Dr. Barrie Strafford Centre for Learning Innovation & Quality

DRIVING INNOVATION IN CONTINUING CARE

A Guide for Innovators

2025

The Dr. Barrie Strafford Centre for Learning, Innovation, and Quality (CLIQ) at The Brenda Strafford Foundation (BSF) is dedicated to innovation, organizational learning, quality improvement, and research to further BSF's mission to be an innovative force in optimizing well-being and enriching lives.

We form alliances and craft innovative solutions that promise far-reaching impact on the future of BSF's work across aging, international health, and community support systems, solving challenges from the inside out. We strive to extend the value of our findings and solutions to other organizations.

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INTRODUCTION

CURRENT LANDSCAPE OF CONTINUING CARE IN CANADA

Continuing care in Canada is a complex system offering a continuum of services for individuals with diverse needs. Oversight and regulation vary by province and territory, leading to inconsistencies in terminology, care types, measurement, and site governance. Operators differ in home size, location, and funding, shaping each site's capacity, priorities, challenges, and operations.

CONTINUING CARE DEMANDS THE RIGHT INNOVATION

Innovation is essential for the sector's success, but it must be the right fit. While many solutions exist, they often struggle with market adoption due to poor problem-solution alignment, lack of user-friendly design, and poor workflow integration. The sector values innovation, but active stakeholder engagement is crucial to ensure solutions are both usable, desirable, and sustainable.

ABOUT THE GUIDE

Purpose

Around 10% of startups fail in their first year, rising to 90% over time.[1] To support successful innovation in continuing care, CLIQ partnered with industry experts to create a guide. This resource prepares innovators by outlining the sector's realities, key considerations, and actionable advice for navigating its complexities.

Who is it for?

This guide is a valuable resource for innovators interested in the continuing care sector, whether you are starting out or running an established company. It can help aspiring entrepreneurs evaluate their next steps and readiness for the journey. For those already in the market, it provides insights and strategies to address challenges like low sales or expanding reach.

Disclaimer

This report was published in Alberta and the terminology is Alberta-based. Note that on April 1, 2024, the continuing care terminology in Alberta changed (Continuing Care Home—Types A and B, formerly Long-Term Care and Designated Supportive Living, respectively).[2] To better align with the rest of the country, this report uses previous terminology.

CHALLENGES ENTERING CONTINUING CARE

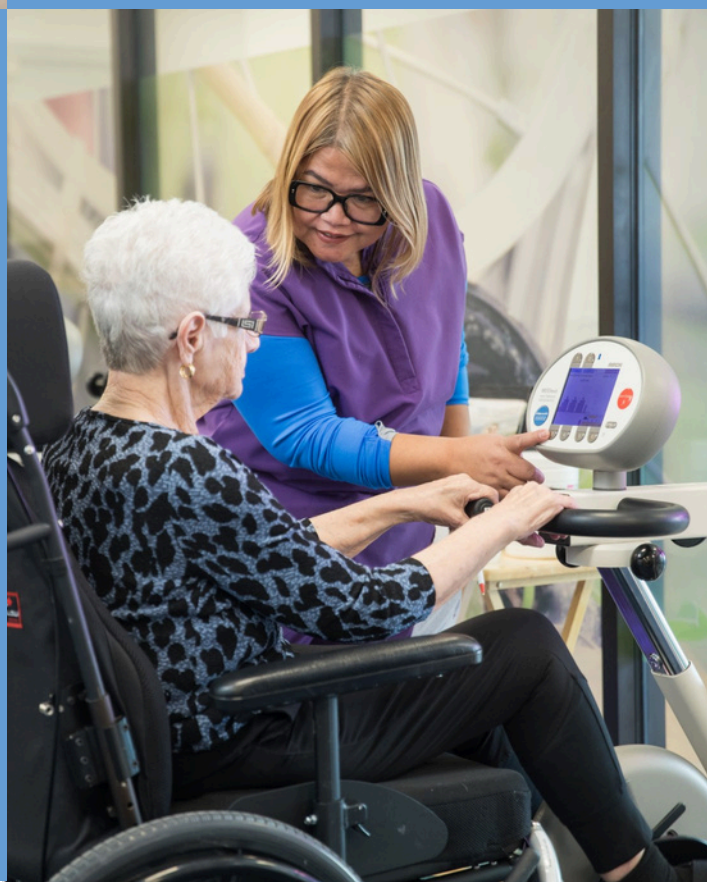
Continuing care requires the right innovation and innovator. While challenges exist, transformative solutions are possible with realistic expectations, preparation, and a skilled, empathetic team. To assess your readiness to innovate in this sector, consider these common challenges:

PEOPLE CHALLENGES

- **Staff Turnover and Shortages** (may affect successful implementation and sustainability)
- **Resistance to Change** (especially if the solution is not addressing a priority problem or is not significantly better than the current ways of working)
- **Dedicated Support Required** (limited staff knowledge specific to the innovation; innovator must be prepared to provide extensive training and change management support for successful implementation)
- **Complex Residents** (diverse conditions and complexities; no 'one size fits all' solution, but customized solutions are required)
- **Lack of Technical Knowledge** (both residents and staff; for residents, there is often a high reliance on staff assistance—who have competing priorities)
- **Stakeholder Engagement** (must involve staff, residents, families when developing solutions, but requires time and patience)

SYSTEM CHALLENGES

- **Integration Challenges** (outdated or insufficient infrastructure; fragmented market; minimizing disruption to workflows)
- **Competing Priorities** (buyers are focused on critical projects, limiting the available time and resources to allocate to innovation adoption)
- **Misaligned Incentives** (structures may not incentivize staff or organizations to use new technologies)
- **Financial Constraints** (limited budgets of care homes and unsustainable business models for solutions)
- **Regulatory Hurdles** (lack of clear standards for technology adoption; policies that hinder adoption)
- **Operational Variability** (innovators must have a flexible strategy as no "average" operator exists)
- **Privacy and Data Security Concerns** (heightened sensitivity around personal health data and information; robust protection measures)



OVERVIEW OF CONTINUING CARE IN CANADA

This section outlines continuing care in Canada, defining key terms and highlighting sector differences that impact innovation. Understanding these basic principles helps innovators navigate complexities and tailor strategies to the sector's diverse needs. See Appendices A and B for more information on acronyms and staff roles.

Continuing Care: A system of service delivery which includes all services provided by long-term care, assisted living and home support.[3]

Publicly-Funded Care: Public care homes can be accessed through a provincial health service case manager. Individuals are assessed and then directed to a care home that is either owned by the provincial health service or other non- and for-profit providers.[4]

Privately-Funded Care: Private care homes can be accessed without a provincial health service case manager. Individuals can contact the home and all service and accommodation fees are paid for by the individual and the prices are set by the operator.[4]

Rural: A municipality outside of census metropolitan areas.[5]

Urban: A municipality within a census metropolitan area.[5]

Adult Day Programs (ADP): Community-based programs for adults with diverse needs, offering supervised activities, meals, personal care, and health services. Promotes social connections and provides caregiver respite.[3]

Home & Community Care: Services enabling individuals to receive care at home, supporting living and aging at home. Delivered by healthcare professionals, workers, volunteers, and family caregivers.[3]

Independent Living: Seniors housing that supports self-sufficiency through age-restricted communities offering services, social opportunities, and amenities.[7]

Assisted Living (AL) & Supportive Living (SL): Housing options for individuals who require daily living assistance. Comprehensive care is offered with closer provincial regulation and integrated health services. These homes can provide specialized support for cognitive, mobility, and health challenges.[3,6] Other terms include residential care facilities, community care facilities, personal care homes, retirement homes, etc.

