



Saint Elizabeth
Well beyond health care



**Building a HHR Strategy for Home Support Workers/Personal Support Workers
The Ontario Perspective**

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**(In partnership with Home Care Knowledge and Exchange Chair,
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Context

- In Ontario we have 14 Local Health Integration Authorities (LHINs) who provide funding to our LTC Homes, Community Agencies and Hospitals which employ PSWs
- In the community, LHINs fund 14 Community Care Access Centres (CCACs) who contract with service delivery agencies in a competitive bidding process to provide community home care services (e.g. PSW, nursing, therapy)
- In our LTC Homes there are “envelopes” of funding for services per resident – this includes PSW services
- Our Hospitals receive funding directly from the LHINs and they determine their level of PSW services

Context

Personal Support Workers/Nurses

- By the end of 2011 approximately 75% of the PSWs, RNs **and**
- 65% of RPNs will be 50 years of age or over and approximately 50% of those will be over the age of 60 (HRDC, 2003) (Canadian Institute for Health Information, *Regulated Nurses: Canadian Trends, 2005 to 2009* (Ottawa, Ont.: CIHI, 2010))
- We have an aging health care workforce and we are “not replacing workers” at the rate of their retirement

Personal Support Worker (PSW)

- 90,000 PSW-like¹ workers in Ontario (HPRAC, 2005)
- 57,000 work in LTC Homes
- (PSWs comprise 70% of all staffing)
- 24,000 work in Community Sector
- 6,000 work in Hospital Sector

¹. The term PSW can imply either education qualifications or role played by worker

Who are Home Support Workers/Personal Support Workers in Ontario

- There is no uniformly accepted definition of personal support worker
- The term PSWs has been interchanged with health care aides, homemakers, home-helpers, respite care workers, palliative care workers, supportive care assistants and other titles.

What do PSWs in Ontario do?

- PSWs are trained in the provision of health care and light homemaking duties



Their job duties are divided into 3 main categories – ADL, IADL, Delegated Acts

- **Activities of Daily Living (ADL)** – personal care (bathing, feeding, dressing, toileting), transferring (walking), light housekeeping and child care.
- **Instrumental activities of daily living (IADL)** – menu planning, shopping, meal preparation, providing transportation or accompanying clients, educational and recreational assistance.

Task Shifting to PSWs

PSWs carry out Delegated Acts and in Ontario - we are seeing more tasks being delegated to PSWs and includes:

- **Applying medicated ointments and eye drops**
- **Transfers with specialized equipment (i.e. lifts)**
- **Exercises (ROM, strength, balance)**
- **G-Tube feeding (using a pump)**
- **Catheter care**
- **Applying compression stockings**
- **Suctioning**
- **Ostomy care (change flanges)**

Education

- In Ontario there are two PSW training standards:
 - Ministry of Health and Long-Term Care
 - The Ministry of Training, Colleges and Universities

(CRNCC, 2010)

- **Four Program Models in Ontario leading to unequal skill levels**
 - MTCU recognized community colleges
 - Private career colleges
 - Board of Education Adult Learning Programs
 - Non-profit Organizations

(HPRAC, 2006)

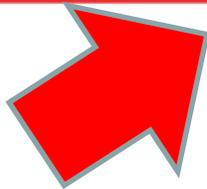
Ontario Community Support Association has recently established an accreditation program for PSW training organizations to ensure that the standards are met.



Distinct Differences in Application of training / skill across health care sectors in Ontario

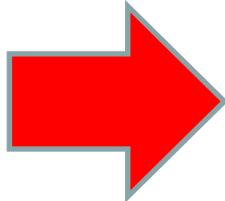
- PSWs in the LTC Homes spend most of their time dressing and toileting residents while their compensation rate is greater than PSWs in the community \$16 - \$18.99 or more
- PSWs in the community while making an average of \$12.00 - \$13.99 are more likely to perform more personal care and skills associated with delegated acts

