

Registered Nurses' Association of Ontario
People-Centred Care
Third edition
September 2025

Comparison of the *People-Centred Care*, 3rd edition (2025) Best Practice Guideline with previous Guidelines: *Person- and Family-Centred Care* (2015) Best Practice Guideline, *Establishing Therapeutic Relationships* (2006) Best Practice Guideline and *Strengthening and Supporting Families through Expected and Unexpected Life Events* (2006) Best Practice Guideline

This document summarizes how the good practice statements, recommendations and indicators in the *People-Centred Care* Best Practice Guideline (BPG) published in 2025 compare to the recommendations and indicators in the *Person- and Family-Centred Care* (2015) BPG, *Establishing Therapeutic Relationships* (2006) BPG and *Strengthening and Supporting Families through Expected and Unexpected Life Events* (2006) BPG. This document will support the integration of new evidence that aligns with previously implemented recommendations, as well as track their progress by comparing how new indicators align with previous indicators in the previous editions of the BPG.

The methodology for developing the current 2025 BPG has changed since the previous edition. In accordance with GRADE (Grading of Recommendations, Assessment, Development and Evaluation) methods, the BPG addresses specific research questions posed by the expert panel, as well as additional good practice statements. As a result, not all recommendations were carried forward from the previous edition BPGs to the 2025 edition.

Tables 1, 2 and 3 summarize how the practice, education, and system, organization and policy recommendations from the *Person- and Family-Centred Care* (2015) BPG compare to those in the current BPG.

Table 4 summarizes how the recommendations from the *Establishing Therapeutic Relationships* (2006) BPG compare to those in the current BPG.

Tables 5 summarizes how the recommendations from the *Strengthening and Supporting Families through Expected and Unexpected Life Events* (2006) BPG compare to those in the current BPG.

While many of the recommendations from the previous edition BPGs are addressed in the 2025 BPG, the recommendations may be phrased differently or appear in a different aspect of the BPG (e.g. implementation tips). Please note that for the 2025 BPG, there are four new areas, mainly: assessment of readiness for advance care planning (Good practice statement 4.0), the use of decision aids to guide health screening and health-care treatment options (Recommendation 1.0), sensory-minimizing strategies (Recommendation 2.0), and offering virtual care as an alternative to in-person care (Good practice statement 5.0).

Tables 6, 7, 8 summarize how structure, process and outcomes indicators from the 2013 BPG compare with those in the 2025 BPG.

As champions of evidence-based practice, health and social service providers are tasked with finding innovative approaches to sustain best practices and achieve optimal and enduring outcomes. The publication of a new edition BPG necessitates implementation teams to take proactive steps to support

health and social service providers and other interprofessional team members to integrate new knowledge and strategies (e.g., tools) into daily practice. New evidence-based practices can be adapted and tailored to the needs of local contexts and together with an iterative approach to monitoring and evaluation, changes in practice can be sustained over time.

Comparing *Person- and Family-Centred Care (2015)* with *People-Centred Care, Third Edition (2025)*

Table 1: Practice Recommendations

Relevant information in <i>People-Centred Care (2025)</i>	Practice recommendations from <i>Person- and Family-Centred Care (2015)</i>
<p>Good practice statement 1.0: It is good practice for health and social service providers to establish and maintain a therapeutic relationship with people that is grounded in trauma-informed care and culturally safe practices, ensuring respect, trust and collaboration.</p> <p>Appendices</p> <ul style="list-style-type: none"> • Appendix D: Scoping review: Collaborative communication strategies and approaches relevant to people-centred care • Appendix F: Communication support frameworks • Appendix G: TALK clinical debriefing tool 	<p>Recommendation 1.1: Establish a therapeutic relationship with the person using verbal and non-verbal communication strategies to build a genuine, trusting, and respectful partnership.</p> <p>Recommendation 1.2: Build empowering relationships with the person to promote the person’s proactive and meaningful engagement as an active partner in their health care.</p>
<p>Good practice statement 1.0: It is good practice for health and social service providers to establish and maintain a therapeutic relationship with people that is grounded in trauma-informed care and culturally safe practices, ensuring respect, trust and collaboration.</p> <p>Implementation tips</p> <ul style="list-style-type: none"> • Considerations from the expert panel on learning about the whole person, and documenting findings about the person’s preferences <p>Good practice statement 3.0 It is good practice for health and social service providers to regularly assess people for readiness</p>	<p>Recommendation 1.3 Listen and seek insight into the whole person to gain an understanding of the meaning of health to the person and to learn their preferences for care.</p> <p>Recommendation 1.4 Document information obtained on the meaning and experience of health to the person using the person’s own words.</p>