Long-Term Care (LTC): LTC homes (also called nursing homes, continuing care facilities and residential care homes) provide a wide range of health and personal care services for Canadians with medical or physical needs who require 24-hour nursing care, personal care, and support services.[7]

Memory/Dementia Care: Specialized support for people with dementia, providing trained staff, enhanced security, and tailored care in both SL (SL4D) and LTC settings.[8]

KEY DIFFERENCES WITHIN THE SECTOR

Size of Care Home
Small, Medium, Large

Level of Care
Community Care, SL/AL, LTC, Memory Care

Location
Rural vs Urban

Funding
Private vs Public

INNOVATION IN CONTINUING CARE: KEY CONSIDERATIONS

Funding Priorities
Public and private homes may allocate miscellaneous funds differently (technology vs dividends).

Operator Variability
No "average" home exists due to factors like size, location, and funding. Customized solutions are often required.

Rural Challenges
Funding cuts and policy changes may exacerbate rural homes' challenges.

Profit Motive
Private homes may adopt validated technology, whereas non-profits may explore solutions with grant support.

Cost Model
Public homes may be the buyer for innovations, whereas residents or families may be the buyer in private homes.

LOCATION

Location plays a critical role in shaping the challenges and opportunities for innovation. While specific obstacles may be more prevalent in urban or rural settings, they are not exclusive to either.

URBAN

Resident Complexity: High-acuity needs require customizable solutions.
Dynamic Staffing: High turnover demands efficient training for sustainability.
Cultural Diversity: Solutions must address a diverse workforce and resident population.

RURAL

Geography: Remote locations pose barriers to access and collaboration.
Infrastructure: Limited internet connectivity, outdated equipment, and minimal on-site tech support complicate implementation.
Resource Availability: Staffing challenges and burnout mean new solutions must avoid adding workload.

SIZE

This is a general comparative overview of homes based on different sizes and may not be applicable to all homes across Canada due to varying provincial and territorial regulations.

SMALL
<20 beds

MEDIUM
20-50 beds

LARGE
>50 beds

Smaller teams may struggle with resource allocation for training and implementation, often lacking specialized roles, and may need more external support to pilot new innovations.

Budget constraints may limit the adoption of costly innovations, as smaller homes often rely on grants for technology investments, restricting the types of solutions they can explore.

Small homes may have less bureaucracy, facilitating quicker adaptation to change.

Larger teams and specialized departments can enhance capacity for adopting innovations, but may require more intensive training to accommodate diverse staff, shifts, and turnover.

Larger homes have more capacity to pilot innovations and benefit from economies of scale, but scaling across departments and neighborhoods can be challenging and hindered by bureaucracy.

Innovations focused on operational efficiency may have greater value for larger homes.

LEVEL OF CARE

INDEPENDENT LIVING → **LONG-TERM CARE**

As care levels increase, resident complexity rises, requiring more staff assistance with daily activities and the use of new innovations. Training for staff is essential.

Design and accessibility must prioritize resident independence and dignity while considering the staff's role in facilitating resident's use.

For research, if residents cannot make decisions, consent must be obtained from their decision maker.

FUNDING

PRIVATE

- May prioritize resident and family satisfaction and market share.
- May have more flexibility for quicker adoption due to additional funding and less bureaucracy.
- May face barriers such as resistance to knowledge sharing to maintain competitive advantage and balancing stakeholder input with shareholder interests.

MIXED

Some homes may have both private and public beds, which can add another layer of complexity.

PUBLIC

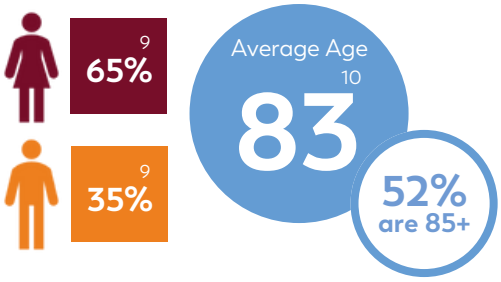
- May prioritize resident health outcomes and regulatory requirements.
- May rely on grants and government funding which could limit innovation type and pace.
- May face barriers such as budget constraints, risk aversion, regulations, and age and design of infrastructure.

