resources that are consistent with the Ontario legal framework (i.e. Speak Up Ontario). These resources are promoted, shared and utilized with members of the *interdisciplinary team** and individuals/*SDMs**.

Module: Service Standards
Section: Complementary Therapy
Standard: Care Planning

Standard SS.CTS.5 – Care Planning (DRAFT)

The collaborative and integrated care plan for individuals receiving service outlines how identified individual needs or goals will be met by the complementary therapy service.

Criteria

a. The *care plan** is:
    i. Informed by what the hospice can offer and what the individual requests.
    ii. Based on the initial and ongoing *assessment** of the individual's support needs, goals, resources, and risk factors
    iii. Developed in collaboration with, and with the *informed consent** of, the individual receiving service.
    iv. An agreement between the hospice and the individual that outlines what *complementary therapy** services will (and will not) be provided by the hospice, as well as the role and responsibilities of the individual. Care may be episodic, or infrequent, depending on individual needs and preferences.
    v. Documented, monitored, and updated in the individual's record, according to hospice procedure and applicable regulatory standards.
b. During the development of their *care plan**, individuals receive the necessary information to make informed decisions.
c. There is a process to plan termination of, or discharge from, the service.

Module: Service Standards
Section: Complementary Therapy
Standard: Care Delivery

Standard SS.CTS.6 – Care Delivery (DRAFT)

Staff and volunteers within the complementary therapy service provide care with the aim of meeting the needs of the individual receiving service in accordance with their care plan. Services, whether anticipatory or aftercare, clinical or non-clinical, may be offered on an individual basis or in groups.

Criteria

a. *Informed consent** to receive the service must be obtained and documented prior to commencement of service.
b. A designated person oversees the *complementary therapy** service. The person designated to oversee the service has the required *competency** to do so.
    i. All therapy providers must be trained in their modality and meet the criteria of their governing body/college.
    ii. The *service provider** must also be trained by the organization (hospice) before volunteering for them.
c. Limitations regarding where and when the service can be received is documented and communicated to stakeholders.
d. When a *volunteer** provides support directly to the individual receiving service:
    i. Appropriate support is available to the *volunteer** while on duty for the hospice. The *volunteer** is aware of how to *access** this support.
    ii. There is a process for a designated, qualified, and trained person to make an optimal match between the individual receiving service and the *volunteer**.
    iii. There is a process for making changes as required or requested by the individual receiving service and/or the *volunteer**. The individual and *volunteer** are informed of this procedure.
    iv. The *volunteer** management process follows the standards found in Section 2 of HPCO's Hospice Standards framework.
e. Hospice staff, *volunteers**, and *service recipients** have the right to a safe, appropriate service environment. There is a process for service to be interrupted or withdrawn in cases and situations deemed inappropriate or unsafe, and a formal and *accessible** reporting procedure for clients and staff/*volunteers**.
f. There is a mechanism for identifying new needs of *service recipients**. The hospice strives to meet those needs directly or through referral. Ongoing contact is guided by the *care plan**, identified concerns, and inquiries by the individual receiving service.
g. Following receipt of *complementary therapy** services, the individual is provided an opportunity to give feedback on their experience to the hospice. It is recommended that the qualified practitioner* is also able to provide feedback to the hospice.

Glossary and Resource List

An asterisk (*) beside a term in this document indicates that the term is defined in HPCO's Standards and Accreditation Glossary, which is available as part of the overall HPCO Hospice Standards and Accreditation package. A list of resources is also available within that document.

Appendix – Additional Definitions

Common complementary therapies available in hospices

Acupuncture	One of the main forms of treatment in traditional Chinese medicine. It involves the use of sharp, thin needles that are inserted in the body at very specific points. This process is believed to adjust and alter the body's energy flow into healthier patterns and is used to treat a wide variety of illnesses and health conditions.
Aromatherapy	The use of natural or scented oils and other extracts that are applied topically, used in massage, water emersion or, are inhaled to help reduce stress, anxiety, and can improve sleep, mental and physical wellbeing
Art Therapy	A registered Art Therapist skillfully uses artistic techniques in a psychosocial model to promote and maintain mental, physical, emotional, and spiritual wellbeing. Art therapy can also improve the cognitive functioning, motor skills, emotional development social skills, and overall mood/quality of life. Additionally, self-awareness and self-expression can be achieved. Art Therapy combines creative process with psychotherapy to help with self exploration and understanding. Using imagery, colour, and shape as a part of the process, thoughts and feelings may be expressed.
Bowen Technique	Use pressure points to assist the connective tissue in repairing to improve movement, stability and flexibility to allow of pathways to the brain to focus.
Craniosacral Therapy	A holistic healing practice that uses very light touching to balance the craniosacral system in the body, which includes the bones, nerves, fluids, and connective tissues of the cranium and spinal area. It relieves pain, stress, and dysfunction and improves whole-body health. By freeing the central nervous system, it strengthens resistance to disease, and enhances health and well-being. The client remains fully clothed on a treatment table while the practitioner evaluates various points of head, torso, or feet with a gentle touch. https://medical-dictionary.thefreedictionary.com/CranioSacral+Therapy
Massage Therapy	A registered massage therapist applies delicate touch to specific parts of the body to alleviate tension, pressure and to provide relaxation. This is achieved by massaging the soft tissue and joints in the body, and working to prevent physical dysfunction and pain as well as treat it (Massage therapy act 1991)
Music Therapist	A certified music therapist skillfully uses musical techniques in a psychosocial model to promote and maintain mental, physical, emotional and spiritual wellbeing. Music therapy can also improve the cognitive functioning, motor skills, emotional development social skills, and overall mood/quality of life
Pet Therapy	To provide companionship, emotional and stress relief, and can help children with their cognitive growth including reading and writing. Often, in times of crisis pet therapy is useful to the client as well as any working professional

Reflexology	A therapeutic method that stimulates predefined pressure points on the feet and hands. These pressure points connect directly through the nervous system and affect the bodily organs and glands. Hand pressure stimulates energy to a related muscle or organ and may alleviate the source of discomfort. It may also relieve symptoms of stress and illness and is known to promote healing. *http://medical-dictionary.thefreedictionary.com*
Reiki	A form of therapy with the goal of improving the flow of life energy in a person. Reiki is a simple method, consisting of gentle touch with the Reiki practitioner transmitting Life Force Energy to a recipient. Reiki helps in reducing stress, stimulating the immune system, increasing energy, and relieving the pain and symptoms of health conditions. It is very calming and reassuring for those suffering from severe conditions. *http://medical-dictionary.thefreedictionary.com*
Shiatsu	Using applied pressure, this massage helps to restore balance in the body.
Skin Treatments	Sometimes this is used to heal skin wounds or skin complications from medications or treatment. However, it also can be used for relaxation and as a preventative measure for future skin damage.
Tai Chi	An ancient Chinese discipline of movements practice as an exercise to enhance well being. Guided by a certified instructor, the regular practice of Tai Chi can help to improve the health and quality of life for people dealing health conditions such as poor circulation, respiratory problems, digestive disorders, and many others. For those with decreased mobility, movements can be adapted as needed. The health benefits include improved circulation, balance and posture; increased strength and flexibility; and reduced stress. It restores the calmness and peace of mind.
Therapeutic Touch®	Is a touch or non-contact, holistic, *evidence-based** energy field healing therapy that incorporates the intentional and compassionate use of universal energy to promote balance and well-being. Common effects include relaxation, pain relief, reducing anxiety, stress and depression, wound healing, boosting immune function and an enhanced sense of well-being and peace of mind. The client's energy field is altered through an energy transfer that moves from the hands of the practitioner to the client. The practitioner uses her/his hands to sense the blockage or disturbance then removes the disturbance and rebalances the body, to clear away any energy congestion and smooth the energy field. Therapeutic Touch is used to relieve anxiety and stress create peace of mind, and reduce pain and symptoms.
Vocal Toning	Works with the client on vocal and breathing techniques to find the power in one's own voice, while finding new energy through restoring the chakras (the body's energy centers).
Yoga	Guided by a registered yoga teacher (RYT). Yoga includes physical, mental and spiritual movements and breathing exercises are practices to achieve an inner flow after liberation of the mind and body.

Common wellness practices available in hospices

In addition to the Complementary Therapy modalities outlined above, there are other wellness practices often provided by hospices. These include, but are not limited to:

Meditation	Meditation can be defined as a precise practice where an individual focuses their mind on a particular object, thought or activity to achieve a mentally clear and emotionally calm state. Meditation may be used to reduce stress, anxiety, depression, and pain. It may be done while sitting, repeating a mantra, and closing the eyes in a quiet environment. https://en.wikipedia.org/wiki/Meditation
Mindfulness Meditation	A form of meditation designed to develop the skill of paying attention to our inner and outer experiences with acceptance, patience, and compassion. In addition to significant reductions in stress, proven benefits of Mindfulness Meditation include improving management of pain, sleep and digestion, decision-making ability, interpersonal relationships, and decreasing irritability, anxiety, and depression. https://en.wikipedia.org/wiki/Meditation
Relaxation/breathing techniques	Relieve muscle tension, induce a quiet body response, and rebuild energy resources; this may include deep breathing exercises, imagery, meditation, and other techniques. These methods promote lessening of tension, reduction of anxiety, and management of pain. Progressive relaxation a method of deep muscle relaxation based on the premise that muscle tension is the body's physiological response to anxiety-provoking thoughts and that muscle relaxation blocks anxiety. https://medical-dictionary.thefreedictionary.com/relaxation
Art Program/Music Program	Art therapy and music therapy are complementary therapy's if conducted by a certified professional. If there is an artistic or musical activity being run by a non-professional that is an art program or music program, it should not be called a therapy as it can be misleading.

Resources related to Complementary Therapy and Wellness Practices

Ontario Art Therapy Association
http://www.oata.ca/

College of Massage Therapists of Ontario
http://www.cmto.com/

CranioSacral Therapy
http://www.upledgerclinic.com/therapies/craniosacral-therapy.php

Mindfulness Meditation
http://www.mindfulnessinstitute.ca/

Music Therapy Association of Ontario
http://www.musictherapyontario.com/

Reflexology Canada
https://www.reflexologycanada.org

Reflexology Ontario
https://www.ocr.edu

Reiki:

- Canadian Reiki Association https://reiki.ca
- International Center for Reiki Training http://www.reiki.org
- International House of Reiki http://ihreiki.com
- The Reiki Alliance http://www.reikialliance.com

Therapeutic Touch
https://www.therapeutictouchontario.org/

Hospice Palliative Care Ontario

Hospice Standards

Module 4 – Resource List and Glossary of Terms

June 2020

Hospice Palliative Care Ontario is grateful to the Mount Pleasant Group for generously supporting the development of Hospice Standards and HPCO's Centre of Excellence for Hospice Care. This support has allowed HPCO to create 12 hospice standards, a comprehensive accreditation framework, and other tools and resources supporting hospices throughout Ontario in providing high quality, compassionate care.