<p>for advance care planning and facilitate the process when ready.</p> <p>Good practice statement 4.0 It is good practice for health and social service providers to collaboratively develop a plan of care with people that reflects their values, beliefs, goals, needs, attitudes, and preferences.</p> <p>Appendices</p> <ul style="list-style-type: none"> • Appendix D: Scoping review: Collaborative communication strategies and approaches relevant to people-centred care • Appendix F: Communication support frameworks • Appendix G: TALK clinical debriefing tool 	
<p>Good practice statement 2.0 It is good practice for health and social service providers to participate in shared decision-making with people as they make informed decisions about their treatment, care and services.</p> <p>Good practice statement 3.0, <i>Implementation tips</i> Considerations from the expert panel on discussing goals and preferences, and documenting in the plan of care.</p> <p>Good practice statement 4.0 It is good practice for health and social service providers to collaboratively develop a plan of care with people that reflects their values, beliefs, goals, needs, attitudes, and preferences.</p> <p>Recommendation 1.0 The expert panel recommends that people are provided with decision aids to enhance participation in making decisions related to health screening and health-care treatment options.</p>	<p>Recommendation 2.1: Develop a plan of care in partnership with the person that is meaningful to the person within the context of their life.</p> <p>Recommendation 2.2: Engage with the person in a participatory model of decision making, respecting the person's right to choose the preferred interventions for their health, by:</p> <ol style="list-style-type: none"> 1) Collaborating with the person to identify their priorities and goals for health care; 2) Sharing information to promote an understanding of available options for health care so the person can make an informed decision; and 3) Respecting the person as an expert on themselves and their life.

<p>Good practice statement 2.0 It is good practice for health and social service providers to participate in shared decision-making with people as they make informed decisions about their treatment, care and services.</p> <p>**Note, this concept (i.e., taking a people-centred, individualized approach to care) is woven throughout the guideline</p>	<p>Recommendation 3.1: Personalize the delivery of care and services to ensure care is not driven from the perspective of the health-care provider and organization, by collaborating with the person on:</p> <ol style="list-style-type: none"> 1) Elements of care; 2) Roles and responsibilities in the delivery of care; and 3) Communication strategies.
<p>This recommendation is not explicitly addressed in the 2025 edition</p>	<p>Recommendation 3.2: Partner with the person to tailor strategies for self-management of care that are based on the person's characteristics and preferences for learning.</p>
<p>Best practice guideline evaluation, <i>Outcome indicators</i></p> <ul style="list-style-type: none"> • Percentage of people reporting an overall positive experience with care • Percentage of people who reported a positive experience with their involvement in the planning of care and treatment • Percentage of people reporting an overall positive experience with virtual care • Percentage of people who report that their background and identity were respected by their provider(s) 	<p>Recommendation 4.1: Obtain feedback from the person to determine the person's satisfaction with care and whether the care delivered was person- and family-centred.</p>

Table 2: Education Recommendations

Relevant information in <i>People-Centred Care (2025)</i>	Education recommendations from <i>Person- and Family-Centred Care (2015)</i>
<p>Good practice statement 1.0, <i>Implementation tips</i></p> <ul style="list-style-type: none"> • Considerations from the expert panel on providing health and social service providers and students with information and education on trauma-informed care and cultural safety. <p>Good practice statement 1.0, <i>Supporting resources</i></p> <ul style="list-style-type: none"> • Education and resources pertaining to equity, diversity and inclusion, and implicit bias. 	<p>Recommendation 5.1: Educate health-care providers at a minimum on the following attributes of person- and family-centred care to improve the person's clinical outcomes and satisfaction with care:</p> <ol style="list-style-type: none"> 1) Empowerment; 2) Communication; and 3) Shared decision making.

