



**RNAO submission on the new
draft edition CAN/HSO 13001
Palliative Care Services National
Standard of Canada**

April 2, 2026



The Registered Nurses' Association of Ontario (RNAO) is the professional association representing more than 57,250 registered nurses (RN), nurse practitioners (NP) and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health system, and influenced decisions that affect nurses and the public we serve.

Introduction

RNAO welcomes the opportunity to provide feedback on the new draft edition of the CAN/HSO 13001 Palliative Care Services National Standard of Canada, as shared with us by the Health Standards Organization (HSO).

RNAO's analysis of the new national standard draws heavily on our leadership in strengthening the delivery of palliative care. Our work includes ensuring high-quality care for individuals through health system transformation and evidence-based practice to improve access to person-centered palliative care and dignified end-of-life care. Our work includes:

- Developing more than 50 evidence-based [best practice guidelines](#).
- Providing administrative oversight of the Palliative Care Facilitated Access (PCFA) program for Ontario NPs.
- Expanding RN and NP scope of practice, for example, the authority for RNs to prescribe medications and NPs to complete a medical certificate of death in all circumstances.
- Following RNAO's ECCO model for health system transformation as outlined in our [Enhancing Community Care for Ontarians \(ECCO\) 4.0](#) report.

This submission outlines RNAO's analysis of the new draft national standard through three key lenses, informed by RNAO's evidence-based [best practice guidelines](#) (BPG) developed to help support the care of all individuals receiving palliative care:

- Strengths of the draft national standard.
- Alignment with the RUMBA (relevant, understandable, measurable, beneficial, actionable/achievable) principles.
- Missing concepts and gaps that impact the delivery of care.

See [Appendix A: RNAO best practice guidelines](#) for a list of RNAO BPGs used to support the delivery of high-quality palliative care.

National standard strengths

RNAO analyzes key strengths we've identified within the draft national standard in the table below.

Identified strengths	RNAO's rationale
<p>1. The draft national standard incorporates the principles of equity, diversity and inclusivity (EDI).</p> <p>The draft national standards integrates principles of trauma informed care, cultural safety, gender inclusive care and people-centred care across the care continuum for individuals living with serious illness requiring palliative care services (1).</p>	<p>The integration of EDI principles through the standard is essential to improving access to high-quality, people-centered palliative and end-of-life care (2,3). By embedding EDI within policies, programs, and care models, health systems can better advance health equity and reduce the systemic barriers faced by equity-deserving populations such as Indigenous, Black, and 2SLGBTQI+ communities when experiencing serious illness (4–6).</p> <p>RNAO urges that asylum seekers and refugees be explicitly included as important equity-deserving groups in the revised national standard, to facilitate equitable access to palliative care and end-of-life services (7).</p>
<p>2. Integration of a gender-responsive approach into the standards development methodology.</p> <p>Gender responsiveness has been incorporated within the draft national standard through three key mechanisms: diverse representation, evidence-informed research and the use of inclusive language (1).</p>	<p>The technical committee was composed of individuals representing a diverse range of genders and professional backgrounds to support the inclusion of persons with lived experience (1). Engaging of individuals with lived experience enhances the quality and accuracy of the standard (8).</p> <p>The use of gender-inclusive language reflects the diversity of Canada's population and aligns with EDI principles, ensuring that readers using the guideline can see themselves and the populations that they care for equitably represented (6).</p>
<p>3. Systems approach to palliative care</p> <p>The draft national standard includes a systems approach to palliative care to address service delivery across sectors, including primary care and home care, and emphasizes that palliative care should begin at the time of diagnosis (1).</p>	<p>A systems-based approach to palliative care is essential for integrating holistic palliative services across all care settings (9,10). It improves access, reduces fragmentation, and ensures coordinated, continuous support throughout the entire illness journey, from diagnosis of a serious illness through end of life (3,9).</p> <p>Introducing a palliative approach at the time of diagnosis improves quality of life for people living with serious illness by reducing pain,</p>