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Part Two: Glossary of Terms

Access OO / VM / DH / VH / HR / GB / SC / CT

Access to health care refers to the ease with which an individual can obtain needed medical or social services. See also "Equity".

Accessibility (and AODA) OO / VM / DH / VH / HR / GB / SC / CT

Accessibility refers to the design of products, devices, services, or environments for people who experience disabilities.

The *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) aims to identify, remove, and prevent barriers for people with disabilities. The AODA became law on June 13, 2005 and applies to all levels of government, non-profits, and private sector businesses in Ontario that have one or more employees (full-time, part-time, seasonal, or contract). More information is available at https://accessontario.com/aoda/definitions/ and the legislation is available online at https://www.ontario.ca/laws/statute/05a11?search=accessibility

The Accessibility for Ontarians with Disabilities Act (AODA) seeks to ensure that all Ontarians have fair and equitable access to programs and services and to improve opportunities for persons with disabilities. The Act address barriers in Customer Service; Information and Communication; Employment; Transportation; the Design of Public Spaces https://accessontario.com/aoda/definitions/

Acute Care OO / VM / DH / VH / HR / GB / SC / CT

Acute care is a level of health care in which a patient is treated for a brief but severe episode of illness, for conditions that are the result of disease or trauma, and during recovery from surgery. In medical terms, care for acute health conditions is the opposite of chronic care or longer-term care. Adapted from https://portal.ct.gov/-/media/OHS/ohca/HospitalStudy/HospTodaypdf.pdf?la=en

Administrative Requirements (of Volunteers) OO / VM / DH / VH / HR / GB / SC / CT

Volunteers must meet the administrative requirements of their role. The hospice must ensure that the volunteer is informed of these requirements, receives training about the requirements, and has access to the appropriate resources to meet the requirements. This may include reporting "hours" (i.e. how much time was spent with the client) and/or documenting notes related to the status or wishes of the client. Volunteers can provide important information to the hospice that helps to ensure the best possible care is being provided.

Admission Agreement OO / VM / DH / VH / HR / GB / SC / CT

See "Service Agreement"

Advance Care Planning OO / VM / DH / VH / HR / GB / SC / CT

The *Substitute Decisions Act, 1992* (SDA) and *Health Care Consent Act, 1996* (HCCA) govern Advance Care Planning (ACP) in Ontario. ACP is a process that involves the mentally capable patient:

1. IDENTIFYING their future Substitute Decision-Maker (SDM), by either
   a) Confirming satisfaction with their default/automatic Substitute Decision-Maker in the SDM hierarchy list in the Health Care Consent Act
   OR

b) Choosing someone else to act as SDM by preparing a Power of Attorney for Personal Care (a formal written document).

2. SHARING THEIR OWN WISHES, VALUES, AND BELIEFS through conversations with the SDM and others that clarify their wishes, values and beliefs, and more generally how they would like to be cared for in the event of incapacity to give or refuse consent (i.e. what is quality of life to that patient? What is important to that patient with respect to health?)

Advance Care Planning does not equal consent to treatment. Please see "Consent" for information on consent to treatment.

The *Substitute Decisions Act, 1992* is available online at https://www.ontario.ca/laws/statute/92s30?search=substitute+decision

The *Health Care Consent Act, 1996* is available online at https://www.ontario.ca/laws/statute/96h02?search=health+care+consent

Anticipatory Grief **OO / VM / DH / VH / HR / GB / SC / CT**

Anticipatory grief is the process stimulated by the awareness of an impending loss/death. It is not simply an equivalent to grief that begins prior to a loss. Rather, it is a distinct, complex, and multidimensional process. Anticipatory grief can be experienced by the person living with the life-limiting illness as well as caregivers, family, and friends. Typically, the impending loss is the death of someone close due to illness, however, anticipatory grief may also be experienced due to impending losses that are not related to death including a scheduled mastectomy, pending divorce, company downsizing, war, etc. See also "Grief, Loss Bereavement and Mourning".

Adapted from a variety of sources including https://en.wikipedia.org/wiki/Anticipatory_grief and https://www.verywellhealth.com/understanding-anticipatory-grief-and-symptoms-2248855

AODA (Accessibility for Ontarians with Disabilities Act) **OO / VM / DH / VH / HR / GB / SC / CT**

See "Accessibility"

Arm's Length **OO / VM / DH / VH / HR / GB / SC / CT**

According to Duhaime's Law Dictionary, this term refers to "a transaction or relationship where there is an absence of control of the one over the other". It is also described as a relationship where "there are no bonds of dependence, control or influence, between the corporation and the person in question." (Retrieved from http://www.duhaime.org/LegalDictionary/A/ArmsLength.aspx)

Assessment **OO / VM / DH / VH / HR / GB / SC / CT**

An assessment of the service recipient focuses on collecting information about the person that will enable the hospice to provide appropriate service. This information may be received from other agencies. Information to be collected as part of the assessment process includes:

- Personal Information (PI) and/or Personal Health Information (PHI). This may include, for example, service recipient identification (e.g. name, birth date, address, telephone number), principal caregiver, alternate/other caregiver, Substitute Decision Maker (address, phone number, relationship to service recipient), emergency contact (e.g. family, nursing, case

manager), languages spoken and preferred language of service, cultural background, spiritual advisor, living arrangements (type of accommodation, others in the home, pets), personal interests/hobbies and work experience, family physician/specialist, instructions in case of emergency, plans at time of death (e.g. preferred location of death, do not resuscitate orders), service recipient's knowledge of diagnosis and prognosis, funeral plans (if considered appropriate at the time of assessment), preference for male or female volunteer

- Service information including other services currently being provided to the service recipient and/or caregivers through formal and informal means, and other services requested by the service recipient and/or caregivers (e.g. Meals on Wheels).
- Screening questions used to assess all domains of care and identify all active (unresolved or new) or potential issues and opportunities of importance to the patient, family, and caregivers" (CHPCA, 2002, p. *28).*
- Details about safety of environment at the location of care (see also Safety Assessment for Visiting Hospice service).
- Status of the Individual including:
    - physical (diagnosis/basic medical history and communicable diseases, allergies, medications, pain and symptom management (e.g. breathing), elimination, skin, vision, hearing, personal needs),
    - nutritional/feeding (e.g. feeding, swallowing, special diet and/or likes and dislikes)
    - rest/sleep (e.g. routines)
    - mobility (e.g. mobility aids, assistance required)
    - level of orientation (e.g. mental status)
    - emotional
    - other serious illnesses in family
    - history of loss
- Respite needs of caregiver(s)
- Other concerns the service recipient/caregiver may have

Assistive Services and/or Communication Access

OO / VM / DH / VH / HR / GB / SC / CT

There are thousands of people in Ontario who have disabilities that affect hearing, speaking, reading, writing, and/or understanding, and who use different ways to communicate than people who do not have these disabilities. Assistive services and/or communication tools provide a way for these individuals to communicate with others. Examples of assistive services may include scheduling more time for an appointment, using alternate text formats, or arranging (upon request) for a communication assistant, sign language interpreter, captioner, note-taker or intervenor. More information on communication access for people who have communication disabilities is available at http://www.mcss.gov.on.ca/documents/en/mcss/publications/accessibility/commAccessCommunicationDisabilities/Communication_Access_ENG.pdf

Bereavement

OO / VM / DH / VH / HR / GB / SC / CT

See "Grief, Loss, Bereavement and Mourning"

Bill of Rights for Clients

OO / VM / DH / VH / HR / GB / SC / CT

(Residents/ Participants / Service Recipients)

Often referred to as the Client or Patient Bill of Rights, this set of nine statements is found in Part III of the Home Care and Community Services Act (1994, c.26, Sched. 3, s. 10) located at https://www.ontario.ca/laws/statute/94l26

The Bill of Rights states that "a service provider shall ensure that the following rights of persons receiving community services from the service provider are fully respected and promoted:

1. A person receiving a community service has the right to be dealt with by the service provider in a courteous and respectful manner and to be free from mental, physical, and financial abuse by the service provider.
2. A person receiving a community service has the right to be dealt with by the service provider in a manner that respects the person's dignity and privacy and that promotes the person's autonomy.
3. A person receiving a community service has the right to be dealt with by the service provider in a manner that recognizes the person's individuality and that is sensitive to and responds to the person's needs and preferences, including preferences based on ethnic, spiritual, linguistic, familial and cultural factors.
4. A person receiving a community service has the right to information about the community services provided to him or her and to be told who will be providing the community services.
5. A person applying for a community service has the right to participate in the service provider's assessment of his or her requirements and a person who is determined under this Act to be eligible for a community service has the right to participate in the service provider's development of the person's plan of service, the service provider's review of the person's requirements and the service provider's evaluation and revision of the person's plan of service.
6. A person has the right to give or refuse consent to the provision of any community service.
7. A person receiving a community service has the right to raise concerns or recommend changes in connection with the community service provided to him or her and in connection with policies and decisions that affect his or her interests, to the service provider, government officials or any other person, without fear of interference, coercion, discrimination or reprisal.
8. A person receiving a community service has the right to be informed of the laws, rules and policies affecting the operation of the service provider and to be informed in writing of the procedures for initiating complaints about the service provider.
9. A person receiving a community service has the right to have his or her records kept confidential in accordance with the law."

Bill of Rights for Staff and Volunteers OO / VM / DH / VH / HR / GB / SC / CT

Hospice work is meaningful and rewarding for both staff and volunteers, and in recognition of the high standard that hospices strive for in fostering positive work environments, staff and volunteers can expect the following rights:

Staff and volunteers have the right to:

- Work or volunteer in a safe environment, free of physical, emotional, or psychological abuse
- Be treated with respect by other staff and volunteers as well as service recipients
- Be engaged in meaningful work
- Be informed of what impact your work made in the community
- Ask questions about the work of the organization
- Provide feedback about your experience
- Access a copy of the organization's financial information or annual report upon request
- Have a clear understanding of their work by being given a position description and well-defined tasks
- Receive support and encouragement when needed
- Receive constructive feedback when relevant
- Have a clear understanding of the organization's policies

- Be prepared for their work with comprehensive orientation and training
- Be invited to provide feedback at any time to the organization
- Be recognized for work well done.

