



Consultation: HSO 11001:2026 Critical Care Services Standard Public Review

Submitted: April 28, 2026

Executive Summary: Overall, the draft standard is viewed as comprehensive, well-structured, and reflective of current priorities in critical care. It appropriately emphasizes interprofessional collaboration, patient- and family-centered care, and the complexity of high-acuity environments. The inclusion of safety culture, continuous quality improvement, and standardized care processes provides a strong and adaptable foundation for delivering safe, high-quality care across diverse healthcare settings.

CSHP provided the following feedback:

- While the draft standard is strong overall, key gaps remain. Greater emphasis is needed on digital health and clinical informatics to support safe medication management in high-risk critical care settings.
- Transitions of care also require clearer guidance to ensure safe, coordinated movement across care settings, including medication reconciliation and communication.
- Additional recommendations focus on improving clarity and implementation by refining governance language, expanding stewardship (e.g., antimicrobial, opioid, anticoagulation), strengthening trauma-informed and culturally appropriate care, and supporting shared decision-making through patient access to health records.
- Further enhancements include integrating best possible medication history (BPMH), deprescribing, and additional clinical indicators, as well as clarifying public reporting requirements.
- The standard would also benefit from greater focus on pain management, stewardship, and quality assurance across resources.
- Overall, the draft is clear and well-structured, but refinements to terminology and definitions (e.g., competency, team) and stronger guidance in key areas would improve its measurability and implementation.