Identified strengths	RNAO's rationale
	enhancing symptom management, and increasing access to psychosocial, spiritual, and bereavement supports (3,10).
<p>4. Determinants of health</p> <p>Environmental and social determinants of health are integrated throughout the draft national standard (1).</p>	<p>Health is influenced primarily by social, economic and environmental factors such as a livable household income, access to safe and affordable housing and food security (11,12). In contrast, health-care services account for up to 20 per cent of overall health outcomes (13,14).</p> <p>Integrating environmental and social determinants of health into palliative and end-of-life care is essential for ensuring truly holistic, person-centred care by addressing non-medical needs that can profoundly impact outcomes (15). Inequities in the social determinants of health are associated with heightened symptom burden, a reduced likelihood of achieving death in the home or preferred setting, and a diminished overall quality of life (15,16).</p>
<p>5. Environmental stewardship</p> <p>The draft national standard articulates expectations for organizational leadership in embedding principles of environmental stewardship within the delivery of palliative care services (1).</p>	<p>RNAO applauds the HSO for integrating environmental stewardship within the draft national standard to reduce carbon footprint within the health sector (17,18).</p> <p>We recommend that environmental stewardship be expanded within the standard to support both a top down and bottom-up approach in order to provide guidance to health-care providers in addition to organizational leadership, given that effective stewardship is addressed at both the organizational and clinical level (19).</p> <p>RNAO is a recognized leader in environmental and planetary health, advancing this work through evidence-informed policy analysis and advocacy aimed at advancing the wellbeing of Ontarians and communities globally (20).</p> <p>RNAO has multiple resources to support environmental stewardship such as the Climate and the Environment In Focus webpage, and the Climate and Crisis and</p>

Identified strengths	RNAO’s rationale
	Health: Impact on Ontario political action bulletin. We encourage HSO to reference these resources within the HSO standard.

RUMBA principles

The overall draft national standard aligns with the RUMBA principles. To further strengthen this alignment, we recommend addressing the gaps outlined in the table below.

Identified gaps	RNAO’s rationale
<p>1. Define co-design</p> <p>Term co-design is introduced in section 1.1.2 but is not defined (1).</p>	<p>RNAO strongly recommends that the term co-design be defined to ensure readers share a common understanding and to reinforce its role throughout the planning, implementation, and evaluation of palliative care and end-of-life services. Co-design is essential for meaningfully integrating people’s perspectives and experiences into service development (21). It helps ensure that care is equitable and person-centred, particularly for equity-deserving and marginalized populations (22).</p>
<p>2. Clarify language</p> <p>Clarify the language in sections 2.3.2, 3.2.1 and 7.2 to make the content easier for readers to understand.</p>	<p>We recommend changing the following terms:</p> <ul style="list-style-type: none"> • “client’s goals” to “people's goals of care” in section 2.3.2 on page 17. • “ventilation” to “mechanical ventilation” in section 3.2.1 on page 31. <p>The term “people” should be used in place of client and patient, recognizing individuals first as people rather than solely as recipients of services or care, and emphasizing an equity-centred approach.¹</p> <p>We also recommend changing “the organizational leader’s maintain team competencies required to deliver palliative</p>

¹ People-centred care is an approach that views individuals, families, and communities as active participants in trusted health systems that respond to their needs and preferences in humane and holistic ways. It recognizes the health needs of the person seeking care as well as those of their family, caregivers, and community, and emphasizes shared responsibility among all involved in delivering care and services (2).

Identified gaps	RNAO’s rationale
	<p>care services” to “the organizational leader’s support health-care providers in maintaining competencies required to deliver palliative care services” in section 7.2 on page 47.</p>
<p>3. Goals of care</p> <p>Expand the guidance on goals of care documentation in section 3.2.2 to clearly outline additional best practices that support informed decision-making by persons and substitute decision-makers (SDM).</p>	<p>A goals-of-care discussion between the person and/or their SDM and the health-care team is essential for identifying their values, beliefs, understanding of their current health condition, including prognosis and possible treatment options, and their perception of what constitutes a meaningful quality of life (3). This information helps guide the development of an individualized, holistic care plan.</p> <p>Clear documentation of these discussions is essential for maintaining continuity of care, supporting effective communication among health-care team members, and preventing unnecessary disruptions (3,23).</p> <p>RNAO recommends that guidance from the Transitions in Care and Services (2023) best practice guidance (BPG) be implemented within the national standard to support safe and effective transitions in care for pediatric and adult persons receiving palliative. Specifically, recommendations 1.0 and 3.0.</p>
<p>4. Effective team functioning</p> <p>Section 7.1.4 highlights the importance of effective team functioning in improving the delivery of palliative care services; however, it does not describe the characteristics of a high-functioning team or provide outcome measures that organizations can use to evaluate team performance.</p>	<p>The delivery of palliative and end-of-life services depends on effective team-based care, which enhances outcomes through the integration of coordinated and collaborative efforts among members of the interdisciplinary team, including the person, their SDM, and care partners such as family or other persons involved within the circle of care (2,3).</p> <p>Effective team functioning can also support retention by improving provider satisfaction with care delivery, reducing burnout and promoting resilience among palliative care providers (24).</p> <p>RNAO recommends that HSO sets clear expectations and measurable indicators to</p>

Identified gaps	RNAO's rationale
	help organizations ensure that teams are working effectively and consistently across settings to achieve desirable results.