Adapted from http://www.robertegger.org/blog/a-volunteer-bill-of-rights

Business Day **OO / VM / DH / VH / HR / GB / SC / CT**

For the purposes of the HPCO Hospice Standards, a business day is the equivalent of the normal operating day/hours of the organization or program in question. For example, if a referral is received at 4pm on Monday, but the hospice is open Monday, Wednesday, and Friday, that organization would be expected to respond to the referral by 4pm on Friday. In demonstrating compliance with the standard, the number of days a week that the program is staffed should be taken into consideration, as well as the preference / status of the client.

Capacity or "Mental Capacity" **OO / VM / DH / VH / HR / GB / SC / CT**

Under the *Health Care Consent Act, 1996* (HCCA), a person is capable with respect to a health care decision if he or she is able to understand information that is relevant to making a decision and able to appreciate the reasonably foreseeable consequences of a decision or lack of decision. In Ontario, where an individual lacks mental capacity and a health care decision must be made, the health care practitioner must turn to the substitute Decision Maker(s), SDM(s), to obtain consent or refusal of consent for treatment or withdrawal of treatment. The HCCA is available online at https://www.ontario.ca/laws/statute/96h02?search=health+care+consent+act

Caregiver **OO / VM / DH / VH / HR / GB / SC / CT**

Caregivers are individuals who provide care to family, friends, neighbours and community members with health conditions, disabilities, or aging needs. For the purposes of this glossary the term "caregiver" includes those who provide care informally and on a voluntary basis and does not include professional providers.

Caregiver Relief (or Respite) **OO / VM / DH / VH / HR / GB / SC / CT**

Caregiver Relief is an important component of hospice palliative care. Sometimes this is referred to as providing "respite". This means providing a temporary break from the responsibilities of providing care to an individual at home. Caregivers are integral to providing care in the home and, increasingly, family members and friends are being called upon to provide support in a time of need. While most embrace the opportunity, the reality is that the physical, emotional, and financial consequences for the caregiver can be overwhelming without some support, such as respite. Usually, caregiver relief can be provided at home, during a short stay at a long-term care home, or at an adult day program. More information is available at https://www.homecareontario.ca/home-care-services/about-home-care/respite-care and https://www.ontario.ca/page/respite-care

Care Plan / Care Planning **OO / VM / DH / VH / HR / GB / SC / CT**

A document that identifies how the organization will meet the individual needs of the service recipient. It serves as a guide for the delivery of services to the service recipient and specifies the amount and type of service to be provided to achieve his/her goals. It may also include the responsibilities of the service recipient and/or caregiver.

Plan of Treatment: Under the *Health Care Consent Act, 1996* (HCCA), a plan of treatment is defined as a plan that is developed by one or more health care practitioners to deal with health problems that are

present or likely in the future given the person's current health condition. Plans of treatment provide for the administration of various treatments or courses of treatment, including withdrawal and withholding of life-sustaining or life-prolonging treatment, with respect to the person's current health condition.

Cause-related marketing **OO / VM / DH / VH / HR / GB / SC / CT**

Cause-related marketing (CRM) is a mutually beneficial collaboration between a corporation and a non-profit designed to promote the former's sales and the latter's cause. American Express first coined the term in 1983 to describe its campaign to raise money for the Statue of Liberty's restoration. American Express donated one cent to the restoration every time someone used its charge card. As a result, the Restoration Fund raised over $1.7 million and American Express card use rose 27%. One study found that more than 9 in 10 consumers are likely to switch brands to one associated with a good cause, assuming comparable quality and pricing. Non-profits can potentially benefit from the increased fundraising and exposure that CRM offers. Such partnerships, however, must be carefully considered as they can pose risks to both parties' reputations.
From Grant Space. https://grantspace.org/resources/knowledge-base/cause-related-marketing/

CHPCA's Model to Guide Hospice Palliative Care **OO / VM / DH / VH / HR / GB / SC / CT**

First released in 2002, the "Norms" have been used to guide the development of programs that provide high quality comprehensive person and family-centred hospice palliative care across Canada. In 2013, the Canadian Hospice Palliative Care Association (CHPCA) established an expert advisory committee to review and revise the Model to Guide Hospice Palliative Care to reflect current practice and experience. The document has been streamlined to focus on the principles and Norms and provide only the most used information. The Norms have been revised to emphasize those aspects of care and organization that are unique to hospice palliative care. The goal is the same: to provide consistent high-quality care for all Canadians with life limiting illnesses. Hospice palliative care programs and professionals are encouraged to use A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice to guide their activities. The document is available online at https://www.chpca.ca/wp-content/uploads/2019/12/norms-of-practice-eng-web.pdf

Circle of Care **OO / VM / DH / VH / HR / GB / SC / CT**

Hospice palliative care is most effectively delivered by an interprofessional team of health care providers who are both knowledgeable and skilled in all aspects of care within their discipline of practice. The professional team comes together with family members, friends, and other caregivers to form a circle of care around, and to form a therapeutic relationship with, the person and family.

Although members of the interprofessional team may come from different organizations, they are all typically trained by schools or organizations governed by educational standards, and accountable to standards of professional conduct set by licensing bodies and/or professional associations. They collaborate and share information to promote continuity and enhance care delivery to the person. To maintain an effective therapeutic relationship, every effort is made to keep the team consistent and avoid changing members.

The circle of care requires leadership from a professional caregiver who is skilled at group formation/function/dynamics as well as care delivery. The circle of care includes (based on the person's wishes): the person and family, the person's primary care and specialist providers, professional caregivers with the skills to implement the person's and family's plan of care, "family" caregivers who (family as defined by the person), and community resources acceptable to the person and family (e.g., spiritual advisors). All members of the "circle of care" adhere to the principles of confidentiality and

privacy and other relevant regulatory and legislative policies and standards. The circle of care continues throughout the illness and bereavement process, adjourning when care is no longer needed. From CHPCA's A Model to Guide Hospice Palliative Care (2013).
https://www.chpca.ca/wp-content/uploads/2019/12/norms-of-practice-eng-web.pdf

Collaborative Care Team OO / VM / DH / VH / HR / GB / SC / CT

"Where the patient/client and their healthcare providers work together to achieve the optimal [care] outcomes. It could refer to situations where the team is located in the same practice setting and interact closely, or it could refer to providers who work independently but are providing care to the same patient/client." From CRTO's Collaborative Care Principles and Best Practices (2017).
http://www.crto.on.ca/pdf/ProfPractice/Collaborative_Care.pdf

Communication Tools OO / VM / DH / VH / HR / GB / SC / CT

Communication Board or Book, speech generating device, etc. See also "Assistive Services and/or Communication Access".

Competency OO / VM / DH / VH / HR / GB / SC / CT

"The effective application of a combination of knowledge, skill and judgment demonstrated by an individual in daily practice or job performance." From the International Council of Nurses cited in McCallum, M., et al. (2017). The Nova Scotia Palliative Care Competency Framework: A Reference Guide for Health Professionals and Volunteers. Halifax, Nova Scotia: Nova Scotia Health Authority.

Complaints OO / VM / DH / VH / HR / GB / SC / CT

A complaint is an expression of dissatisfaction requiring acknowledgement and action.
https://www.hqontario.ca/Portals/0/documents/qi/patient-relations/patient-relations-indicator-specifications-en.pdf
An effective complaints process will involve three essential elements:

1. The organization fosters a culture of openness regarding complaints, where patients feel they can make a complaint without fear of reprisal.
2. The complaints process is clear and timely, with good communication between the staff and the patient throughout.
3. The organization and its patients work together for improvement to prevent similar issues from recurring in the future.

http://www.hqontario.ca/Portals/0/documents/qi/patient-relations/hqo-patient-relations-home-care-en.pdf

Complementary Therapies OO / VM / DH / VH / HR / GB / SC / CT

Complementary therapies add an extra dimension of care to a hospice's commitment to nurturing the body, mind, and spirit. These non-invasive, holistic practices do not replace the medical, social, or spiritual care of the hospice palliative care team. Rather, they work with the total care of the interdisciplinary team to promote comfort and wholeness for both patients and their families. See Module 3.6 of the HPCO Hospice Standards Framework for additional information.

Confidentiality OO / VM / DH / VH / HR / GB / SC / CT

See "Privacy of Personal Health Information"

Conflict of Interest **OO / VM / DH / VH / HR / GB / SC / CT**

A conflict of interest is a situation where a reasonable person would consider an individual to have an interest that may conflict with their own ability to act in good faith and in the best interest of the organization or position. Conflicts of interest arise whenever the financial or personal interests of the individual are, or appear to be, inconsistent or at odds with the interests of the organization or position. An appearance of a conflict of interest exists when it is reasonably likely that an observer may perceive a conflict of interest. A conflict of interest exists when the individual has an existing or potential interest in any entity, transaction or arrangement in which the organization or position also has an existing or potential interest, or when the individual will derive a financial or other benefit directly or indirectly from the organization or position. From the Canadian Foundation for Governance Research. http://cfgr.ca/about/conflict-of-interest-policy.php

Consent for Service **OO / VM / DH / VH / HR / GB / SC / CT**

See "Service Agreement"

Consent to Disclose Personal Health Information **OO / VM / DH / VH / HR / GB / SC / CT**

This form may be used by a health information custodian to authorize a disclosure of a patient's personal health information to another person. The consent form specifies with whom the personal health information may be shared. For example: an insurance provider or a lawyer. The form is available at https://www.canada.ca/en/indigenous-services-canada/services/first-nations-inuit-health/health-care-services/nursing/clinical-practice-guidelines-nurses-primary-care/pediatric-adolescent-care/health-canada-consent-form-example.html

Controlled Access **OO / VM / DH / VH / HR / GB / SC / CT**

With respect to a hospice residence, the hospice has a process to ensure that only authorized individuals can enter the resident's room.

Controlled Acts **OO / VM / DH / VH / HR / GB / SC / CT**

Controlled acts are specified in the Regulated Health Professions Act, 1991 (RHPA) as acts which may only be performed by authorized regulated health professionals. The Regulated Health Professions Act, 1991, defines a controlled act as an activity that can cause harm if it is performed by an unqualified person. Regardless of their professional designation, volunteers in the hospice service will not engage in "controlled acts" * nor accept delegation of a controlled act* from a nurse, unless they are in a professional skills-based volunteer role with special approval given from the Hospice.
Although the RHPA prohibits performance of controlled acts by those not specifically authorized to perform them, it does not apply if the person performing the act is doing so to render first aid or temporary assistance in an emergency, or if they are fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is performed under the supervision or direction of a member of the profession (RHPA, 1991, s. 29.(1)(a, b)).