<p>Good practice statement 2.0, <i>Implementation tips</i></p> <ul style="list-style-type: none"> • Considerations from the expert panel on providing health and social service providers and students information and education on the Health Care Consent Act, Substitute Decisions Act, Shared decision-making, assessing people’s readiness for shared decision-making, effective communication strategies to engage in shared decision-making. <p>Good practice statement 3.0, <i>Implementation tips</i></p> <ul style="list-style-type: none"> • Considerations from the expert panel on providing health and social service providers and students information and education on advance care planning, how to recognize readiness to proceed with advance care planning, and effective communication strategies to engage in conversations about advance care planning. <p>Recommendation 1.0, <i>Implementation tips</i></p> <ul style="list-style-type: none"> • Consideration from the expert panel and the systematic review evidence to provide training and education for health and social service providers on the use of decision aids, shared decision-making, risk communication and coaching. 	
<p>Appendix C: Education statements</p>	<p>Recommendation 5.2:</p> <p>Educational institutions incorporate this Guideline into the curricula for nurses and, as appropriate, for other health-care providers.</p>

Table 3: System, Organization and Policy Recommendations

<p>Relevant information in <i>People-Centred Care (2025)</i></p>	<p>Organization and policy recommendations from <i>Person- and Family-Centred Care (2015)</i></p>
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<p>This edition of the BPG provides implementation resources, such as the <i>Leading Change Toolkit, 4th Edition</i>.</p>	<p>Recommendation 6.1:</p> <p>Create an organizational culture that exemplifies its commitment to person- and family-centred care by:</p> <ol style="list-style-type: none"> 1) Demonstrating leadership and commitment to this approach to care; 2) Involving the person in co-designing health programs and services; and 3) Building healthy work environments for all health-care providers.
<p>Recommendation 2.0: The expert panel suggests that people are provided with eye masks and/or earplugs as a sensory-minimizing strategy according to the needs and preferences of the person.</p> <p>Good practice statement 4.0 It is good practice for health and social service providers to collaboratively develop a plan of care with people that reflects their values, beliefs, goals, needs, attitudes, and preferences.</p>	<p>Recommendation 6.2</p> <p>Design an environment that demonstrably improves the person's experience of health care by:</p> <ol style="list-style-type: none"> 1) Creating healing environments; 2) Being flexible and partnering to personalize care routines; 3) Improving access to care and services; 4) Enhancing the continuity and coordination of care and services during transitions; and 5) Providing continuity of caregiver.
<p>Best practice guideline evaluation, Outcome indicators</p> <ul style="list-style-type: none"> • Percentage of people reporting an overall positive experience with care • Percentage of people who reported a positive experience with their involvement in the planning of care and treatment • Percentage of people reporting an overall positive experience with virtual care • Percentage of people who report that their background and identity were respected by their provider(s) 	<p>Recommendation 6.3</p> <p>Collect continuous feedback from the person to determine whether their experience with health care and services was person- and family-centred, and utilize this feedback to make improvements at all levels of the health system.</p>
<p>This edition of the BPG provides indicators to monitor and evaluate implementation of the good practice statements and recommendations (see Best practice guideline evaluation in the BPG).</p>	<p>Recommendation 6.4</p> <p>Government agencies and regulatory bodies must monitor, measure, and utilize information from organizations regarding the person's experience of health care to improve health-system performance.</p>

Comparing *Establishing Therapeutic Relationships (2006)* with *People-Centred Care, Third Edition (2025)*

Table 4

Relevant information in <i>People-Centred Care (2025)</i>	Recommendations from <i>Establishing Therapeutic Relationships (2006)</i>
<p>Good practice statement 1.0 It is good practice for health and social service providers to establish and maintain a therapeutic relationship with people that is grounded in trauma-informed care and culturally safe practices, ensuring respect, trust and collaboration.</p> <ul style="list-style-type: none"> • Discussion on what a therapeutic relationship entails, as well as the seven forms of knowledge and five capacities that providers need. • Outlines the process of a therapeutic relationship <p>Guiding Principles, <i>Reflective practice</i></p> <ul style="list-style-type: none"> • Describes importance of reflective practice to analyze and evaluate experiences, as well as areas in knowledge or practice that require improvement. <p>Supporting resources: <i>PEARLS</i> Healthcare Debriefing Tool</p> <ul style="list-style-type: none"> • Structured framework for debriefing in educational and training contexts <p>Appendix G: Talk Clinical Debriefing Tool</p>	<p>Recommendation 1</p> <p>The nurse must acquire the necessary knowledge to participate effectively in therapeutic relationships.</p> <p>Recommendation 2</p> <p>Establishment of a therapeutic relationship requires reflective practice. This concept includes the required capacities of: self-awareness, self-knowledge, empathy, awareness of boundaries and limits of the professional role.</p> <p>Recommendation 3</p> <p>The nurse needs to understand the process of a therapeutic relationship and be able to recognize the current phase of his/her relationship with the client.</p>
<p>Appendix C: Education statements</p>	<p>Recommendation 4</p> <p>All entry-level nursing programs must include in-depth learning about the therapeutic process, including both theoretical content and supervised practice.</p>