Missing concepts

RNAO has identified missing concepts and gaps that must be addressed within the draft national standard to improve access to high quality palliative care.

Missing concepts or gaps	RNAO's rationale
<p>1. Care partner and substitute decision-maker feedback</p> <p>Include care partners and SDM feedback in continuous quality improvement.</p>	<p>We recommend updating the statement “Response times with client feedback may be measured and monitored to inform continuous quality improvement” to “Response times with people, care partner or SDM feedback may be measured and monitored to inform continuous quality improvement” in section 2.1.2 on page 24.</p> <p>Care partners and SDMs are essential sources of feedback in palliative and end-of-life care service delivery. Including their perspectives acknowledges their central role and helps ensure the system remains responsive during quality-improvement efforts (3).</p> <p>People may be unable to communicate their experiences due to illness progression, or may prefer that the care experience be shared by a care partner or SDM, making their input critical for accurately reflecting the quality and effectiveness of care (2,25).</p>
<p>2. Persons living with dementia or other conditions that affect decision-making</p> <p>Section 2.2.1 states on page 25 that “informed consent is obtained with the client or substitute decision maker, if applicable, in accordance with jurisdictional requirements.” However, it does not address how informed consent should be supported for individuals living with dementia or other conditions that can affect decision-making capacity (1).</p>	<p>Cognitive-impairing conditions, including dementia, can affect decision-making and require informed support for people and SDMs (26,27). Shared decision-making that engages people in meaningful conversations about their care and honours their goals and preferences is essential for promoting autonomy and supporting the delivery of person-centred palliative care (2,28).</p> <p>We recommend providing guidance on incorporating shared decision-making for</p>

Missing concepts or gaps	RNAO's rationale
	<p>persons living with dementia and other conditions that may impair cognitive function within the draft national standard, to better support the delivery of person-centred care palliative care.</p> <p>RNAO urges HSO to integrate guidance from the following BPGs: People-Centred Care (2025) (specifically, recommendations 1.0 to 4.), A Palliative Approach to Care in the Last 12 Months of Life (2020) (specifically, recommendation 1.2), and Delirium, Dementia, and Depression in Older Adults: Assessment and Care (2016) (specifically, recommendations 1.4a and 1.4b) into the national standard to ensure consistent, evidence-based practice across Canada.</p>
<p>3. Translation and interpretation services</p> <p>While Section 2.2.5 notes that clients and their care partners may need translation or interpretation services, it does not specify the use of medical interpreters as an evidence based approach for ensuring the quality and effectiveness of translation (1).</p>	<p>Medical interpreters play a critical role in ensuring equitable, people-centred palliative care, particularly for individuals with limited English proficiency or who prefer to communicate in another language (29). Interpreters can help to support informed decision-making ensuring that people understand their choices and that their preferences, values and beliefs are effectively shared with health-care providers (30).</p> <p>Using family members as interpreters, especially in palliative care is discouraged because they may unintentionally alter, omit, or filter important information when translating between persons and the health-care team. (31). Therefore, we recommend that clear guidance be provided on the use of medical interpretation services to support best practice.</p>
<p>4. Assessment of community settings for pediatric persons</p> <p>Section 3.1.5 does address need to for the clinical team to assess schools, daycares and other community settings that contribute to the pediatric person's wellbeing (1,32).</p>	<p>RNAO urges that the draft national standard include guidance for clinical teams on assessing community settings (e.g., schools and daycares) on the social determinants of health that contribute to the support system for pediatric persons receiving palliative care (14).</p>