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.

2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or a dislocation of a joint.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand, or finger,
    - beyond the external ear canal,
    - beyond the point in the nasal passages where they normally narrow,
    - beyond the larynx,
    - beyond the opening of the urethra,
    - beyond the labia majora,
    - beyond the anal verge, or
    - into an artificial opening in the body.
7. Applying or ordering the application of a form of energy prescribed by the regulations under the RHPA.
8. Prescribing, dispensing, selling, or compounding a drug as defined in the Drug and Pharmacies Regulation Act, or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eyeglasses, other than simple magnifiers.
10. Prescribing a hearing aid for a hearing-impaired person.
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or device used inside the mouth to prevent the teeth from abnormal functioning.
12. Managing labour or conducting the delivery of a baby.
13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.
14. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning. (RHPA, 1991, s. 27.[2])

Corrective Action **OO / VM / DH / VH / HR / GB / SC / CT**

Corrective action is a process of communicating with the volunteer to improve attendance, address unacceptable behaviour or improve overall performance. The hospice may take corrective action when other methods such as coaching and performance management have not been successful. In cases of serious misconduct, the hospice may proceed straight to disciplinary action. Corrective action is taken to improve service provision, ensure the welfare of service users, protect the organization and minimize/mitigate risk. Adapted from https://www.hr.ucsb.edu/managers-supervisors/performance-management/corrective-action

Critical Incident OO / VM / DH / VH / HR / GB / SC / CT

The Ministry of Health & Long-Term Care identifies a critical incident as "any unintended event that occurs when a patient receives treatment (in a health care setting):

- that results in death, or serious disability, injury, or harm to the patient; and
- does not result primarily from the patient's underlying medical condition or from a known risk inherent in providing treatment"

Retrieved from
http://www.health.gov.on.ca/en/pro/programs/ecfa/legislation/criticalincident/update.aspx
See also "Unusual Incident / Adverse Event".

Domains of Issues Associated with Illness and Bereavement OO / VM / DH / VH / HR / GB / SC / CT

The CHPCA Model to Guide Hospice Palliative Care identifies that "to relieve suffering and improve quality of life, caregivers must be able to identify and respond to all the complex issues individuals and families may face, which can be categorized into eight equally important domains." The domains of issues associated with illness and bereavement are also known as the "domains of care" and they include the following categories:

- Disease management
- Physical
- Psychological
- Social
- Spiritual
- Practical
- Loss, Grief
- End of life care / death management

Hospice services typically strive to address all domains that are relevant to the scope of the service (for example, Visiting Hospice would not address the "disease management" domain).

Eligibility Criteria OO / VM / DH / VH / HR / GB / SC / CT

Requirements that must be met in order for an individual to qualify for the requested hospice service.

End-of-life / End-of-life care OO / VM / DH / VH / HR / GB / SC / CT

Refers to the type of health care provided at the end of a person's life, usually the last days or weeks. This type of holistic care focuses on the person living the way they choose during their last days or weeks and providing comfort measures until the time of death. Death is likely imminent, and persons are typically in the advanced stages of a life-limiting condition. The terms "end-of-life care" and "palliative care" are often used synonymously in the literature; however, they are distinguishable. End-of-life care is one aspect of hospice palliative care.

Equity / Inclusion OO / VM / DH / VH / HR / GB / SC / CT

When developing and/or delivering hospice services, to strive for equity means to be inclusive and reflective of the multiple communities and multiple identities of the people and families that might benefit from the service, as well as the volunteers and staff who help to deliver the service. It means being sensitive and responsive to a person's experiences of individual discrimination and/or systemic oppression that might create barriers within the service provider - service recipient relationship.

"Equity is a term that is often conflated with other terms, such as equality, diversity, fairness, and more. Within social science, equity is viewed and understood in terms of one's relations and interactions with others, particularly where disconnects in opportunity, identity, and privilege occur. While equity is characterized by fairness and justice, equality is characterized by all things being equal, the same. Using the term equality implies that all things are equal in quantity, degree, and value, whereas using the term equity implies that things are in the best interest of the other to assure that interactions are just—guided by truth, reason, fairness, and justice". (Morton, B. C., & Fasching-Varner, K. J. (2014). Equity. In S. Thompson (Ed.), *Encyclopedia of diversity and social justice.* Lanham, MD: Rowman & Littlefield Publishers.

Equity is an important component of person/family-centred care, one of the central values of Hospice Palliative Care. Ensuring equity in the development and delivery of our hospice programs requires us to be aware of the lens through which we see and experience the world around us.

"The Equity and Inclusion Lens is like a pair of glasses. It helps you see things from a new perspective. It helps you be more effective in your everyday work by getting a clearer focus and more complete view. This way, you can contribute to the full inclusion and participation of all…" (from https://documents.ottawa.ca/sites/default/files/ei_lens_hb_en.pdf)

Evidence-based practice **OO / VM / DH / VH / HR / GB / SC / CT**

Evidence-based practice refers to the use of research and scientific studies as a base for determining the best practices in a field. The basic premise is to provide transparency and to assure the public that techniques and procedures will provide the best possible interventions or treatments. (Retrieved from http://classroom.synonym.com/definition-evidence-based-practice-5048440.html

First Nations, Inuit and Metis (FNIM)* **OO / VM / DH / VH / HR / GB / SC / CT**

"First Nation" is a term used to describe Aboriginal peoples of Canada who are ethnically neither Métis nor Inuit. This term came into common usage in the 1970s and '80s and generally replaced the term "Indian," although unlike "Indian," the term "First Nation" does not have a legal definition. While "First Nations" refers to the ethnicity of First Nations peoples, the singular "First Nation" can refer to a band, a reserve-based community, or a larger tribal grouping and the status Indians who live in them. For example, the Stó:lō Nation (which consists of several bands), or the Tsleil-Waututh Nation (formerly the Burrard Band).

"Inuit" is a term that refers to specific groups of people generally living in the far north who are not considered "Indians" under Canadian law.

The term "Métis" refers to a collective of cultures and ethnic identities that resulted from unions between Aboriginal and European people in what is now Canada. This term has general and specific uses, and the differences between them are often contentious. It is sometimes used as a general term to refer to people of mixed ancestry, whereas in a legal context, "Métis" refers to descendants of specific historic communities. For more on Métis identity, please see a separate explanation of Métis identity.

For information about other terms such as "Aboriginal", "Indigenous", and more, please visit https://indigenousfoundations.arts.ubc.ca/terminology/

Gender identity and gender expression **OO / VM / DH / VH / HR / GB / SC / CT**

People who are transgender, or gender non-conforming, come from all walks of life. Yet they are one of the most disadvantaged groups in society. Trans (an umbrella term used to encompass all folks who don't identify as part of the gender binary) people routinely experience discrimination, harassment and even violence because their gender identity or gender expression is different from their birth-assigned sex. Under the Ontario *Human Rights Code* (the *Code*) people are protected from discrimination and harassment because of gender identity and gender expression in employment, housing, facilities and services, contracts, and membership in unions, trade, or professional associations

- Gender identity is each person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their birth-assigned sex. Gender identity is fundamentally different from a person's sexual orientation.
- Gender expression is how a person publicly presents their gender. This can include behaviour and outward appearance such as dress, hair, make-up, body language and voice. A person's chosen name and pronoun are also common ways of expressing gender.
- Trans or transgender is an umbrella term referring to people with diverse gender identities and expressions that differ from stereotypical gender norms. It includes but is not limited to people who identify as transgender, trans woman (male-to-female), trans man (female-to-male), transsexual, cross-dresser, gender non-conforming, gender variant or gender queer.

Everyone has the right to define their own gender identity. Trans people should be recognized and treated as the gender they live in. Several suggestions for how to ensure your organization is welcoming and respectful of trans people are available at the link below.
Retrieved from http://www.ohrc.on.ca/en/gender-identity-and-gender-expression-brochure

Gifts in kind **OO / VM / DH / VH / HR / GB / SC / CT**

Any non-monetary gifts which could be goods or services having no cash transaction.

Grief, Loss, Bereavement and Mourning **OO / VM / DH / VH / HR / GB / SC / CT**

Grief, Loss, Bereavement, and Mourning are all terms that are used to in relation to the experience of losing someone or something you love, but they have slightly different meanings.

Grief is our whole being's normal, natural, and **involuntary** response to severed attachments, otherwise known as loss (see below for more information on loss). Grief responses are unique to every person and to every loss. It is an experience we all share as a result of being human. Grief affects us holistically and impacts us physically, emotionally, cognitively, behaviorally, spiritually, socially, and sexually. Grief has no timetable and is not a linear process; it is also experienced within a social and cultural context. Grief is a response to both death and non-death related losses including, but not limited to: relationships, ability, opportunities or future hopes and dreams. In the context of hospice services, Grief and Bereavement Support focuses on grief experienced in relation to illness, caregiving, dying and death.

Loss is the experience of something we have been attached to being taken away or severed from us. As human beings we attach in order to survive (Bowlby and Ainsworth, 1992). When the things we attach to (both tangible and intangible) die or are taken, we experience loss. There are many types of loss including: autonomy, health, family role, professional role, life's potential, hope, and actual or anticipated death.

Bereavement is the state of living with loss.

Mourning is the external expression of grief. It may include rituals that mark someone's death, such as sitting shivah or holding a funeral, wake, or memorial service. When mourning occurs, it is strongly influenced by a person's religious, spiritual, and cultural beliefs and practices.

People can also experience grief in advance of their own, or another person's, death. See "Anticipatory Grief" for more information.