<p>Good practice statement 1.0 It is good practice for health and social service providers to establish and maintain a therapeutic relationship with people that is grounded in trauma-informed care and culturally safe practices, ensuring respect, trust and collaboration.</p> <p>Appendix C: Education statements</p> <p>This edition of the BPG also provides implementation resources, such as the <i>Leading Change Toolkit, 4th Edition</i></p>	<p>Recommendation 5</p> <p>Organizations will consider therapeutic relationships as the basis of nursing practice and, over time, will integrate a variety of professional development opportunities to support nurses in effectively developing these relationships. Opportunities must include nursing consultation, clinical supervision and coaching.</p>
<p>This recommendation is not explicitly addressed in the 2025 edition</p>	<p>Recommendation 6</p> <p>Health care agencies will implement a model of care that promotes consistency of the nurse-client assignment, such as primary nursing.</p>
<p>This recommendation is not explicitly addressed in the 2025 edition</p>	<p>Recommendation 7</p> <p>Agencies will ensure that at minimum, 70 per cent of their nurses are working on a permanent, full-time basis.</p>
<p>Good practice statement 1.0, Implementation tips</p> <ul style="list-style-type: none"> • Consideration by the expert panel that health and social service organizations need to recognize the organization factors that lead to compassion fatigue and burnout among health and social service providers. 	<p>Recommendation 8</p> <p>Agencies will ensure that nurses' work-load is maintained at levels conducive to developing therapeutic relationships.</p>
<p>This recommendation is not explicitly addressed in the 2025 edition</p>	<p>Recommendation 9</p> <p>Staffing decisions must consider client acuity, complexity level, complexity of work environment, and the availability of expert resources.</p>
<p>Good practice statement 1.0, Implementation tips</p> <ul style="list-style-type: none"> • Consideration by the expert panel that to establish a therapeutic relationship with people, health and social service providers need to also care for themselves. 	<p>Recommendation 10</p> <p>Organizations will consider the nurse's well-being as vital to the development of therapeutic nurse-client relationships and support the nurse as necessary.</p>

<ul style="list-style-type: none"> • Consideration by the expert panel that health and social service organizations need to recognize the organization factors that lead to compassion fatigue and burnout among health and social service providers. 	
<p>This edition of the BPG also provides implementation resources, such as the <i>Leading Change Toolkit, 4th Edition</i></p>	<p>Recommendation 11</p> <p>Organizations will assist in advancing knowledge about therapeutic relationships by disseminating nursing research, supporting the nurse in using these findings, and supporting his/her participation in the research process.</p>
<p>This recommendation is not explicitly addressed in the 2025 edition</p>	<p>Recommendation 12</p> <p>Agencies will have a highly visible nursing leadership that establishes and maintains mechanisms to promote open conversation between nurses and all levels of management, including senior management.</p>
<p>This recommendation is not explicitly addressed in the 2025 edition</p>	<p>Recommendation 13</p> <p>Resources must be allocated to support clinical supervision and coaching processes to ensure that all nurses have clinical supervision and coaching on a regular basis.</p>
<p>This edition of the BPG provides implementation resources, such as the <i>Leading Change Toolkit, 4th Edition</i>.</p> <p>This edition of the BPG also provides indicators to monitor and evaluate implementation of the good practice statements and recommendations (see Best practice guideline evaluation in the BPG).</p>	<p>Recommendation 14</p> <p>Organizations are encouraged to include the development of nursing best practice guidelines in their annual review of performance indicators/quality improvement, and accreditation bodies are also encouraged to incorporate nursing best practice guidelines into their standards.</p>