Missing concepts or gaps	RNAO's rationale
	<p>We also recommend that guidance be provided on collaborating with these settings as appropriate to optimize the wellbeing of persons and their families to support the delivery of holistic care (32).</p>
<p>5. Grief and bereavement support for siblings</p> <p>Section 3.1.8 provides guidance for the clinical team to assess for grief and bereavement needs of the client and their care partner but does not provide guidance on support for a pediatric persons siblings (1).</p>	<p>Siblings of children with life-limiting illnesses need support with grief and bereavement all along the illness journey (33). They often feel afraid, experience changes in their family roles, and face ongoing losses even before death occurs increasing the risk for anxiety and development challenges due to feelings of guilt, social withdrawal and academic difficulty (33,34).</p> <p>RNAO urges that the draft national standard include guidance for clinical teams to provide grief and bereavement support to siblings, promoting their health and wellbeing throughout the illness trajectory and after the child's death (32).</p>
<p>8. Housing and living conditions</p> <p>Section 3.1.6 identifies housing as an environmental determinant but does not specific the assessment of living conditions (1).</p>	<p>Housing as a determinant of health is more than just having a roof over your head (35). The quality of housing and living conditions with affordability, accessibility, access to basic services like heat and exposure to environmental hazards impact health outcomes (18,36,37).</p> <p>Increasing poverty and housing insecurity with rising rates of persons experiencing homelessness in Canada demonstrate that many households cannot meet their essential needs (38). National data show that 10.2% of Canadians live in poverty, and 5.3% live in deep income poverty with equity deserving populations disproportionately affected (39).</p> <p>RNAO urges that the draft national standard add guidance for clinicians to assess living conditions, including household income, to reduce inequities and ensure timely access to supports for people receiving palliative and end-of-life care.</p>

Missing concepts or gaps	RNAO's rationale
<p>9. Managing hydration and nutrition</p> <p>Section 4.1.8 directs clinicians to consider factors such as pain, nausea, and oral hygiene when managing hydration and nutritional needs in people receiving palliative care (1). However, it does not address other important determinants of nutritional intake, like food security and oral health which impact nutritional status.</p>	<p>Food insecurity is rising nationally, with more than 25% of individuals living in a food-insecure household (40). Visits to food banks have doubled over the past six years, and 19% of people who access a food bank are employed (40). Rising rates of poverty, combined with an increased cost of living, including persisting food inflation and escalating housing prices are eroding disposable income and limiting households' capacity to afford adequate and nutritious food negatively impact health and wellbeing (12,41).</p> <p>Food insecurity is a broader indicator that other basic needs are not being met and can range from fear of running out of food to regularly skipping meals or limited access to affordable food within food deserts (42).</p> <p>In addition to food security, oral health and nutrition are deeply connected. Poor oral health, including ill-fitting dentures, can compromise chewing and the ability to enjoy eating (43).</p> <p>RNAO urges that the draft national standard includes assessing both food insecurity and oral health as part of every nutritional assessment to link people to the appropriate interventions with follow-up.</p>
<p>10. Spiritual care</p> <p>Section 5.1.2 provides guidance on specialized services, but does not discussion spiritual care (1).</p>	<p>Spiritual wellbeing is a key determinant of overall quality of life, contributing to mental, social, and emotional health (3,44). Conversely, spiritual distress can adversely affect individuals with serious illness as well as their families (44).</p> <p>Spiritual care providers, including chaplains, imams, rabbis, Indigenous Elders and knowledge keepers play a vital role in supporting access to spiritual services, practices, and resources that enhance overall wellbeing (3).</p> <p>We recommend that guidance be developed for clinicians to help determine people's</p>

Missing concepts or gaps	RNAO's rationale
	<p>spiritual care preferences and to support the integration of spiritual care throughout the entire care continuum (3).</p>
<p>11. Virtual palliative care services</p> <p>Section 3.3.5 outlines the role of the health-care team in facilitating access to virtual care services; however, it does not include an assessment of people's access to the necessary digital tools or their level of digital literacy (1).</p>	<p>Assessing people's access to digital tools such as internet connect, computers and tablets, and their digital literacy is essential for ensuring virtual care is truly accessible and equitable (45).</p> <p>Organizations also play a key role in ensuring the effective delivery of virtual care services. Organizational support must also include access to adequate equipment, digital infrastructure, and continuous training to ensure health-care providers can keep pace with advancing technology and deliver high-quality, person-centered virtual palliative care (45,46).</p> <p>We strongly recommend that guidance be developed for both clinicians and organizations to support the effective and equitable delivery of virtual palliative care services.</p> <p>We urge that the draft national standard include guidance from RNAO's Clinical Practice in a Digital Environment (2024), (specifically, recommendations 1.0, 2.0 and 5.0) and Adopting e-Health Solutions: Implementing Strategies (2017) (specifically, recommendations 2.0 and 3.0) BPGs be included within the national standard to inform best practices across Canada.</p>
<p>12. Continuous learning</p> <p>Section 7.2.1 provides guidance on orientation and continuous learning, but it does not include care transitions or education related to cultural safety, gender-inclusive care, trauma-informed practice or the determinants of health (1) .</p>	<p>Care transitions occur throughout the care continuum and illness trajectory, including within and between organizations, sectors, and individual providers (23). Maintaining continuity of care through care transitions critical in palliative care because people often have complex, evolving needs and receive support from multiple providers across settings (23).</p> <p>Continuous learning in palliative care must include mandatory training in culturally safe,</p>