Additional information about grief, loss, bereavement and mourning is available at https://www.cancer.ca/en/cancer-information/living-with-cancer/your-emotions-and-cancer/grief-and-cancer/?region=on

Adapted from a variety of sources including:

- HPCO Hospice Standards, Grief and Bereavement Support which were developed by a panel of bereavement providers in Ontario hospices.
- Being Here, Human https://www.beingherehuman.com/

Goals of Care **OO / VM / DH / VH / HR / GB / SC / CT**

Discussions about goals of care may take place between persons receiving care, SDMs, health care providers and family members and are intended to support goal-oriented and person-centred decision-making. Examples of goals include seeing the birth of a grandchild, maintaining independence, or climbing a flight of stairs, being among others. The goals a person has for their care are their values in the form of actions and clarifying goals of care this allows for a more meaningful exploration of the available treatment and care options. In Ontario, the articulation of goals of care may inform decision-making through legal frameworks for informed consent and plans of treatment.
https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Palliative-Care/Quality-Statement-4-Goals-of-Care-Discussions-and-Consent

Health and Safety **OO / VM / DH / VH / HR / GB / SC / CT**

The *Occupational Health and Safety Act, 1990* (OHSA) exists to protect workers from health and safety hazards on the job. It sets out duties for all workplace parties and rights for workers. It establishes procedures for dealing with workplace hazards and provides for enforcement of the law where compliance has not been achieved voluntarily. The legislation is available online at
https://www.ontario.ca/laws/statute/90o01?search=health+and+safety

Health Care Provider or Service Provider **OO / VM / DH / VH / HR / GB / SC / CT**

Regulated Health Care Provider or Service Provider: A person who is licensed, certified, or registered in Ontario to provide health care (e.g., doctor, nurse, midwife, dentist, naturopath, pharmacist). Their work is governed by the *Regulated Health Professionals Act, 1991* (RHPA).
A full list of regulated health professions is available online at
http://www.health.gov.on.ca/en/pro/programs/hhrsd/about/regulated_professions.aspx
The legislation is available online at
https://www.ontario.ca/laws/statute/91r18?search=regulated+health+professionals

Non-regulated or Unregulated Health Care Provider: A person whose work is not governed by legislation in Ontario. An unregulated worker performs a variety of tasks, some of which may traditionally have been performed by regulated health care professionals. (e.g. personal support worker).

Health Clearance / Health Screening OO / VM / DH / VH / HR / GB / SC / CT

"If working in health care, and to comply with requirements of the Public Health Agency of Canada, certain volunteer positions may require the collection of health screening information such as: immunization status, tuberculin (TB) testing, blood work results for immune status of measles, mumps, rubella and varicella (Chicken Pox), etc." (Volunteer Canada, 2012, p. 25).

Health Quality Ontario (HQO) OO / VM / DH / VH / HR / GB / SC / CT

Health Quality Ontario (HQO) is the agency in Ontario that advises government and health care providers on the evidence to support high-quality care, to support improvements in quality, and to monitor and report to the public on the quality of health care provided in Ontario. HQO identifies six dimensions of health care quality:

- Focus on patient/family centered service
- Safe
- Effective
- Efficient
- Timely
- Equitable

More information about HQO is available at https://www.hqontario.ca/ and www.health.gov.on.ca/en/pro/programs/ecfa/legislation/hqo.aspx

High Alert Medications (or drugs) OO / VM / DH / VH / HR / GB / SC / CT

Medications 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 more devastating to patients. Examples of high-alert medications include heparin, warfarin, insulin, chemotherapy, potassium chloride for injection concentrate, opioids, neuromuscular blocking agents, antithrombotic agents, and adrenergic agonists. More information is available online at https://www.ismp.org/Tools/highalertmedications.pdf

Holistic Care OO / VM / DH / VH / HR / GB / SC / CT

Holistic care is characterized by the treatment of the whole person, taking into account mental, emotional, spiritual and social factors, rather than just the physical symptoms of a disease.
Holistic is an adjective that means *dealing with every aspect of something* or considering all the parts of something as a cohesive whole. Retrieved from https://writingexplained.org/wholistic-vs-holistic
See also "Whole Person Care".

Homelike OO / VM / DH / VH / HR / GB / SC / CT

One of the defining characteristics of a hospice residence is that it is more like a home than an institution. Each individual has a different interpretation of what "home" feels like, but it is likely to include a desire for comfort, privacy, and safety. Merriam Webster dictionary uses the term "kindly warmth" in their definition of homelike. Another online dictionary defines homelike as "like or suggestive of home; familiar; warmly comfortable"
(Retrieved from http://www.dictionary.com/browse/homelike)

Hospice Palliative Care OO / VM / DH / VH / HR / GB / SC / CT

The terms palliative care, hospice care and hospice palliative care (HPC) are often used interchangeably. By understanding this philosophical and clinical approach to care, health service providers and the public will find that this care can be provided at any stage of the illness following

diagnosis. This approach to care can enhance the quality of life for anyone living with a complex and/or chronic illness diagnosis and is most beneficial if introduced early through an interdisciplinary team. Those working in the field of hospice palliative care have embraced the definition of HPC as outlined by the Canadian Hospice Palliative Care Association (CHPCA) – A Model to Guide Hospice Palliative Care (2013):

"*Hospice palliative care aims to relieve suffering and improve the quality of living and dying. Hospice palliative care strives to help patients and families address physical, psychological, social, spiritual and practical issues and their associated expectations, needs, hopes and fears; prepare for and mange self-determined life closure and the dying process; cope with loss and grief during the illness and bereavement.*

Hospice palliative care aims to treat all active issues; prevent new issues from occurring; promote opportunities for meaningful and valuable experiences, person and spiritual growth, and self-actualization.

Hospice palliative care is appropriate for any patient and/or family living with, or at risk of developing, a life-threatening illness due to any diagnosis, with any prognosis, regardless of age, and at any time they have unmet expectations and /or needs and are prepared to accept care. Hospice palliative care may complement and enhance disease-modifying therapy, or it may become the total focus of care.

While hospice palliative care has grown out of, and includes, care for patients at the end of life, today it should be available to patients and families throughout the illness and bereavement experiences" (pp. 6-7). https://www.chpca.ca/wp-content/uploads/2019/12/norms-of-practice-eng-web.pdf

Hospice Suite **OO / VM / DH / VH / HR / GB / SC / CT**

A hospice service offering residential care within a designated section of a larger facility, usually limited to 3 beds or less, striving to follow HPCO Hospice Standards.

HPCO Hospice Volunteer Training Curriculum **OO / VM / DH / VH / HR / GB / SC / CT**

(Minimum Training Requirements)

The HPCO hospice volunteer training curriculum includes 15 required training topics highlighting 75 key competencies. Many of the training topics can be offered either in-person or online. The hospice determines which training method will be used for the various topics (except for Topic 14 and Topic 15 which must be completed in person) and is responsible for ensuring that each volunteer is thoroughly prepared for their role (which includes screening, training, orientation, and ongoing support).

1. Introduction to Hospice Palliative Care
2. Role of the Volunteer and Understanding Professional Boundaries
3. Communication Skills
4. Pain and Symptom Management
5. Understanding the Dying Process (includes the challenges of eating)
6. Spirituality
7. Grief and Bereavement
8. Care for the Caregiver

9. Family
10. Ethics
11. Psychosocial issues and impact of illness (includes illness specific information)
12. Cultural Considerations
13. Infection Prevention and Control
14. Body Mechanics, Assists and other Skills (must be taught in person with practice opportunity)
15. Orientation to the hospice (must be taught in person)

For more information on how to access the training materials, please refer to HPCO.

Minimum training requirements for various volunteer roles are addressed in Appendix A of the HPCO Hospice Standards, Module 2 – Volunteer Management.

Infection Prevention and Control (IPAC) **OO / VM / DH / VH / HR / GB / SC / CT**

IPAC refers to those evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to health care providers, other clients/patients/residents and visitors. This can minimize the spread of infection and communicable disease.
(https://www.publichealthontario.ca/en/health-topics/infection-prevention-control)

Informed Consent or "Health Care Consent" **OO / VM / DH / VH / HR / GB / SC / CT**

Medical decision-making in the last stages of life can raise challenges for patients, their caregivers, and substitute decision-makers (and family members) alike. Several pieces of legislation define this consent and capacity regime in Ontario. The *Health Care Consent Act, 1996* (HCCA) is the leading legislation. It sets out explicit requirements for obtaining consent and a tribunal-based adjudicative mechanism where disagreements arise. Under the HCCA, a health practitioner may not commence treatment unless the patient or their substitute decision-maker (SDM) has provided informed consent. This consent may be given orally, in writing or "may be express or implied" depending on the clinical circumstances.
The elements of valid consent are:

1. The consent must relate to the treatment.
2. The consent must be informed.
3. The consent must be given voluntarily.
4. The consent must not be obtained through misrepresentation or fraud.

Knowledge basis of informed consent:

1. The nature of the treatment.
2. The expected benefits of the treatment.
3. The material risks of the treatment.
4. The material side effects of the treatment.
5. Alternative courses of action.
6. The likely consequences of not having the treatment. (Law Commission of Ontario, 2016)

Interdisciplinary Team **OO / VM / DH / VH / HR / GB / SC / CT**

"A team of caregivers who work together to develop and implement a care plan. Membership varies depending on the services required to address the identified issues, expectations, needs and opportunities. An interdisciplinary team typically includes one or more physicians, nurses, social

workers/psychologists, spiritual advisors, pharmacists, personal support workers and volunteers. Other disciplines may be part of the team if resources permit" (CHPCA, 2002, p. 93).

Interdisciplinary teams are made up of professional disciplines and volunteers that work together to provide service to the service recipient. The service recipient may have significant relationships that make a circle of care through end of life: family, friends, caregivers.
The interdisciplinary team may include (but is not limited to):

- Regulated Professionals: Registered Nurse, Registered Practical Nurse, Nurse Practitioner, Physician, Pharmacist, Physiotherapist, Social Worker, Social Service Worker, Occupational Therapist, Respiratory Therapist, Dietician, Psychotherapist (including professionals with training in music therapy, art therapy and spiritual care). See also "Health Care/Service Provider" and "Regulated professionals"
- Non-regulated Professionals: Volunteer Department Staff, Complementary Therapist (e.g. massage, reiki, art therapy, pet therapy, horticulture…), Personal Support Worker, Paramedic, Recreational & Wellness Program Coordinator, Students. See also "Health Care Provider or Service Provider" and "Non-regulated or Unregulated Professionals"
- Volunteers of the hospice service: members of the public who have undergone training according to HPCO's Hospice Volunteer Training curriculum

Investable assets **OO / VM / DH / VH / HR / GB / SC / CT**

Investable assets include the balances held in your bank accounts, certificates of deposit, mutual funds, stocks, and bonds. Insurance contracts with a cash value are also regarded as investable assets, as are funds held in retirement accounts. From Sapling https://www.sapling.com/8702896/investable-assets

Excludes revenue received from Ministry of Health from the same year because legally that can be clawed back; cannot invest that money because it needs to stay liquid. Also excludes directed donations.

