



Consultation: [CAN/HSO 35001:2025 Home Care and Support Services – Public Review - HSO](#)

Submitted: Oct 17, 2025

Executive Summary: The draft standard effectively addresses many key issues in home care and support services, including safety, care coordination, and person-centered approaches. However, there is a significant gap regarding **medication management** and the **integration of pharmacists** into home care teams—critical components for ensuring patient safety, continuity of care, and optimal health outcomes.

CSHP provided the following feedback:

1. Medication Management:

The standard does not sufficiently address medication-related processes that are essential for safe home care delivery, such as:

- a. **Medication reconciliation** (at intake, post-discharge, and care plan changes)
- b. **Medication optimization and deprescribing** for polypharmacy management
- c. **Drug interaction checks** (drug–drug, drug–disease, drug–supplement)
- d. **Medication adherence support** (barrier assessment, compliance aids)
- e. **PRN medication protocols** for high-risk drugs
- f. **Laboratory and therapeutic drug monitoring**
- g. **Medication access and affordability assessments**
- h. **Medication safety incident reporting**

2. Integration of Pharmacists:

Pharmacists are not explicitly recognized in Sections 4.1 (Building the Team) and 5.1 (Assessing Needs and Strengths). Their inclusion should be mandated to support:

- a. Medication reviews and reconciliation
- b. Education for clients and caregivers
- c. Monitoring and incident prevention
- d. Coordination during care transitions

3. Specific Section Recommendations:

- a. **Scope – Purpose:** Include medication management as a core care need.
- b. **Terms and Definitions:** Add “medication” as a defined term.
- c. **3.2.2:** Expand “equity-deserving populations” to specify groups (e.g., First Nations, refugees, immigrants).
- d. **3.3.1:** Add medication management (e.g., compliance packaging) to individualized care plans.
- e. **3.3.6:** Include pharmacy services in access guidelines.

4. Additional Areas for Elaboration:

- a. **High-risk medication management** during care transitions (Sections 5.3, 5.4)
- b. **Medication education** using plain language and teach-back (Sections 5.1, 5.5)
- c. **Technology use** to enhance safety (smart dispensers, telemonitoring)
- d. **Risk stratification** to tailor medication oversight (Sections 5.1, 5.2)
- e. **Language**, define “*equity-deserving populations*” (Section 3.1.1)