Missing concepts or gaps	RNAO's rationale
	<p>gender-inclusive, and trauma-informed practice to support the delivery of high-quality, person-centered, and equitable palliative care (2,5,6). Maintaining these competencies is critical for:</p> <ul style="list-style-type: none"> • Ensuring that care respects individuals the values, beliefs and lived experiences. • Reducing harm and prevents re-traumatization. • Promoting equitable access to care for equity deserving and marginalized populations to improve quality of life. <p>Continuous learning in palliative care should also include education on how social and environmental determinants of health shape people's experiences and outcomes, to reduce disparities and support the delivery of holistic palliative care.</p> <p>We strongly recommend that care transitions, the determinants of health, and the principles of EDI, including culturally safe, gender-inclusive, and trauma-informed care be embedded within continuous learning.</p> <p>RNAO urges that the following resources be utilized to inform evidence-based practice within the national standard:</p> <ul style="list-style-type: none"> • <i>Addressing Anti-Black Racism in Nursing (2026)</i> (all recommendations for healthcare and social settings) <i>Promoting 2SLGBTQI+ Health Equity (2021)</i> (specifically, recommendations 1.0 to 2.0 and 5.1), and <i>Embracing Cultural Diversity and in Health Care: Developing Cultural Competence (2007)</i> BPGs • <i>Black Nurses Task Force Report: Acknowledging, Addressing and Tackling Anti-Black Racism and Discrimination Within the Nursing Profession (2022)</i> (specifically, the recommendation increasing education and building awareness) .

Missing concepts or gaps	RNAO's rationale
<p>13. Quintuple Aim framework</p> <p>Section 8 of the draft national standard provides guidance on continuous quality improvement but does not advise of the Quintuple Aim framework (1).</p>	<p>RNAO applauds HSO for incorporating guidance on continuous quality improvement to strengthen the delivery of palliative care.</p> <p>Health system transformation and quality improvement in palliative care, at both micro and macro levels, require organizations and clinicians to align their efforts with the principles of the Quintuple Aim (18,47):</p> <ul style="list-style-type: none"> • Improved patient experience. • Improved patient and population health outcomes. • Lower cost of care. • Improved provider experience. • Advancing health equity. <p>The Quintuple Aim framework serves as a lens for policy development, service alignment, evaluation and continuous quality improvement in palliative care services across sectors (47).</p> <p>RNAO provides access to multiple BPGs and key reports that align care delivery with the Quintuple Aim framework such as Enhancing Community Care for Ontarians (ECCO) 4 (2025).</p>

Conclusion

Thank you for the opportunity to provide feedback on the new edition draft of the CAN/HSO 13001 Palliative Care Services National Standard. We appreciate the chance to contribute to this important work. RNAO urges HSO to address important gaps and missing concepts that have been outlined within our response to achieve the delivery of high-quality person-centred palliative care in Canada.

RNAO welcomes the opportunity to meet with HSO for further discussion, and to review further revisions made to draft standard.