LGBTQ2S **OO / VM / DH / VH / HR / GB / SC / CT**

LGBTQ2S is one of many acronyms commonly used to refer to the terms Lesbian, Gay, Bisexual, Transgender, Queer, and Two-Spirit. It is an umbrella acronym/term that refers collectively to a variety of unique identities. While the acronym LGBTQ is widely used, it may also be adapted to include some of the following additions: "A" for asexual and "I" for Intersex. This flexibility allows individuals to self-identify, that is, to choose term(s) that they feel represent them most truthfully (adapted from a variety of sources including the Greenwood Dictionary of Education). A Terms and Definitions resource is available at
http://lgbtq2stoolkit.learningcommunity.ca/wp/wp-content/uploads/2014/12/LGBTQ2S-Definitions.pdf

Life-threatening illness or disease **OO / VM / DH / VH / HR / GB / SC / CT**

Life threatening diseases are chronic, usually incurable diseases, which have the effect of considerably limiting a person's life expectancy. These include, **cancer, diabetes, neurological conditions, coronary heart disease and HIV/AIDS**. Adapted from https://www.omicsonline.org/scholarly/life-threatening-disease-journals-articles-ppts-list.php
See also "Terminal Illness".

Long-Term Care OO / VM / DH / VH / HR / GB / SC / CT

A Long-Term Care (LTC) Home provides care and services for people who can no longer live independently or who require on-site nursing care, 24-hour supervision or personal support. LTC Homes are governed under the Long-Term Care Homes Act (LTCHA) and Ontario Regulation 79/10., the single legislative authority for safeguarding resident rights, improving the quality of care and improving the accountability of LTC Homes for the care, treatment and well-being of residents. http://health.gov.on.ca/en/public/programs/ltc/glossary.aspx

Loss OO / VM / DH / VH / HR / GB / SC / CT

See "Grief, Loss, Bereavement and Mourning"

Medical Assistance in Dying (MAID) OO / VM / DH / VH / HR / GB / SC / CT

In accordance with federal legislation, medical assistance in dying includes circumstances where a medical practitioner or nurse practitioner, at an individual's request: (a) administers a substance that causes an individual's death; or (b) prescribes a substance for an individual to self-administer to cause their own death. Retrieved from http://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Medical-Assistance-in-Dying Additional information can be located at https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html

Med Reconciliation OO / VM / DH / VH / HR / GB / SC / CT

Medication reconciliation is the process of creating the most accurate list possible of all medications a patient is taking — including drug name, dosage, frequency, and route — and comparing that list against the physician's admission, transfer, and/or discharge orders, with the goal of providing correct medications to the patient at all transition points within the facility. More information is available at: http://www.ihi.org/Topics/ADEsMedicationReconciliation/Pages/default.aspx

Model of Care OO / VM / DH / VH / HR / GB / SC / CT

For hospices, a model of care demonstrates that the service in question aligns with the overall philosophy of hospice palliative care. The key concepts in a hospice model of care (in Ontario) should include collaborative, interdisciplinary, evidence-based (whenever possible), equity, whole-person/person-centred, and expertise in hospice palliative care. The model of care may simply be a statement or may have a graphic/visual representation.

"A model of care broadly defines the way services are delivered. It outlines best practice care and services for a person or population group as they progress through the stages of a condition, injury or event. It aims to ensure people get the right care, at the right time, by the right team and in the right place." https://www.palliaged.com.au/tabid/4501/Default.aspx

The Canadian version - CHPCA's Model to Guide Hospice Palliative Care - is described earlier in this document and is available at https://www.chpca.ca/wp-content/uploads/2019/12/norms-of-practice-eng-web.pdf

At the individual hospice level, a model of care aims to outline how the philosophy of palliative care is embedded in the work of the organization.

Mourning OO / VM / DH / VH / HR / GB / SC / CT

See "Grief, Loss, Bereavement and Mourning"

Non-regulated or Unregulated Professionals **OO / VM / DH / VH / HR / GB / SC / CT**

Individuals who work in an occupation for which you do not need a licence, certificate, or registration to work. Most jobs in Canada are in non-regulated occupations. Requirements for employment can vary greatly between employers, but you must be prepared to demonstrate that you have the education or experience to do the job. You may be expected to demonstrate a certain level of skill and competence, to have a specific amount of education, and even to have personal characteristics suitable for the job. More information: https://www.cicic.ca/928/find_out_if_your_occupation_is_regulated_or_not.canada

Norms of Practice **OO / VM / DH / VH / HR / GB / SC / CT**

"Simple statements that present the usual or average practice for hospice palliative caregivers and organizations. Norms are less specific or rigid than standards" (CHPCA, 2002, p. 6).

Offence Declaration **OO / VM / DH / VH / HR / GB / SC / CT**

A written declaration signed by an individual, listing all of the individual's convictions for offences under the Criminal Code (Canada) up to the date of the declaration

a. that are not included in the last criminal background check collected by the organization, and
b. for which a pardon under section 4.1 of the Criminal Records Act (Canada) has not been issued or granted (Education Act, 2003, Ontario Regulation 521/01).

Paediatric Palliative Care **OO / VM / DH / VH / HR / GB / SC / CT**

Pediatric hospice palliative care is an active, holistic approach to care which focuses on relieving the physical, social, psychological and spiritual suffering experienced by children and families who face a progressive, life-threatening condition, and helping them fulfill their physical, psychological, social and spiritual goals. Its philosophy is to provide optimal comfort and quality of life and sustain hope and family connection despite the likelihood of death. Pediatric hospice palliative care aims to provide comprehensive care for children and their families through the living, dying and grieving processes. It affirms life and regards dying as a process that is a profoundly personal experience for the child and family. Pediatric hospice palliative care is planned and delivered collaboratively by an interdisciplinary team. It is a child and family centred approach to care that is based on shared decision-making and sensitivity to the family's cultural and spiritual values, beliefs, and practices. (Adapted from the Canadian Hospice Palliative Care Association, and Precepts of Palliative Care for Children/Adolescents and Their Families, 2003). Retrieved from https://www.chpca.ca/wp-content/uploads/2019/12/pediatric_norms_of_practice_03_31_2006_rev_oct_2007_1.pdf

Performance Review **OO / VM / DH / VH / HR / GB / SC / CT**

An annual communication between a volunteer and the Coordinator of Volunteers and/or the volunteer's direct supervisor in order to discuss their performance in their current roles and what they may like to achieve in the coming year. This review examines and evaluates a volunteer's performance at work by comparing it with pre-set standards. The Coordinator of Volunteers and/or direct supervisor can then provide feedback to the volunteer to show their strengths and where improvements may be needed, explaining why if necessary. Performance reviews help to identify volunteers that need additional training and supports, recognize volunteers who are doing well and gives an opportunity for an open discussion about their volunteering, roles, and the organization. Performance reviews can take place in person, via telephone or electronically.

Person-centred and Family-centred Approach **OO / VM / DH / VH / HR / GB / SC / CT**

"A person- and family-centred approach to care demonstrates certain practices that put the person and their family members at the centre of health care and services. Person- and family-centred care respects and empowers individuals to be genuine partners with health-care providers for their health. The approach includes the following common themes and attributes" which are outlined on p. 75 of the RNAO Best Practice Guidelines, 2005. This document is available at http://rnao.ca/sites/rnao-ca/files/FINAL_Web_Version_0.pdf

Personal and Professional Reference Check **OO / VM / DH / VH / HR / GB / SC / CT**

Reference Checks are an important component of the screening process for volunteer candidates. Reference Checks provide the opportunity to verify information provided by the applicant. Checks can be completed through a variety of methods, such as, over the phone, via email or paper based through the mail. It is best practice to gather references from a variety of sources (family, friends, professional supervisors, or colleagues). Each organization will stipulate their guidelines as to how many references are to be personal and/or professional. Reference checks should be completed during the initial screening process before offering placement.

When checking references for a volunteer applicant, organizations should:

- Identify self and organization
- Describe the position/assignment
- Define the level of vulnerability of the participants
- Outline the required qualifications
- Ask open-ended questions
- Record responses
- Always check more than one reference (Volunteer Canada, 2012)

Personal Information **OO / VM / DH / VH / HR / GB / SC / CT**

"Personal information" refers to recorded information about service recipients, volunteers, donors, employees, contracted service providers, students/interns, and any other individual affiliated with the organization. "Personal information" refers to recorded information about an identifiable individual other than contact information including, (a) information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual, (b) information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved, (c) any identifying number, symbol or other particular assigned to the individual, (d) the address, telephone number, fingerprints or blood type of the individual, (e) the personal opinions or views of the individual except where they relate to another individual, (f) correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence, (g) the views or opinions of another individual about the individual, and (h) the individual's name where it appears with other personal information relating to the individual or where the disclosure of the name would reveal other personal information about the individual.

From Information and Privacy Commissioner of Ontario: Fact Sheet, what is Personal Information? (October 2016) https://www.ipc.on.ca/wp-content/uploads/2016/10/what-is-personal-information.pdf

Personal Health Information OO / VM / DH / VH / HR / GB / SC / CT

Personal health information includes oral or written information about the individual if the information:

- relates to the individual's physical or mental health, including family health history;
- relates to the provision of health care, including the identification of persons providing care;
- is a plan of service for individuals requiring long-term care;
- relates to payment or eligibility for health care;
- relates to the donation of body parts or bodily substances or is derived from the testing or examination of such parts or substances;
- is the individual's health number; or
- identifies an individual's substitute decision-maker.

Any other information about an individual that is included in a record containing personal health information is also included in the definition. Employee records of a custodian are excluded from the definition provided that the records are used primarily for purposes other than providing health care. Also, the Act does not apply to information about an individual if the information could not reasonably be used to identify the individual.
From Information and Privacy Commissioner of Ontario: A Guide to the Personal Health Information Protection Act (December 2004) https://www.ipc.on.ca/wp-content/uploads/Resources/hguide-e.pdf

Personal Health Information Protection Act (PHIPA) OO / VM / DH / VH / HR / GB / SC / CT

See also "Health Information Privacy". The *Personal Health Information Protection Act, 2004 (PHIPA)* governs health care information privacy in Ontario. This legislation is available online at https://www.ontario.ca/laws/statute/04p03?search=Protection+of+Health+Information+Privacy

Personal Information Protection and Electronic Documents Act OO / VM / DH / VH / HR / GB / SC / CT

(PIPEDA) The *Personal Information Protection and Electronic Documents Act, 2000* (PIPEDA) a federal law relating to data privacy. It governs how private sector organizations collect, use, and disclose personal information in the course of commercial business. In addition, the Act contains various provisions to facilitate the use of electronic documents.
More information is available online at https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/

"The federal government has deemed PHIPA to be "substantially similar" to PIPEDA – Custodians are exempted from having to comply with the provisions of PIPEDA for health care in Ontario" (page 4, https://www.ipc.on.ca/wp-content/uploads/2015/11/phipa-faq.pdf)

Philosophy on Volunteer Engagement OO / VM / DH / VH / HR / GB / SC / CT

A philosophy statement on volunteer engagement outlines and guides an agency on ways in which volunteers will be engaged. This philosophy statement is shared widely with all stakeholders.