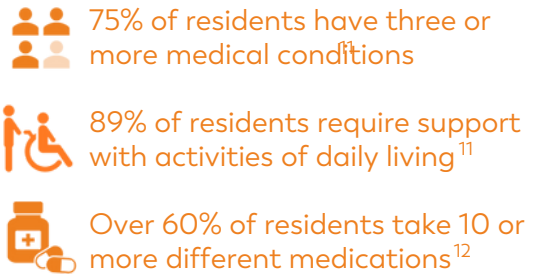
THE HEART OF LTC:
UNDERSTANDING OUR RESIDENTS

Mary, 77, is a former teacher living in LTC due to mobility challenges and mild cognitive impairment. Her husband has passed away and her children live across the country. She uses a wheelchair as she has osteoarthritis and balance issues from a stroke. Navigating the building can be challenging due barriers and tight spaces. Mary manages multiple chronic conditions and requires assistance with daily activities, such as personal care and medication management.

Mary values routines and enjoys reading and listening to music, but adjusting to LTC has been challenging, as she struggles with losing independence and misses her family and friends.

Residents are the centre of continuing care, and our commitment is to provide quality care that supports their well-being. Mary's story highlights the complexity of life in LTC, emphasizing the need for innovations that promote simplicity, social connections, independence, and dignity. This overview emphasizes the importance of understanding these trends and experiences when developing innovations for this population.





CONSIDERATIONS WHEN DESIGNING INNOVATIONS

Consider...
- Hearing aids and how devices might fit with this accessory
- Hearing changes in older adults and the sound frequency and volume of the solution
- Visual aids to support hearing loss

Consider...
- Font style, text size, brightness, colour, and contrast
- Glare
- Glasses and how devices might fit with this accessory
- Audio features to support vision loss

Consider...
- Fine and gross motor skills when designing solutions to ensure easy navigation and use
- Weight and material of the solution and the strength required for use
- Positioning and duration requirements

Consider...
- Simplicity of design and navigation to reduce cognitive load and reliance on others
- Customization options
- Integrating error prevention and recovery strategies
- Matching the system and the real world

THE STRENGTH OF LTC:
UNDERSTANDING OUR STAFF

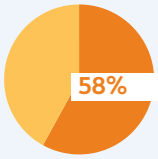
Gina, 38, is a health care aide in LTC, balancing a full-time and a casual job at two different homes while supporting her two young children and parents. Her long commute to work requires three buses, and working evening shifts means she often misses time with her kids. Gina strives to provide compassionate care to residents, but the job is physically demanding and has led to chronic back pain, sore joints from lifting and repositioning residents, and cracked hands from frequent handwashing. Working overtime leaves her emotionally and physically exhausted, and she struggles with guilt over not spending more time with her family.

Staff are the backbone of continuing care, but they face stressful conditions, and limited resources. Gina's story illustrates their behind-the-scenes experience. Innovations for staff should be intuitive, save time, reduce strain, and support emotional well-being, allowing them to focus on resident care. This overview highlights key workforce statistics and the daily realities of these dedicated professionals.

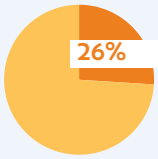
HEALTH CARE AIDES/PERSONAL SUPPORT WORKERS

87% [9]

13% [9]



Employees in LTC [13]
- HCAs/PSWs
- All Other LTC Employees



Job Vacancies in Healthcare [14]
- HCAs/PSWs (n=30,800)
- All Other Healthcare Jobs

(58% of LTC employees are HCAs)

35% [9] are newcomers to Canada

40's [15] is the average age group

A TYPICAL DAILY ROUTINE (DAY SHIFT)
Staffing ratios vary, but one HCA may be responsible for ≥ 10 residents

Morning Routine (0700-1200)
- Assist residents with morning care (bathing, dressing, etc.)
- Help residents with breakfast and medication administration
- Provide transfers, lifts, and repositioning as needed
- Document care provided and update resident records