References

1. Health Standards Organization (HSO). National Standard of Canada: Palliative care services public review draft [Internet]. 2026. Available from: <https://healthstandards.org/files/40-PublicReviewDraft-Palliative-EN-2Feb2026.pdf>
2. Registered Nurses' Association of Ontario (RNAO). People-Centred Care [Internet]. 3rd ed. Toronto (ON): RNAO; 2025 [cited 2025 Nov 11]. Available from: <https://rnao.ca/bpg/guidelines/people-centred-care>
3. Registered Nurses' Association of Ontario (RNAO). A Palliative Approach to Care in the Last 12 Months of Life. Toronto (ON): RNAO; 2020.
4. Registered Nurses' Association of Ontario (RNAO). Addressing anti-Black racism in nursing [Internet]. Toronto (ON): RNAO; 2026 [cited 2026 Mar 4]. Available from: <https://rnao.ca/bpg/guidelines/addressing-anti-Black-racism-in-nursing>
5. Registered Nurses' Association of Ontario (RNAO). Embracing Cultural Diversity in Health Care: Developing Cultural Competence [Internet]. Toronto (ON): RNAO. Available from: <https://rnao.ca/bpg/guidelines/embracing-cultural-diversity-health-care-developing-cultural-competence>
6. Registered Nurses' Association of Ontario (RNAO). Promoting 2SLGBTQI+ Health Equity [Internet]. Toronto (ON): RNAO; 2021. Available from: <https://rnao.ca/bpg/guidelines/promoting-2slgbtqi-health-equity>
7. Registered Nurses' Association of Ontario (RNAO). RNAO letter to Minister Diab Re: Imposing Health-care Costs on Refugees and Asylum Seekers [Internet]. 2025. Available from: <https://rnao.ca/media/10521/download?inline>
8. Engaging persons with lived experience | RNAO.ca [Internet]. [cited 2026 Mar 4]. Available from: <https://rnao.ca/bpg/leading-change-toolkit/engaging-persons/engaging-persons-with-lived-experience>
9. Vitorino JV, Duarte BV, Laranjeira C. When to initiate early palliative care? Challenges faced by healthcare providers. *Front Med*. 2023 Oct 2;10:1220370. doi:10.3389/fmed.2023.1220370 PubMed PMID: 37849489; PubMed Central PMCID: PMC10577203.
10. Bacon J. The Palliative Approach: Improving Care for Canadians with Life-Limiting Illnesses [Internet]. Canadian Hospice Palliative Care Association; 2024. Available from: <https://www.chpca.ca/wp-content/uploads/2024/04/TWF-PA1.pdf>
11. Raphael D. Social determinants of health: Key issues and themes. In: *Social determinants of health: Canadian perspectives*. 4th ed. Canadian Scholars; 2025. p. 3–36.
12. Registered Nurses' Association of Ontario (RNAO). RNAO submission to the Ministry of Children, Community and Social Services in response to Ontario's Poverty Reduction Strategy consultation [Internet]. RNAO; 2025. Available from: <https://rnao.ca/media/10230/download?inline>

13. National Academies of Medicine. Social Determinants of Health 101 for Health Care: Five Plus Five [Internet]. [cited 2026 Mar 4]. Available from: <https://nam.edu/perspectives/social-determinants-of-health-101-for-health-care-five-plus-five/>
14. Raphael D, Bryant T, Mikkonen J, Alexander R. Social determinants of health: the Canadian facts. 2nd edition. Oshawa, Ontario, Toronto, Ontario: Ontario Tech University Faculty of Health Sciences ; York University School of Health Policy and Management; 2020.
15. Santos Salas A, Bablitz C, Morris H, Vaughn L, Bardales O, Easaw J, et al. Improving access to palliative care for people experiencing socioeconomic inequities: findings from a community-based pilot research study. *Health Promot Chronic Dis Prev Can.* 2023 Aug;43(8):365–74. doi:10.24095/hpcdp.43.8.02
16. Mooney-Doyle K, Mendola A, Naumann WC, Svyrenko R, Lindley LC. Social determinants of comfort: A new way of conceptualizing pediatric end-of-life care. *J Hosp Palliat Nurs JHPN Off J Hosp Palliat Nurses Assoc.* 2022 Sep 9;10.1097/NJH.0000000000000902. doi:10.1097/NJH.0000000000000902 PubMed PMID: 36083230; PubMed Central PMCID: PMC9995599.
17. Registered Nurses' Association of Ontario (RNAO). Political action bulletin - The climate crisis and health: Impacts on Ontario [Internet]. RNAO; 2024. Available from: <https://rnao.ca/media/7977/download>
18. Registered Nurses' Association of Ontario (RNAO). ECCO Model 4.0: Enhancing Community Care for Ontarians. 2025.
19. Sorensen CJ, Fried LP. Defining Roles and Responsibilities of the Health Workforce to Respond to the Climate Crisis. *JAMA Netw Open.* 2024 Mar 22;7(3):e241435. doi:10.1001/jamanetworkopen.2024.1435
20. Climate and the environment and RNAO | RNAO.ca [Internet]. [cited 2026 Mar 6]. Available from: <https://rnao.ca/in-focus/climate-environment>
21. Silvola S, Restelli U, Bonfanti M, Croce D. Co-Design as Enabling Factor for Patient-Centred Healthcare: A Bibliometric Literature Review. *Clin Outcomes Res CEOR.* 2023 May 17;15:333–47. doi:10.2147/CEOR.S403243 PubMed PMID: 37220481; PubMed Central PMCID: PMC10200122.
22. Healthcare Excellence Canada. Healthcare excellence Canada's health equity framework - An invitation to lead change towards an equitable healthcare system [Internet]. 2025 Aug 29. Available from: <https://a-ca.storyblok.com/f/850807391887861/833bcce493/healthequityframework-final-aug29025-en.pdf>
23. Registered Nurses' Association of Ontario (RNAO). Transitions in Care and Services. 2nd ed. Toronto (ON): RNAO; 2023.
24. Koh MYH, Khoo HS, Gallardo MD, Hum A. How Leaders, Teams and Organisations can prevent Burnout and build Resilience: a thematic analysis. *BMJ Support Palliat Care.* 2024 May 1;14(e1):e827–36. doi:10.1136/bmjspcare-2020-002774 PubMed PMID: 33323369.
25. Kennedy A, Mockler D, Walsh C, McQuillan R, Ryan K, Guinan E, et al. Relational nature of decision-making between patients with advanced illness and their caregivers in palliative care: a systematic