Provincial Activities



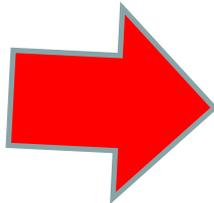
HPRAC 2005/2006

(Health Professions Regulatory
Advisory Council)

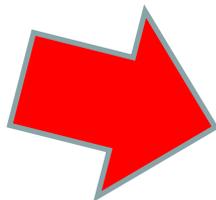


PSNO 2006

(Personal Support Network of
Ontario)



PSW SHRTN CoP

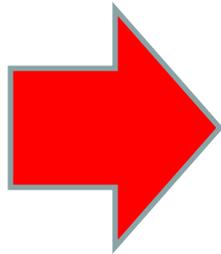


PSW Registry

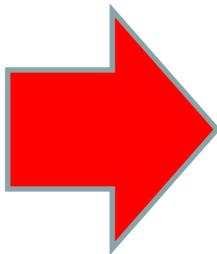
HPRAC concluded

- PSWs should not be regulated as a professional under the Regulated Health Professions Act
- “Personal Support Worker” must be defined
- Improve PSWs’ education and training, staffing and supervision
- Provide better access to satisfactory recourse for patients and clients as a means of addressing instances of abuse and misconduct

ADDRESS



**Certification
Confidentiality
Complaints
Reports and Hearings**



**Staffing issues
In
Private care and
Retirement Homes**



Personal Support Network of Ontario 2006

- The Personal Support Network of Ontario is a division of OCSA was formed to provide PSWs with a collective voice and to support the advancement of their occupation
- SHRTN CoPs for PSWs

PSW Registry

- The Ontario government announced this past May a commitment to develop a PSW registry for PSWs as a “means for improving recognition for the work of PSWs, as well as better recognizing the needs of those they care for
- OCSA is the lead in a process whereby the stakeholders will establish a PSW Registry.

Issues

Internal Work Environment

- Diversity of Training
- Increased Workload
- Recognition
- Health and Safety Issues
- Stress
- Wages/Benefits

External Forces

- Managed competition
- Formal Education



RE-CAP

- One of the biggest issues for PSWs is their ability **to form and maintain relationships with clients** (e.g., due to increasing workloads, specific delineated service requirements, work schedules, etc.).
- **Key reason that workers choose to work in the field**



We also know that PSWs want more skill development around:

- stress management
- dealing with aggressive clients
- lifting/transferring/repositioning

Need:

- increase wages/benefits
- increase time with client
- provide opportunities for recognition (many reduced due to funding)

Overview of Ontario Challenges

- Specific to PSWs – inconsistency in training so that employers and clients can not be assured of a base line level of competency
- Large discrepancy in compensation rates across Ontario Health Care sectors
- Aging health care workforce and we are not replacing workers at the rate of their retirement
- No comprehensive provincial HHR strategy to address these challenges



Future Considerations for Policy Makers

- MOHLTC strategy to ensure that Ontarians have access to the right number and mix of qualified health care providers
- Focus on excellent care for all, hold health service providers accountable for quality and safety for both the workers and the clients/residents
- Minimum standard of competency for PSWs
 - Educational standards and curricula reflect employer needs changing client acuity
 - The lack of an accountability mechanism overseeing the curriculum content and the quality and length of the training puts the potential credibility of graduates at risk and jeopardizes public confidence in the care being provided – need for common minimum standard of competency and established accreditation program

Need to look at support for both the worker and client related to abuse – there exists a mandatory abuse and critical incident reporting process in place for LTC homes under the LTCHA – need to look at something for the community sector

Future Considerations for Policy Makers

- Client centered care/person centered care is beginning to play an important role in our Health care system – how do PSWs address the challenge of providing the “care they have been instructed to provide” and the care that the clients tells the worker they “want”



PSW Mary the Last Work

“Let us not forget I came to work as a PSW because of my love for caring for the vulnerable - caring is as much about completing “tasks” as having time to establish relationships”, “recognizing my value by compensating me fairly for the important work I do – I want to stay doing this work – “help me”.