Afternoon Routine (1200-1500)
- Assist residents with lunch and snacks
- Provide social support and engage in activities with residents
- Provide transfers, lifts, and repositioning as needed

End of Shift Routine (1500-1530)
- Review the day's events and update resident records
- Provide handover reports to the next shift
- Debrief with colleagues and supervisors as needed

CONSIDERATIONS FOR DAILY CHALLENGES

Physical Demands
- Risk of musculoskeletal injuries due to lifting and repositioning residents
- Long hours on feet with minimal breaks

Emotional Demands
- High stress due to high workloads, time constraints, and resident needs
- Compassion fatigue and burnout

Systemic Challenges
- Low staffing ratios and high staff turnover rates
- Limited resources, including equipment and supplies

Personal Challenges
- Unpredictable schedules (nights, weekends, holidays)
- Difficult to maintain work-life balance

WHAT WE HEARD

We have identified common trends in working with innovators that impact successful collaboration and implementation. To better understand the challenges faced by key stakeholders in continuing care and to inform the development of this guide, we created surveys for various groups across Canada.

43%
Management Staff

17%
Frontline Staff

2%
Residents

4%
Families

34%
Innovators

In total, we surveyed and interviewed 53 individuals across four provinces.

Despite the following limitations, the insights shared align with common challenges and experiences in continuing care, making the identified issues and advice provided throughout this guide applicable and relevant across Canada.

Small sample size

Missing provinces and territories

Rural and remote areas are underrepresented
(5 respondents)

Management staff of continuing care homes were asked to rate how important 20 different factors are when deciding to adopt a new innovation. **Nearly 100%** of responses rated the top six answers as either "**Important**" or "**Very Important**."

Impact on residents and staff

Potential to sustain

Alignment with organizational strategic goals

Resources required to implement

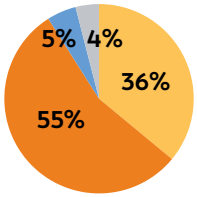
Integration with existing technology, structures, and processes

Data privacy and security

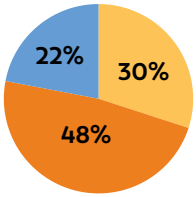
TOP CHALLENGES WHEN COLLABORATING WITH INNOVATORS

How often management staff experience the following challenges...

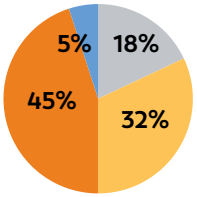
ALWAYS | OFTEN | SOMETIMES | RARELY | NEVER



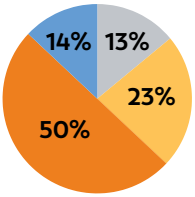
Solution does not integrate with existing technologies, structures, and processes



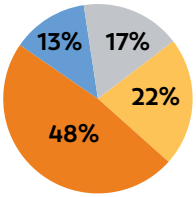
Cost of solution



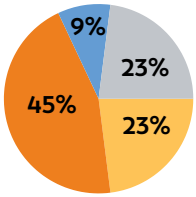
Innovator does not understand the target population's characteristics and needs



Innovator does not understand continuing care regulations and environment



Lack of change management support from the innovator



Solution does not address a priority problem

56%

of innovators rated their overall understanding of continuing care (including the regulatory and operational environment) as "Good" or "Strong"

75%

rated their understanding of the people (staff and residents) as "Good" or "Strong"

Based on their experience with innovation trials and adoption, staff rated the overall benefit of innovation to their organization an average of

3.5/5

Only 6%

of staff believe that current innovations are solving priority problems

Majority say innovations relate to problems, but they do not solve them

Some say that innovations solve problems, but they are not priorities

0%

of frontline staff felt supported by the innovator when implementing a new innovation

Residents & Families

do not feel included or engaged when it comes to innovation

Access to pilot programs or test sites to validate solutions

was rated by innovators as the most helpful resource to succeed in the continuing care market