Police Records Check OO / VM / DH / VH / HR / GB / SC / CT

"A search of the records held in the information database of a police agency. It may include a check of national or local and regional police records. At the end of the process, a report is issued. Police checks and vulnerable sector checks (see below) are an integral part of suitability pre-screening. Usually, the more access a volunteer opportunity has to vulnerable people, the higher the degree of check is required. With each level of check comes a corresponding decrease in individual privacy".

Retrieved from https://volunteer.ca/vdemo/researchandresources_docs/2012%20Edition%20of%20the%20Screening%20Handbook.pdf

Additional information is available at https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/bpg-scrng-vls/index-en.aspx

Police Vulnerable Sector Check **OO / VM / DH / VH / HR / GB / SC / CT**

A vulnerable sector check is a police check (see above) with an additional screening to see if a person has a record suspension (pardon) for sexual offences. Vulnerable sector checks were created to protect children and vulnerable persons and are governed by section 6.3(3) of the *Criminal Records Act*. http://www.rcmp-grc.gc.ca/en/types-criminal-background-checks

The vulnerable sector screening was established to provide screening of individuals who intend to work or volunteer with the vulnerable sector. A vulnerable person is defined as:

a) All children who are less than 18 years of age, AND/OR
b) Persons who, because of their age, a disability, or other circumstances, whether temporary or permanent:
    i. are in a position of dependence on others; or
    ii. are otherwise at a greater risk than the general population of being harmed by persons in a position of authority or trust relative to them" (Retrieved from http://www.opp.ca/ecms/index.php?id=499).

"A Vulnerable Sector Check is designed to protect vulnerable Canadians from dangerous offenders by uncovering the existence of a criminal record and/or a pardoned sexual offence conviction and is recommended as part of an overall employment or volunteer screening process. The results of the check can help to determine whether an individual is suitable to work in positions where they will be in close contact with vulnerable people" (Retrieved from http://www.rcmp-grc.gc.ca/cr-cj/index-eng.htm).

Privacy **OO / VM / DH / VH / HR / GB / SC / CT**

Privacy is a fundamental right of every Ontarian. In order to protect that right, Ontario public institutions are required by law to protect your personal information, and to follow strict rules when collecting, using, and disclosing your personal information. From Information and Privacy Commissioner of Ontario: Your Privacy Rights. https://www.ipc.on.ca/privacy-individuals/your-privacy-rights/

Privacy of Personal Health Information **OO / VM / DH / VH / HR / GB / SC / CT**

Information privacy is about the individual's right to control how his/her personal health information is collected, used, and disclosed. The *Personal Health Information Protection Act, 2004 (PHIPA)* sets consistent rules for the management of personal health information and outlines the individual's rights regarding his/her personal health information. This legislation balances an individual's right to privacy with the need of individuals and organizations providing health care to access and share health information (CNO Practice Standard, Confidentiality and Privacy - Personal Health Information, 2009, p. 3). The legislation is available online at https://www.ontario.ca/laws/statute/04p03?search=Protection+of+Health+Information+Privacy

Information privacy is defined as the client's right to control how his/her personal health information is collected, used, and disclosed. The Personal Health Information Protection Act (2004) sets consistent

rules for the management of personal health information and outlines the client's rights regarding his/her personal health information. This legislation balances a client's right to privacy with the need of individuals and organizations providing health care to access and share health information (CNO Practice Standard, Confidentiality and Privacy - Personal Health Information, 2009, p. 3).

Professional Designation OO / VM / DH / VH / HR / GB / SC / CT

Professional certification, trade certification, or professional designation, often simply called certification or qualification, is a formal designation earned by a person to assure qualification to perform a job or task.

Psychosocial Care OO / VM / DH / VH / HR / GB / SC / CT

Refers to the emotional, intellectual, spiritual, interpersonal, and cultural aspects of care. It essentially means everything except the physical care when used in palliative care. This includes providing communication and care that enhances opportunities to direct care, maintain relationships, and explore grief associated with the illness, the many transitions and dying.

Quality Improvement OO / VM / DH / VH / HR / GB / SC / CT

Ongoing evaluation to improve performance using routine measures of outcome, resource utilization, adverse events (e.g., medication and other therapeutic errors, complaints), and stakeholder satisfaction (CHPCA, 2002, p. 51). A quality improvement framework that regularly reviews all aspects of the organization's capacity for care delivery is essential to ensure better patient care, better health outcomes, and better value-for-money. An intermittent accreditation review is recommended to assess the organization's compliance with relevant standards and to inform the continuous quality improvement process. More information regarding the quality improvement model is available at http://www.hqontario.ca/portals/0/Documents/qi/qi-quality-improve-guide-2012-en.pdf

Regulated professionals OO / VM / DH / VH / HR / GB / SC / CT

Many professions set their own standards of practice. These are called regulated occupations. Through legislation and regulations, the provinces and territories give to professions the authority to self-regulate in order to protect public health and safety, and to ensure that professionals meet the required standards of practice and competence. If you want to work in a regulated occupation and use a regulated title, you must have a licence or a certificate or be registered with the regulatory body for your occupation in the province or territory where you plan to work. Regulated occupations are also called professions, skilled trades, or apprentice trades. For more info: http://www.health.gov.on.ca/en/pro/programs/hhrsd/about/regulated_professions.aspx

Research Ethics Board OO / VM / DH / VH / HR / GB / SC / CT

A body of researchers, community members, and others with specific expertise (e.g. in ethics, in relevant research disciplines) established by an institution to review the ethical acceptability of all research involving humans conducted within the institution's jurisdiction or under its auspices. For more info: https://en.wikipedia.org/wiki/Institutional_review_board

Respite OO / VM / DH / VH / HR / GB / SC / CT

A type of service provided to give family/informal caregivers a break from their caregiving duties. With respite, the person being cared for can typically be supported, for a defined period of time, by someone other than their family/caregiver:

- at home

- during a short stay at a long-term care home
- at an adult day program

https://www.ontario.ca/page/respite-care

Risk Assessment **OO / VM / DH / VH / HR / GB / SC / CT**

Risk assessment means asking, "what could go wrong". The organization identifies the potential risks associated with operating and/or delivery the service. This may include loss or injury to a service recipient, to a volunteer, or to an employee. It is important to be aware of the various ways that individuals can be harmed while receiving services from, or acting on behalf of, your organization.

Once risk has been identified, risk management means asking, "what do we about it?" Reasonable measures should be taken to avoid, minimize or eliminate the risk. More information on risk management is available in the following section.

With respect to risk assessment related to employee and volunteer positions within the organization, when developing a screening policy or position description, the organization must identify the level of risk for the position. Group all positions in the organization according to the level of risk to which service recipients may be exposed.

- Low risk: Minimal or no contact with vulnerable persons
- Medium risk: Supervised contact with vulnerable persons
- High risk: Unsupervised contact with vulnerable persons

Each position description should set out specific conditions and responsibilities of the employee or volunteer, including the type of service recipient with whom the individual occupying the position will be working. Risk assessment is an important tool to ensure an organization is meeting their responsibility. There are several risks that should be considered:

- Risks to the organization by misrepresentation, breaching confidentiality, misusing personal data, etc.
- Risk to the employees/volunteers by not being adequately preparing for the role with policies, procedures, and training, and/or failing to meet health and safety standards.
- Risk to the service recipients through employees/volunteers acting outside of role boundaries, exceeding skills, not providing adequate service, etc.

Adapted from (and more information is available at):
https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/bpg-scrng-vls/index-en.aspx#a4

Risk Management **OO / VM / DH / VH / HR / GB / SC / CT**

Risk management is not a task to be completed and shelved. It is a process that, once understood, should be integrated into all aspects of your organization's management. Risk management is the ongoing process of:

- identifying and prioritizing risks
- developing a written action plan for each significant risk
- sharing the plan with staff and providing training if necessary, and,
- monitoring and updating the plan where necessary.

One way to categorize different risks is to look at the four assets that all non-profit organizations have:

- people (directors, volunteers, employees, clients, donors)
- real property (includes buildings, facilities)

- income (donations, membership fees, grants & contributions, investment earnings)
- goodwill (reputation, stature in the community, ability to raise funds, appeal to prospective volunteers, board members, & staff)

Risks differ depending on your organization's unique activities and holdings. A risk for a board member could be a lawsuit flowing from a board decision. A risk for a volunteer could be an accident while driving a client to an appointment. A risk for a building could be fire or water damage. A risk to office supplies could be theft. A risk to grants and contributions could be a change in government. A risk to goodwill could result from a scandal.

Risk management is not the same as insurance. Proper insurance pays for legal fees, settlements, or judgements in the event that your organization is sued. But too often insurance represents a large portion of a non-profit's total risk management effort. Insurance provides help after the problem or allegation has already occurred. It is necessary, but it is not enough; appropriate risk management can often stop problems from occurring in the first place. The risk management process provides a framework for identifying risks and deciding what to do about them. It is easy to become overwhelmed by the huge list of risks facing an organization, but not all risks are created equally. Risk management is about assessing risks and deciding which require immediate attention.

Retrieved from http://sectorsource.ca/managing-organization/risk-management/risk-management-basics

Safety Assessment **OO / VM / DH / VH / HR / GB / SC / CT**

A safety assessment is the systematic collection of information and observation of environmental and situational conditions in the location that service will be provided. The purpose is to identify any current, significant, and clearly observable threats to safety for the service recipient, volunteer or regulated and unregulated professionals. Some safety risks may include:

- Chemical/Biological/Environmental Hazards (i.e. unsanitary conditions, accumulation of garbage, foul smell, presence of noxious fumes, improper or unsafe usage of oxygen)
- Fall Hazards (i.e. living area safe and freely accessible, entry way to the home is safe and freely accessible, handrails not secure)
- Personal Safety Hazards (i.e. unsafe parking - poorly lit or too far from building/home entrance, poorly operating elevator)
- Impediments to Emergency Response (i.e. no access to telephone or contact person, lack of or cluttered path to emergency exit)

Screening **OO / VM / DH / VH / HR / GB / SC / CT**

Screening is a process performed by an organization to ensure that the right match is made between the work to be done and the person who will do it. Screening serves to create and maintain a safe work environment. It is an ongoing process designed to identify any person- whether paid or unpaid, volunteer or staff - who may potentially cause harm to children, youth, or other vulnerable persons. https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/bpg-scrng-vls/index-en.aspx

Service Agreement **OO / VM / DH / VH / HR / GB / SC / CT**

An agreement between the service recipient and the Hospice service that outlines the organization/ services' responsibilities. The goal of the service agreement is to ensure that both parties agree to the

terms of the services to be delivered by the organization to the service recipient, and the limitations of those services (see also "Consent for Service").