Comparing *Supporting and Strengthening Families through Expected & Unexpected Life Events (2006)* with *People-Centred Care, Third Edition (2025)*

Table 5

Relevant information in <i>People-Centred Care (2025)</i>	Recommendations from <i>Supporting and Strengthening Families through Expected & Unexpected Life Events (2006)</i>
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<p>Glossary term, <i>Family</i></p> <ul style="list-style-type: none"> • Acknowledges that a person’s family includes anyone whom they identify as significant in their life • Person receiving care determines the level of involvement of family member(s) <p>Glossary term, <i>People</i></p> <ul style="list-style-type: none"> • Refers to individuals with whom a health and/or social service provider has established a therapeutic relationship with • Inclusive of caregivers, essential care partners, families and communities <p>Good practice statement 1.0, <i>Implementation tips</i></p> <ul style="list-style-type: none"> • Consideration by the expert panel to ask people who they would like to be involved in their care or discussions about care <p>Good practice statement 2.0, <i>Implementation tips</i></p> <ul style="list-style-type: none"> • Consideration by the expert panel to ask people who they would like included in conversations about health screening and/or treatment options and their desired level of involvement <p>Good practice statement 4.0</p> <ul style="list-style-type: none"> • Including family/caregiver in the plan of care • Understanding the family’s involvement, including their role, capacity, abilities, etc. 	<p>Recommendation 1</p> <p>Develop an empowering partnership with families by:</p> <ul style="list-style-type: none"> • Recognizing the family’s assessment of the situation as essential; • Acknowledging and respecting the important role of family in health care situations; • Determining the desired degree of family involvement; and • Negotiating the roles of both nurse and family within the partnership.
<p>Guiding principles:</p> <ul style="list-style-type: none"> • Cultural safety, trauma-informed care approach, intersectionality, strengths-based nursing and health care <p>Good practice statement 2.0, <i>Implementation tips</i></p> <ul style="list-style-type: none"> • Consideration by the expert panel that in situations where there is conflict between a child and their family regarding decisions related to their health and care, health and social service providers should assist the child develop the ability to manage the situation. 	<p>Recommendation 2</p> <p>Assess family in the context of the event(s) to identify whether assistance is required by the nurse to strengthen and support the family. While a family assessment should include information in the following areas, it should be tailored to address the uniqueness of each family through examining:</p> <ul style="list-style-type: none"> • Family perceptions of the event(s); • Family structure; • Environmental conditions; and • Family strengths.

<p>Good practice statement 2.0, <i>Supporting resources</i></p> <p>Good practice statement 3.0, <i>Supporting resources</i></p> <p>Recommendation 1.0, <i>Supporting resources</i></p>	<p>Recommendation 3</p> <p>Identify resources and supports to assist families to address the life event, whether this is expected or unexpected. Resources should be identified within the following three categories:</p> <ul style="list-style-type: none"> • Intrafamilial; • Interfamilial; and • Extrafamilial.
<p>Good practice statement 1.0, <i>Implementation tips</i></p> <ul style="list-style-type: none"> • Consideration by the expert panel for health and social service organizations and academic institutions to provide information, education and resources on trauma-informed care and cultural safety. <p>Good practice statement 2.0, <i>Implementation tips</i></p> <ul style="list-style-type: none"> • Consideration by the expert panel for health and social service organizations and academic institutions to provide information and education on shared decision-making, how to recognize people’s readiness to participate in shared decision-making and effective communication strategies to adopt. <p>Good practice statement 3.0, <i>Implementation tips</i></p> <ul style="list-style-type: none"> • Consideration by the expert panel for health and social service organizations and academic institutions to provide information and education on advance care planning, how to recognize people’s readiness to have conversations surrounding advance care planning, and effective communication strategies to adopt. 	<p>Recommendation 4</p> <p>Educate nurses, families, policy-makers and the public to respond to expected or unexpected life events within the family.</p>
<p>This information can be found throughout the background section of this edition of the BPG</p> <p>Appendix C: Education statements</p>	<p>Recommendation 5</p> <p>Sustain a caring workplace environment conducive to family-centred practice by:</p> <ul style="list-style-type: none"> • Ensuring that nursing staff are oriented to the values and assessment of family-centred care; • Ensuring that nurses have the knowledge, skill and judgement to implement family-centred care; and

