

Join CDHA in providing HSO with feedback on the proposed standard before it is published; the public review closes March 27, 2022.

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The public review of Health Standards Organization's (HSO) new Long-Term Care Services standard is taking place between January 27th and March 27th, 2022. In line with CDHA's involvement in previous opportunities to contribute input to HSO, CDHA plans to participate in the public review. **To demonstrate a strong dental hygiene/oral health response to the proposed standard, we encourage as many dental hygiene organizations (i.e., provincial associations, educational institutions, dental hygiene business owners) and dental hygienists as possible to participate in the review.** As members and partners of care teams, participation in the review helps to recognize the role of dental hygienists in providing accurate oral health assessments, the development of comprehensive and personalized oral care plans, and the delivery of safe and effective oral care for residents in long-term care homes.

The proposed standard specifically includes two references to oral health (6.1.8 and 8.2.7) and includes, in other sections with relevance to oral health care for residents and dental hygienists as internal or external members of care teams.

For convenience, you are welcome to use any of CDHA's key messages for the purposes of your own or your organization's participation in the public review (with your own contact information). There is no obligation. If you do not agree with any of CDHA's comments as your own, you are welcome to modify them or leave those portions out of your submission. We recognize that readers will have their own comments/reactions to the proposed standard, CDHA is simply sharing our comments as a resource to support those who would appreciate a jumpstart for their own participation in the public review.

HSO is asking anyone who has an interest in this standard, such as people who have experience using long-term care services, including residents and their families, members of the long-term care workforce, leaders and administrators in long-term care homes, and others who have expertise in this subject matter, for their views. The HSO National LTC Services Standard Technical Committee will review and consider each comment received and will incorporate feedback as applicable. The release the final version of the standard is expected in late 2022.

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- **The link to HSO's questionnaire is available [here](#). It is suggested that you complete one comment box inside the questionnaire for each numbered item below.**
- **For questions or comments about this guide, [contact us](#).**
- **HSO's PUBLIC REVIEW CLOSES AT 11:59 PM EST on March 27th, 2022.**

ACKNOWLEDGEMENTS: CDHA thanks the following dental hygienists for their contributions to the key messages that follow, ensuring balanced points of view: Wanda Fedora, Sophie Freeman, Lynda McKeown, and Deb Winick-Daniel.

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CDHA's feedback (working version as of March 1, 2022)

1. Definitions

The standards define related concepts such as care and well-being but do not address a definition of HEALTH. Adding a definition for health should embed all aspects and include ORAL HEALTH. This would be relevant to the entire standard.

2. Assessments of residents (section 6)

While the standards indicate what should be included in standardized assessment tools (i.e., cognitive status, pain status, mental health status, etc.,) the standards should address criteria for the SELECTION of such standardized assessment tools (i.e., evidence-informed, valid, reliable), and criteria and qualifications for the TEAM MEMBERS responsible for conducting the assessments.

Referring only to ORAL HEALTH in these comments, we recommend adjusting and adding to 6.1.8 as follows:

(1) organizational leaders ensure THE SELECTION OF EVIDENCE-INFORMED oral health assessment tools, THAT HAVE BEEN DEVELOPED IN CONSULTATION WITH RELEVANT SUBJECT MATTER EXPERTS (E.G., DENTAL HYGIENISTS).

(2) organizational leaders REGULARLY (AT A MINIMUM ANNUALLY) EVALUATE AND ADJUST THE SELECTION of standardized oral health assessment tools to ensure they are current and supported by the latest and best available evidence.

(3) organizational leaders ensure that ORAL HEALTH PROFESSIONALS on the TEAM conduct ORAL HEALTH ASSESSMENTS of residents, document the findings, and determine oral health goals, and develop a comprehensive and personalized care plan for the resident.

Note, this is not to suggest that assessments involve an impractical or inordinate number of different providers on the team with different professional backgrounds. However, with respect to residents' oral health and staffing mix/levels to meet the evolving oral health needs of residents each day, the role of dental hygienists (qualified oral health professionals) is an important distinction for optimizing the quality of care and team-based care in LTC homes.

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Considering the significance of assessments relative to care plans and data for planning/resourcing/reporting, the standards should extend guidance on the selection of assessment tools and conduct of assessments by the appropriate providers.

For more background, refer to recommendations in CDHA's discussion paper on [National Standards for Long-Term Care: Addressing Oral Health for Overall Health](#) (2021), available from cdha.ca/oralhealthforseniors (and previously shared with HSO).

3. Care plans (section 3)

Capture a clause that states that the care plan is accessible to all team members for review.

4. Organizational practices (section 7)

Capture a new guideline: the team uses comprehensive, evidence-informed practices for the prevention and management of ORAL HEALTH STATUS. As it relates to the mouth, throat, and neck this would address pain, infection, chewing, swallowing, oral cancer screening, dentures, appropriate selection, maintenance and storage of oral health supplies and equipment, etc.

For more background, refer to recommendations in CDHA's discussion paper on [National Standards for Long-Term Care: Addressing Oral Health for Overall Health](#) (2021), available from www.cdha.ca/oralhealthforseniors (and previously shared with HSO).

5. Scope of services (8.1.1) / Workforce (9.3)

Capture criteria for defining the scope of services provided by the LTC homes' workforce and/or externally; connect this to criteria in 9.3. Thinking of staffing with qualified oral health professionals (i.e., dental hygienists) and their unique knowledges, skills, and competencies to respond to the oral health care needs of residents, this is especially pertinent where the standard speaks to "ensure services are provided in the right place and at the right time by the right provider" (section 8).

Also, for 8.1.2 - provide criteria to support "ensure that internal and external services are coordinated". Consider for example: good communication, accurate and comprehensive documentation, and standardized processes. It is noted that some of this elaboration comes under 8.2.1 - 8.2.6, but this an elaboration is recommended.

Strengthen 9.3.1 and 9.3.2 with more specificity/elaboration.

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In the context of oral health, evidence-informed continuing education for the LTC home's workforce should be developed and delivered in consultation with qualified oral health professionals (i.e., dental hygienists) as members of the care team (internal or external to the LTC home).

For more background, refer to recommendations in CDHA's discussion paper on [National Standards for Long-Term Care: Addressing Oral Health for Overall Health](#) (2021), available from www.cdha.ca/oralhealthforseniors (previously shared with HSO).

5. About the standard in general

To reiterate the importance of oral health care for residents, it should be recognized that while health services such as physiotherapy, massage therapy, or audiology may not be required by every resident in LTC, there is a distinction with oral health care. EVERY RESIDENT requires DAILY mouth health care and regular oral health assessments, to contribute to good overall health and quality of life (as well as to contribute to care planning and funding). This is the true for residents with and without teeth.

Issues related to accountability in the proposed standard should be strengthened, both from the perspective of provider/clinical accountabilities and sector accountabilities.

At the provider/clinical level, the standard should capture guidelines for the clinical oversight among providers. In the context of oral health care for example, it would be appropriate that dental hygienists have oversight of non-oral health team members (i.e., personal support workers, personal care aides, registered practical nurse) who may be involved in supporting with oral care with/for residents (i.e., tooth brushing, identifying, and storing dentures, etc.). This also extends to the documentation of care provided/tasks completed.

At the sector level, the standard should strengthen its statements and context to support stronger accountabilities for the quality of care that the sector (i.e., among organizational leaders, owners/operators, governing bodies, regulators) collectively provides, governs, and funds. The definition of "governing bodies" should be clearer.