Service Provider OO / VM / DH / VH / HR / GB / SC / CT

See "Health Care Provider"

Service Recipient OO / VM / DH / VH / HR / GB / SC / CT

A person or group of people who are the users of a particular service. This generally refers to the person living with a life limiting illness, who may also be referred to as client, participant, patient, resident or individual. The service recipient is the integral member of the care team.

Social Determinants of Health OO / VM / DH / VH / HR / GB / SC / CT

The Model of Care standard in each of the service sections indicates that *social determinants of health** should be acknowledged as a factor that impacts on the lives of individuals receiving service and their family/friends.

Social determinants of health are economic and social conditions that influence the health of people and communities [1]. These conditions are shaped by the amount of money, power, and resources that people have, all of which are influenced by policy choices. Social determinants of health affect factors that are related to health outcomes. Factors related to health outcomes include:

- How a person develops during the first few years of life (early childhood development)
- How much education a person obtains
- Being able to get and keep a job, and working conditions on the job
- What kind of work a person does
- Having food or being able to get food (food security)
- Having access to health services and the quality of those services
- Housing status
- How much money a person earns
- Discrimination and social support, social environments

Addressing social determinants of health is a primary approach to achieving health equity. Health equity is "when everyone has the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance'" [5]. Health equity has also been defined as "the absence of systematic disparities in health between and within social groups that have different levels of underlying social advantages or disadvantages—that is, different positions in a social hierarchy" [6]. Social determinants of health such as poverty, unequal access to health care, lack of education, stigma, and racism are underlying, contributing factors of health inequities. The Centers for Disease Control and Prevention (CDC) is committed to achieving improvements in people's lives by reducing health inequities. Health organizations, institutions, and education programs are encouraged to look beyond behavioral factors and address underlying factors related to social determinants of health.

For more information, or to explore how you can apply an approach that considers the social determinants of health to your work, please visit https://www.cdc.gov/nchhstp/socialdeterminants/faq.html

Spirituality OO / VM / DH / VH / HR / GB / SC / CT

Refers to the dynamic dimension of human life that relates to the way persons (individual and community) experience, express and/or seek meaning, purpose and transcendence, and the way they connect to the moment, to self, to others, to nature, to the significant and/or the sacred (confirm source).

Spiritual assessment OO / VM / DH / VH / HR / GB / SC / CT

A process of skilled attending (listening, observation and interaction) whereby it is possible to arrive at an understanding of the identity; spiritual and religious history; family system and social concerns; religious and spiritual affiliation, resources and needs; and a collaborative plan of care which is then appropriately documented and carried out (source to be confirmed).

Staffing ratios OO / VM / DH / VH / HR / GB / SC / CT

Hospices have multiple variables to consider when determining the number of staff/volunteers needed to deliver a service safely and effectively, as well as the qualification/certification and training/competency required to oversee that service. The Hospice must take into consideration the complexity of service recipient needs, spatial limitations, access to certain regulated staff (i.e. RN) and how many staff and volunteers are needed per service recipient.

Strategic Plan OO / VM / DH / VH / HR / GB / SC / CT

A well-articulated, concise strategic plan is a roadmap for everyone involved in an organization to follow. It is a directional statement that conveys what the organization's vision and mission are, what their three or four key strategic goals are, and a summary of the key activities that will serve the mission and goals. Strategic goals are the three or four broad objectives the organization sets for itself. Within those strategic "pillars" (as they are sometimes referred to) are the functions and services the organization offers. By limiting the number of strategic objectives in a plan, strategic focus is generated. Every staff and volunteer leader is able to relate their role and contribution to the key strategic objectives. The board can discipline its policy and decision making by addressing how issues and activities relate to the approved mission and strategic goals. If an issue is proposed that does not directly serve a strategic goal, they should ask themselves "why are we discussing this?" Sometimes the answer is valid and unveils a new and critical issue that was not foreseen when the strategic plan was developed. In such cases, a revision to the plan is warranted.
Retrieved from https://charityvillage.com/strategic_planning_made_simple/

Substitute Decision Maker (SDM) OO / VM / DH / VH / HR / GB / SC / CT

In the Health Care Consent Act, 1996, an SDM is defined as “a person who is authorized under section 20 to give or refuse consent to a treatment on behalf of a person who is incapable with respect to the treatment (Health Care Consent Act, 1996, c. 2, Sched. A, s. 9.). The legislation is available online at https://www.ontario.ca/laws/statute/96h02?search=health+care+consent

Substitute Decision Maker for Health Care OO / VM / DH / VH / HR / GB / SC / CT

A person(s) who provides consent or refusal of consent for treatment or withdrawal of treatment on behalf of another person when that person is mentally incapable to make decisions about treatment. The law in Ontario automatically provides each person with a SDM for health decisions listed a “hierarchy” (see section 20 of HCCA).
The SDM(s) is required to make decisions on a person’s behalf following any wishes expressed about care when mentally capable. If the SDM does not know any wishes applicable to the treatment decision

to be made, he or she is required to act in the person's best interests (see "Wishes, Values and Beliefs").
To be an SDM, the person must meet the following requirements:

- Willing to act as the SDM
- Mentally capable to make the needed health decisions
- Available (in person, by phone or by some other means) when a decision needs to be made
- Not prohibited by a court order or separation agreement from acting as the SDM and
- At least 16 years of age

If more than one person is entitled to act as the SDM (e.g. three adult children of the incapable person) they must decide together or decide amongst themselves which ones of them will act as SDM. All three may act as SDM but they may decide that only one or two of them will act.
If there is more than one SDM acting, they must agree on any health decisions for the incapable person. If they disagree then the doctor would turn to the Public Guardian and Trustee to make the healthcare decision (confirm source).

Supervision or Access to Supervision **OO / VM / DH / VH / HR / GB / SC / CT**

In the context of Day Hospice or Hospice Residence, access to an RN means that the RN may be off-site, providing they can respond by phone/web conference immediately and arrive on-site within 10-15 minutes by car.

Terminal Illness **OO / VM / DH / VH / HR / GB / SC / CT**

Incurable medical conditions caused by injury or disease that affects health and quality of life, sometimes referred to as life limiting or life-threatening illness. This would include the diagnosis of any chronic illness which will progressively worsen throughout a person's lifetime, such as multiple sclerosis, amyotrophic lateral sclerosis (ALS), stroke, heart/lung/kidney disease, and some cancer types.
A terminal illness is generally an active and progressive illness for which there is no cure and the prognosis is fatal. It is defined by the American Cancer Society as an irreversible illness that, without life-sustaining procedures, will result in death in the near future or a state of permanent unconsciousness from which recovery is unlikely. *Retrieved from https://definitions.uslegal.com/t/terminal-illness/*

Unusual Incident (or Adverse Event) **OO / VM / DH / VH / HR / GB / SC / CT**

Any unintended event that adversely affects the health and safety of any individual within the healthcare community including, but not limited to: service recipients, health care providers, volunteers and visitors. This term may also apply to situations where damage or loss of property occurs, or any occurrence which compromises the integrity of the service and may result in litigation against the organization.
To promote a high-quality incident reporting system within the hospice, the organization should encourage:

- Building a culture of patient safety and better overall health outcomes for quality improvement purposes,
- Utilizing reports of unusual incidents / adverse events as an opportunity for organizational learning and system learning to reduce the risk of future incidents, and,
- Reinforcing staff involvement and accountability in incident reporting by avoiding punitive and/or legal retributions.

An effective unusual incident / adverse event reporting system can enable organizations to take a proactive approach to minimize organizational risks and prioritize future quality of care initiatives.
Adapted from https://academic.oup.com/intqhc/article/25/2/141/1855001
See also "Critical Incident".

Volunteer (Unpaid Staff) **OO / VM / DH / VH / HR / GB / SC / CT**

According to the Canadian Code for Volunteer Involvement, a volunteer is a person who gives freely of their time, energy, and skills for community benefit, without monetary compensation. https://volunteer.ca/vdemo/ResearchAndResources_DOCS/Volunteer_Canada_Canadian_Code_for_Volunteer_Involvement_2017.pdf

Volunteering is generally considered an altruistic activity where an individual or group provides services for no financial or social gain to benefit another person, group, or organization. It is also renowned for skill development and is often intended to promote goodness or to improve human quality of life. Volunteering may have positive benefits for the volunteer as well as for the person or community served. http://sectorsource.ca/research-and-impact/volunteering-research

Wait List **OO / VM / DH / VH / HR / GB / SC / CT**

A wait list refers to a list of individuals who have requested a service that is not yet available, or the service is at capacity and cannot currently accept additional service recipients. In the context of Visiting Hospice Services, this refers to an individual who has been assessed and accepted to the hospice program as a service recipient, has requested a service, and is waiting for that service to begin or for additional capacity to become available. In the context of Hospice Residence, there is a distinction between an individual who has been referred as a "back up plan" and an individual who has been referred and will accept a bed if one were to be offered. If possible, the Hospice Residence should distinguish between the two types of "Wait List" when reporting their quarterly statistics.

Whole-person Care **OO / VM / DH / VH / HR / GB / SC / CT**

Holistic is an adjective that means *dealing with every aspect of something* or considering all the parts of something as a cohesive whole. Whole Person Care is an approach to care that recognizes the physical, mental, spiritual, social, and emotional aspects of individuals. https://writingexplained.org/wholistic-vs-holistic

Wishes, Values and Beliefs **OO / VM / DH / VH / HR / GB / SC / CT**

Wishes and explanations of a person's values and beliefs guide the SDM(s) to understand who the person is, how they would make choices for themselves, what they think is important and what would have influenced their decision making. The SDM(s) - not the health care provider - interpret the wishes that were expressed by the capable person when decisions for treatment are being sought. The SDM(s) must determine:

- whether the wishes of the patient were expressed when the patient was still capable (and were expressed voluntarily);
- whether the wishes are the last known capable wishes;
- whether the wishes are POSSIBLE to follow;
- what the patient meant in that wish;
- whether the wishes are applicable to the particular decision at hand; and
- if there are no applicable/capable wishes, how the patient's values, beliefs, and
- incapable/inapplicable wishes would apply to the patient's best interest.

For more information please visit https://www.speakupontario.ca/