- review and narrative synthesis. *BMJ Support Palliat Care*. 2025 Dec 24. doi:10.1136/spcare-2025-005783 PubMed PMID: 41443951.
26. Biard M, Detcheverry FE, Betzner W, Becker S, Grewal KS, Azab S, et al. Supporting decision making for individuals living with dementia and their care partners with knowledge translation: An umbrella review. *Alzheimers Dement*. 2025 Sep 7;21(9):e70636. doi:10.1002/alz.70636 PubMed PMID: 40915983; PubMed Central PMCID: PMC12414729.
 27. Mattos MK, Gibson JS, Wilson D, Jepson L, Ahn S, Williams IC. Shared decision-making in persons living with dementia: A scoping review. *Dementia*. 2023 May;22(4):875–909. doi:10.1177/14713012231156976 PubMed PMID: 36802973; PubMed Central PMCID: PMC10866150.
 28. Registered Nurses' Association of Ontario (RNAO). *Delirium, Dementia, and Depression in Older Adults: Assessment and Care* [Internet]. 2nd ed. Toronto (ON): RNAO; 2016. Available from: <https://rnao.ca/bpg/guidelines/assessment-and-care-older-adults-delirium-dementia-and-depression>
 29. Slusarz C. The roles and experiences of medical interpreters in palliative care: A narrative review. *Palliat Support Care*. 2024 Dec;22(6):2158–65. doi:10.1017/S1478951523001505
 30. Mansoor Y, Wong T, Comeau JL. Language: the ignored determinant of health. *Paediatr Child Health*. 2023 Sep 12;29(3):168–70. doi:10.1093/pch/pxad066 PubMed PMID: 38827371; PubMed Central PMCID: PMC11141594.
 31. Lee SH, Gibb M, Karunanathan S, Cody M, Tanuseputro P, Kendall CE, et al. Lived experiences of palliative care physicians on the impacts of language and cultural discordance on end-of-life care across Ontario, Canada: a qualitative study using the intersectionality-based policy framework. *Int J Equity Health*. 2024 Nov 8;23(1):229. doi:10.1186/s12939-024-02312-2
 32. Ontario Health. *Framework Recommendations for a Model of Care to Improve Palliative Care in Ontario. Focus Area 3: Children receiving care across settings*. 2025.
 33. Schuelke T, Crawford C, Kentor R, Eppelheimer H, Chipriano C, Springmeyer K, et al. Current Grief Support in Pediatric Palliative Care. *Children*. 2021 Apr 4;8(4):278. doi:10.3390/children8040278 PubMed PMID: 33916583; PubMed Central PMCID: PMC8066285.
 34. *A Systematic Review of Grief Experiences of Children Who Have Lost a Sibling* [Internet]. [cited 2026 Mar 11]. Available from: <https://journals.sagepub.com/doi/epub/10.1089/jpm.2024.0418> doi:10.1089/jpm.2024.0418
 35. *Housing as a human right* | Canadian Human Rights Commission [Internet]. [cited 2026 Mar 11]. Available from: <https://www.chrc-ccdp.gc.ca/individuals/right-housing/housing-human-right>
 36. Bentley R, Mason K, Jacobs D, Blakely T, Howden-Chapman P, Li A, et al. Housing as a social determinant of health: a contemporary framework. *Lancet Public Health*. 2025 Oct 1;10(10):e855–64. doi:10.1016/S2468-2667(25)00142-2
 37. Registered Nurses' Association of Ontario (RNAO). *Political action bulletin: Housing, health and human rights*. RNAO; 2025.