The average rating when staff were asked how much their organization values innovation is

4.6/5

72%

of innovators collaborated with continuing care homes during their innovation journey

84%

said their understanding of continuing care increased

75%

of organizations do not have or do not consistently follow a standard process when making decisions around trialing or procuring an innovation

TOP CHALLENGES WHEN IMPLEMENTING INNOVATIONS

Frontline staff of continuing care homes were asked to rate how often they face 14 different challenges when implementing or using a new innovation. These are the top three challenges:

- No training from the innovator
- No time
- No ongoing support from the innovator

UNMET NEEDS AND CHALLENGES IN CONTINUING CARE

We asked all staff to share the unmet needs and challenges they face in their roles and within their organizations.

- Inefficient and outdated processes
- Staffing levels
- Hospitality and dining
- Documentation and data
- Mental health (staff and residents)
- Staff safety (equipment, resident behaviours)

CHALLENGES ENCOUNTERED BY INNOVATORS

We asked innovators to share the challenges they encounter while entering the continuing care market.

- Resistance to change and technology adoption
- Integrating with systems
- Resource constraints of continuing care homes
- Navigating regulatory environments
- Lack of collaboration
- Resource constraints of innovator

WHAT WE HEARD: HOW YOU CAN SUCCEED

KNOW THE PROBLEM

Understand the real problem. Start by asking, "What problem am I trying to solve?" rather than, "How will this solution solve a problem?" A deep understanding of the issue from stakeholders' perspectives is crucial to ensure the solution fits the market. Engage homes early to address the root cause, not just the symptoms.

Solve priorities. The solution must address a pressing need. If it's not a priority, widespread adoption and sustainability will be challenging. While staff value innovation, the industry needs the right innovation that aligns with its top priorities and realities.

KNOW THE PEOPLE

Understand who they are. Recognize that there's no 'one size fits all' approach. Tailor solutions to different levels of resident care. For staff, understand that they juggle many priorities, and using your innovation may not be their top focus. Foster empathy for their environment, as small time requirements can add up, impacting their workload and breaks.

Engage the people. Engage early and often. This is an industry built on trust, so take the time to meet people in person and involve them in the process. Their input ensures the solution is user-friendly, fits workflows, and is championed.

KNOW THE PROCESS

Align your solution with workflows. Continuing care differs from general healthcare, so understanding the industry and workflows is crucial. Collaborate with staff to ensure the solution fits and is well-supported. Deploying a solution that delivers real value may require workflow redesign, but this involves clinical expertise to minimize complexity.

People and processes are more important than the technology. Successful adoption depends on building relationships, understanding funding and payer dynamics, and showing how your solution fits into workflows and organizational goals. Manage resistance to change thoughtfully.

KNOW YOUR SOLUTION

What is their WIIFM? Keep their "what's in it for me" (WIIFM) in focus to maintain engagement. Be prepared to address key questions about your solution's target audience, functionality, integration, cost, payer model, clinical evidence, and competitive advantage.

Honesty is the best policy. Build trust through credibility, reliability, and intimacy. Be transparent about what your solution and company can and cannot do. Avoid exaggeration, and focus on authentic relationships and delivering on promises. Continuing care is a big industry, but a small community. Use word-of-mouth to your advantage.

KNOW HOW TO SUPPORT

Do the heavy lifting. Make it easy for staff by offering training, troubleshooting, and hands-on support. Recognize that integrating a new solution is challenging, even with available resources, as they have never implemented your solution before. Provide dedicated project management, especially during pilots, as they involve trial, error, and feedback. Be prepared to adapt based on their input.

Show up. Figuratively and literally. Innovators often create solutions for environments they have not experienced firsthand. Visit the site to gain a deeper understanding of the space, operations, and people. Foster long-term relationships through excellent communication and ongoing support. Do not disappear once you have made a sale.