	<ul style="list-style-type: none"> • Providing ongoing opportunities for professional development for nursing staff. •
<p>This edition of the BPG provides implementation resources, such as the <i>Leading Change Toolkit, 4th Edition</i></p>	<p>Recommendation 6</p> <p>Support the implementation of interdisciplinary family-centred practice in the workplace by:</p> <ul style="list-style-type: none"> • Ensuring appropriate resources (e.g., time, staffing); • Developing and implementing family-centred practices and policies; • Creating and maintaining environments that are conducive to family-centred care; and • Developing programs that promote work life balance for employees. •
<p>This recommendation is not explicitly addressed in the 2025 edition</p>	<p>Recommendation 7</p> <p>Advocate for changes in public policy by:</p> <ul style="list-style-type: none"> • Lobbying for public discussion on family caregiving and the development of a public position on what level of caregiving is reasonable to expect from families; • Lobbying for public education about the value and legitimacy of the role of family caregivers and how multiple family members respond to life events; • Lobbying for a full range of adequate and effective programs for family members who are involved in caregiving and other life events within the family; • Lobbying for consistency in funding, availability and delivery of respite care programs and other supports for families across Ontario; • Lobbying for the funding of research projects that examine family as the providers and recipients of care, and the application of lessons learned from this research into public policy and program development; and • Lobbying for mechanisms within organizations for families to dialogue with one another in an open forum
<p>This edition of the BPG provides implementation resources, such as the <i>Leading Change Toolkit, 4th Edition</i></p>	<p>Recommendation 8</p> <p>Nursing best practice guidelines can only be successfully implemented if there are adequate</p>

	<p>planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes:</p> <ul style="list-style-type: none"> • An assessment of organizational readiness and barriers to education; • Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process; • Dedication of a qualified individual to provide the support needed for the education and implementation process; • Ongoing opportunities for discussion and education to reinforce the importance of best practices; and • Opportunities for reflection on personal and organizational experience in implementing guidelines.
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Table 6: Structure Indicators

People-Centred Care Best Practice Guideline (2025)	Person- and Family-Centred Care (2015)	Establishing Therapeutic Relationships (2006)	Strengthening and Supporting Families through Expected and Unexpected Life Events (2006)
n/a	*Availability of system structures to promote the person as the central focus of health service delivery and support their engagement in health system improvement (e.g., presence of legislation such as Excellent Care For All Act and Local Health Integration Networks).	n/a	n/a
n/a	Organizations establish person- and family-centred care as a strategic priority and integrate the concept's attributes into their mission, vision, values, policy and procedures, staff hiring, orientation programs and service design.	n/a	Organizational mission that supports family-centred care and the nurse-family partnership.

n/a	n/a	To evaluate the supports available in the organization that allow for nurses to have therapeutic relationships with their clients.	To evaluate the supports available in the organization that allow for nurses to practice family-centred care with their clients.
n/a	Organizations adopt a model of care that promotes coordination of care and continuity of health-care providers.	Does the model of care delivery facilitate continuity of care & caregiver?	Commitment to ensure continuity of family-centred care.
n/a	Availability of educational resources (e.g., in multiple formats: written, verbal, video and language) and decision aides within an organization to increase a person's health literacy and ability to make decisions on their health care.	<ul style="list-style-type: none"> • Availability of experts for clinical supervision and coaching. • Availability of clinical experts. • Availability of education. • Percent of nurses attending educational opportunities. 	<ul style="list-style-type: none"> • Percent of nurses attending education sessions (orientation, professional development opportunities) on family-centred care. • Percent of non-nursing staff attending education sessions (orientation, professional development activities) on family-centred care.
n/a	Availability of integrated system-wide policies consistent with best practices and guideline recommendations for supporting a person- and family-centred care health system.	n/a	Review of guideline recommendations by organizational committee(s) responsible for policies/procedures.
n/a	Availability of system-wide standardized measures to monitor the person's experience of care.	Client acuity levels.	n/a
n/a	*Organizations have processes in place that ensures input from the person and their community and staff in		n/a

	planning and evaluating programs and services.		
n/a	*Availability of documentation tools that support person- and family-centred-care practices between health-care team members and the person.	n/a	n/a
n/a	*Organizations' annual performance reviews emphasize reflective practice and ongoing professional development to promote the use of person and family-centred-care practices by all nursing staff.	n/a	n/a
n/a	Availability of funding to promote a person- and family-centred-care culture.	Nursing turnover costs.	<ul style="list-style-type: none"> • Nursing turnover costs • Adequate financial resources for staffing to provide family-centred care
n/a	*Structures are in place to facilitate the integration of theory and evidence based practices associated with person- and family-centred care into health-care providers' program curricula (e.g., the person is involved in design of education programs to promote their experience of health care).	n/a	n/a