38. Housing, Infrastructure and Communities Canada - National homelessness indicators [Internet]. 2025 [cited 2026 Mar 11]. Available from: <https://housing-infrastructure.canada.ca/homelessness-sans-abri/reports-rapports/nat-homelessness-indic-pancan-litinerance-eng.html>
39. Statistics Canada. Canada's Official Poverty Dashboard of Indicators: Trends, May 2025 [Internet]. 2025 [cited 2026 Mar 11]. Available from: <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2025019-eng.htm>
40. Food Banks Canada. Bringing Everyone to the Table [Internet]. 2025. Available from: https://content.foodbankscanada.ca/wordpress/2025/07/FBC_2025AR_ENG_FINAL-1.pdf
41. Charlebois S. Canada's Food Report. From Tariffs to Tables: Tracking the Forces Behind Canada's 2026 Food Prices [Internet]. 16th ed. Agri-Food Analytics Lab, Dalhousie University; 2026. Available from: https://cdn.dal.ca/content/dam/dalhousie/pdf/sites/agri-food/FINAL%20E%20low.res%20DAL_PRICE_REPORT_2026.pdf
42. Public Health Ontario. Food Insecurity & Food Affordability in Ontario [Internet]. 2025 Apr. Available from: https://www.publichealthontario.ca/-/media/Documents/F/25/food-insecurity-food-affordability.pdf?rev=44f83bfaac294df28af279dd38c86df9&sc_lang=en&hash=9BC8B8D46B4779F714F9D3BB4F90D166
43. Kesari A, Noel JY. Nutritional Assessment. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026 [cited 2026 Mar 12]. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK580496/> PubMed PMID: 35593821.
44. Best MC, Vivat B, Gijsberts MJ. Spiritual Care in Palliative Care. *Religions*. 2023 Feb 27;14(3). doi:10.3390/rel14030320
45. Registered Nurses' Association of Ontario (RNAO). *Clinical Practice in a Digital Health Environment* [Internet]. 1st ed. Toronto (ON): RNAO; 2024. Available from: <https://rnao.ca/bpg/guidelines/clinical-practice-digital-health-environment>
46. Registered Nurses' Association of Ontario. *Adopting eHealth Solutions: Implementation Strategies* [Internet]. Toronto (ON): RNAO; 2017. Available from: <https://rnao.ca/media/3582/download>
47. Nundy S, Cooper LA, Mate KS. The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity. *JAMA*. 2022 Feb 8;327(6):521–2. doi:10.1001/jama.2021.25181

Appendix A: RNAO best practice guidelines to support palliative care

Best practice guideline (BPG) title	Publication date	Anticipated next edition
RNAO Foundational Best Practice Guidelines		
People-Centered Care (3 rd edition)	2025	2030
Establishing Therapeutic Relationships	2006	
Transition in Care and Services (2 nd edition)	2023	2029
RNAO Clinical/Best Practice Guidelines		
A Palliative Approach to Care in the Last 12 Months of Life	2020	2027
End-of-Life Care During the Last Days and Hours	2011	2028
Supporting and Strengthening Families Through Expected and Unexpected Events	2006	2025
Pressure Injury Management, Risk Assessment, Prevention and Treatment (4 th edition)	2024	2030
Vascular Access (2 nd edition)	2021	2028
Pain: Prevention, assessment and treatment (4 th edition)	2024	2031
Promoting Asthma Control in Children	2008	2028
Promoting 2SLGBTQI+ Health Equity	2021	2028
Adopting e-Health Solutions: Implementation Strategies (4 th edition)	2017	2029
RNAO Healthy Work Environment (HWE) Best Practice Guidelines		
Developing and Sustaining Interprofessional Health Care: Optimizing patient, organizational and system outcomes	2013	2028
Developing and Sustaining Safe, Effective Staffing and Workload Practices (2 nd edition)	2017	2028
Developing and Sustaining Nursing Leadership (2 nd edition)	2013	2027
Intra-professional Collaborative Practice among Nurses (2 nd edition)	2016	2028
Managing and Mitigating Conflict in Health-care Teams	2012	2028
Preventing Violence, Harassment and Bullying Against Health Workers (2 nd edition)	2019	2028
Professionalism in Nursing	2007	2028
Addressing Anti-Black Racism in Nursing	2026	2031