CHECKLIST FOR PITCHING TO ORGANIZATIONS

Selling to continuing care homes requires a tailored approach due to the industry's complexity, resource limitations, and focus on resident and staff needs. This checklist helps innovators refine their pitch to ensure clarity, relevance, and alignment with sector priorities. A well-prepared approach builds trust with decision makers dedicated to improving care and quality of life.

1 PREPARING FOR THE FIRST MEETING

- Start by engaging with the organization to understand its operations, needs, and motivations - problem discovery and co-creation are key.
- Research the organization's mission, values, services, and current challenges to ensure alignment.
- Clearly define your value proposition and demonstrate how your solution addresses pain points or improves outcomes for residents, staff, or the organization.

2 SELLING YOUR SOLUTION

- Align your solution with their priority challenges rather than trying to convince them.
- Emphasize human impact over technology.
- Outline a collaborative partnership and implementation plan, highlighting your ongoing support.
- Demonstrate that your solution is simple, effective, requires minimal training, and is scalable and sustainable, but be realistic about any potential complexities or barriers.

3 ADDRESSING KEY QUESTIONS

- Cost and ROI: What are the upfront and ongoing costs, including setup, training, maintenance, and upgrades? How will it save time, money, and/or resources?
- Evidence: What evidence and data exists to support your solution's claims?
- Implementation: How long will it take to roll out? What support do you provide?
- Compatibility: Does it integrate with existing systems and workflows?
- Compliance: How does it meet privacy, safety, and continuing care regulations?
- Sustainability: What is the long-term plan for updates, support, and scaling?

4 KNOWING SETTING-SPECIFIC ETIQUETTE

- Acknowledge the stress and resource limitations in continuing care homes.
- Approach with humility—listen before assuming their needs and avoid overselling.
- Be concise, prepared, and respectful of their time, allowing for discussion.
- Accept when your solution is not the right fit.
- Speak their language. For example, most organizations use the term 'residents', not 'patients' or 'clients.' Some homes might refer to units as 'neighbourhoods' to promote person-centredness.

5 MANAGING YOUR EXPECTATIONS

- Practice patience. Decision-making can take months due to multiple stakeholders.
- Long delays from the innovator may result in lost engagement or capacity.
- Expect feedback, be open to modifications, and view criticism as valuable.
- If one organization has challenges, others likely will too—actively seek input.
- Do not assume that your innovation sells itself or that it hits the mark.

6 BUILDING TRUSTING RELATIONSHIPS

- Demonstrate a genuine understanding of their needs and a commitment to a partnership.
- Follow through on promises and incorporate their feedback.
- Be physically present and engage decision-makers, staff, residents, and families.
- Maintain momentum with clear next steps like demos, pilots, or resources.

CONCLUSION

Innovation in continuing care is essential but complex. This guide highlights sector realities, stakeholder insights, and practical advice to help innovators align their solutions with resident, staff, and family needs. The main theme throughout this guide is people and engagement because that is what continuing care is about—ensuring the preservation of dignity and pursuit of happiness. Successful innovation requires empathy, collaboration, and solutions that enhance care and operations. By understanding the challenges, respecting priorities, and working alongside the community, innovators can drive meaningful change.

We sincerely thank every innovator in this space for their dedication, creativity, and entrepreneurship.

ACKNOWLEDGEMENTS

CLIQ extends our appreciation to our advisory group for their invaluable insights and expertise in shaping this guide. Their contributions have helped create a resource that we hope will inspire and empower innovators in continuing care. This guide is a testament to the power of collaboration, and we are grateful for their support.

We also thank the survey and interview participants from across Canada who generously shared their time and experiences. Their perspectives have provided critical insights, ensuring this guide reflects real-world challenges and opportunities in the sector.

Thank you for partnering with CLIQ!