*There are no aligned indicators in previous editions of the BPG given that these are new indicators

Table 7: Process Indicators

People-Centred Care Best Practice Guideline (2025)	Person- and Family-Centred Care (2015)	Establishing Therapeutic Relationships (2006)	Strengthening and Supporting Families through Expected and Unexpected Life Events (2006)
NEW (2025): Aligned with GPS 2.0: Percentage of people who participated in shared decision-making about their treatment, care and services*			
NEW (2025): Aligned with GPS 3.0: Percentage of people who participated in advance care planning after they were ready*			

NEW (2025): Aligned with GPS 5.0: Percentage of people who were assessed for their needs and preferences regarding virtual care to inform appropriateness and modality of care delivery*			
NEW (2025): Aligned with GPS 5.0: Percentage of people who received virtual care based on their assessed needs and preferences*			
NEW (2025): Aligned with Recommendation 1.0: Percentage of people who were provided with a decision aid to enhance informed participation in decision - making related to health screening and/or health-care treatment options*			
NEW (2025): Aligned with Recommendation 2.0: Percentage of people who were provided eye masks and/or ear plugs as a sensory-minimizing strategy according to the needs and preferences of the person*			
Aligned with GPS 3.0: Percentage of people who were assessed for the readiness for advance care planning.	n/a	n/a	Percent of nurses self-reporting: Adequate assessment of a family's desire to be an active partner in the care of a family member.
Aligned with GPS 4.0: Percentage of people who reported that their personalized care plan was developed collaboratively with providers	Percentage of care plans outlining the person's beliefs, values, culture, goals and preferences to ensure personalized health services.	n/a	Development and adequate documentation of the family-centred care plan.

*There are no aligned indicators in previous editions of the BPG given that these are new indicators

Table 8: Outcome Indicators

People-Centred Care Best Practice Guideline (2025)	Person- and Family-Centred Care (2015)	Establishing Therapeutic Relationships (2006)	Strengthening and Supporting Families through Expected and Unexpected Life Events (2006)
NEW (2025): Percentage of people reporting an overall positive experience with virtual care*			
NEW (2025): Percentage of people who report that their background and identity were respected by their provider(s)*			
Percentage of people reporting an overall positive experience with care	Percentage of persons receiving health services who were satisfied with the way their health-care provider communicated (e.g., use of verbal and non-verbal communication) in promoting trust, being empowered to be involved in the planning of and make	Client satisfaction measures.	Improved client-family satisfaction.

	decisions for their health care).		
Percentage of people who reported a positive experience with their involvement in the planning of care and treatment	<p>Percentage of persons reporting increased satisfaction with the experience of care pertaining to being:</p> <ul style="list-style-type: none"> ■ *treated with respect and courtesy (by nurses) ■ treated as a whole person (biopsychosocial and spiritually) not just their disease or illness (holistic care) ■ asked about family members they wish to include in their circle of care and the preferred level of involvement ■ asked about their preferred level of active involvement in their care (planning, decision-making) ■ asked about their priorities and goals for care and these preferences were integrated into the plan to personalize care (e.g., being asked preferences for visiting hours, food, timing of meals and personal care) ■ *listened to (by nurses) ■ given enough time and information by nurses (*explained in a way they could understand) to make an informed decision on preferred options for care ■ able to access and document in their health record 		Families report being included as full partners in the care plan, feel they are being listened to.
Rate of complaints received from people receiving care per 1000 care days/care visit	Percentage of persons who experienced poor coordination of care during transitions resulting in increased	Number of complaints/compliments.	

	service utilization, unexpected readmission or adverse event.		
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*There are no aligned indicators in previous editions of the BPG given that these are new indicators