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APPENDIX A
CONTINUING CARE ACRONYMS AND ABBREVIATIONS

ACP	Advanced Care Planning
AD	Alzheimer's Disease
ADL	Activities of Daily Living
AL	Assisted Living
ALC	Alternate Level of Care
BPSD	Behavioural and Psychological Symptoms of Dementia
CAN	Canadian Nurses Association
CC	Continuing Care
CCSA	Continuing Care Safety Association
CIHI	Canadian Institute for Health Information
CMI	Case Mix Index
DOC	Director of Care
ED	Executive Director
EHR	Electronic Health Record
EOL	End-of-Life
GOC	Goals of Care
HCA	Health Care Aide
HCP	Healthcare Professional
HSO	Health Standards Organization
IADL	Instrumental Activities of Daily Living
IPC	Infection Prevention and Control
LPN	Licensed Practical Nurse
LTC	Long-Term Care
LTCH (also LTCF)	Long-Term Care Home (also Long-Term Care Facility)
MAR	Medication Administration Record
MCI	Mild Cognitive Impairment
MD	Medical Director
MDS	Minimum Data Set (standardized assessment tool)
OHS	Occupational Health and Safety
OT	Occupational Therapy
PCC	Point Click Care
PD	Personal Directive
PLTC	Private Long-Term Care
PM	Program Manager
POA	Power of Attorney
PPE	Personal Protective Equipment
PRN	Pro Re Nata “as needed”
PSW	Personal Support Worker
PT	Physical Therapy or Physiotherapy
QCI	Quality of Care Indicator
QI	Quality Indicator
QOC	Quality of Care
QOL	Quality of Life
RAI	Resident Assessment Instrument (standardized assessment tool)
RCC	Resident Care Conference
RD	Registered Dietitian
RFC	Resident and Family Council
RLS	Reporting & Learning System
RN	Registered Nurse
RT	Recreation Therapy
RUG	Resource Utilization Group
SL	Supportive Living
SLP	Speech Language Pathologist
SW	Social Worker

APPENDIX B
STAFF ROLES IN CONTINUING CARE

Across Canada, titles, staffing levels, organizational structures, and specific roles and responsibilities may vary. Here is an overview of common positions and alternative names. Please visit provincial and territorial websites to learn more about their regulations and standards.

Role	Other Names	Definition
Administrative Leader	Administrator, Executive Director (ED)	Manages the overall operations of the care home.
Allied Health Professionals	Interdisciplinary teams, multidisciplinary teams, paramedical services. Includes RDs, OTs, PTs, pharmacists, RT, SW, etc.	Support healthcare beyond medicine and nursing. This is a team of professionals who have completed specialized education and training. They work together to provide care to residents.
Charge Nurse		RN or LPN who supervises the provision of health services during shifts.
Director of Care (DOC)	Director of Nursing, Care Manager	Manages the delivery of health services by clinical staff.
Health Care Aide (HCA)	Personal Support Worker (PSW), Resident Care Aide (RCA), Continuing Care Assistant (CCA)	Assists with activities of daily living and basic care.
Hospitality	Dietary/Culinary, Housekeeping, & Laundry	Provides essential support services that promote residents' comfort, dignity, and well-being.
Licensed Practical Nurse (LPN)	Registered Practical Nurse (RPN)	Delivers nursing care to residents.
Medical Director	Medical Coordinator	Physician who oversees the provision of health services by physicians and NPs.
Non-Clinical Roles	Administration (HR, Scheduling, IT, etc.), Maintenance, Reception, etc.	Support operations and enable clinical staff to focus on care. They are vital for ensuring a safe, clean, and engaging environment for residents.
Nurse Practitioner (NP)		RN with graduate degrees and advanced training. Can assess, diagnose, treat, order diagnostic tests, prescribe medications, make referrals to specialists and manage overall care.
Physician	Doctor	Leads the clinical decision-making for the resident and coordinates the work that is required of all other professional disciplines.
Program Manager	Care Coordinator, Neighbourhood/ Unit Managers	Manages the unit/neighbourhood.
Registered Nurse (RN)		Provides direct nursing care and supervises other nursing staff.
Staff Educator		Trains staff in best practices, regulations, and care approaches to enhance resident care quality.

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