

The Evolving Role of PSWs in Collaborative Client Practice

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What has Lead to the Evolving Role

- ▶ Needs of clients and skills required by caregivers
- ▶ Demographic aging
- ▶ Increasing health care costs
- ▶ Restructuring of the hospital care sector
- ▶ Increasing client acuity
- ▶ Improved technical procedures
- ▶ Increase in the focus on chronic disease management
- ▶ Shortage of health care professionals
- ▶ More efficient use of human resources currently available
- ▶ Preference for older adults to prefer care in their own homes and increase in demand for health care service



SNAP SHOT of Central CCAC 2011 Data

- ▶ **25% increase in Personal Support hours**
- ▶ **23% decrease overall in number of clients receiving hours**
- ▶ **interRAI data reveals – more clients experiencing complex conditions therefore to meet demand, CCAC serves less clients with more intense service**
- ▶ **Less clients provided with OT/PT services and 8% and 6% decrease in those hrs respectively**



What is this Evolving Role?



Shifting of Tasks

In home and social care it consists of the transferring of skills from a regulated professional (such as a nurse or therapist) to a PSW and/or the delegation of tasks—delegated controlled acts



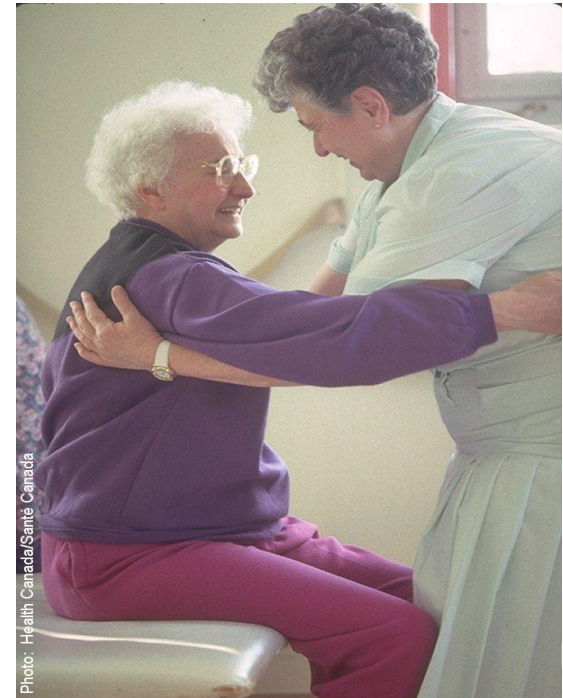
Emphasis on Collaborative Care

- **Academic Curriculum**
 - **CCAC funding – Integrated client care**
- ▶ “Increase the use of personal support workers and integrate them into teams with nurse practitioners, registered nurses and other staff members where appropriate to optimize patient care.” **Drummond Report (Reform of Ont. Public Services)**



Impact on PSWs

- ▶ Higher risk of facing adverse events for **Lifting – Transferring – Repositioning** as well as **working with clients with severe cognitive impairment.**



What is being done to support the evolving role of the PSW in Collaborative Client Practice ?



- ▶ Seniors Health Research Knowledge Network
Created PSW COP
- ▶ OCSA lead the development of Personal Support Network of Ontario
- ▶ Government of Ontario has created PSW Registry
- ▶ Increase in PSW hours through CCACs and increase in delegated acts
- ▶ Research Focus on PSWs

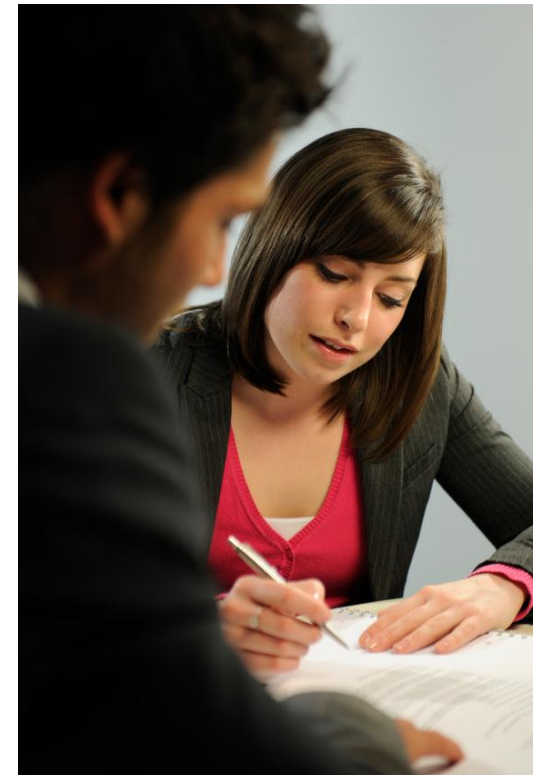


From the Research Side

Greater emphasis on the role of PSWs as an Important Team Member in Client Health Care

2011 Ontario Health Human Resources Research Network funds: **Task Shifting in the Provision Of Home and Social Care: Implications For Health Human Resources**

- ▶ Explored the **process of task shifting** whereby tasks are moved from regulated health care professionals to PSWs
- ▶ The relationship of task shifting and quality of care was examined
- ▶ Training, supervision, job satisfaction and The intention to stay on in the field was also examined



Highlights of Task Shifting Research Findings as it Relates to PSWs Collaborative Client Practice

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&

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Task Shifting to PSWs

In Ontario we are seeing a growing trend towards Task shifting or Delegation of tasks–delegated acts

- a process whereby tasks are moved to less specialized health workers and includes:

- Applying medicated ointments and eye drops
- Bowel routines
- 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)
- Medication Cueing



Improves quality of care

“I think that in some cases it makes the care for the clients better just simply because the task is being done, and if it wasn't... if we weren't trained otherwise it wouldn't get done just 'cause that's the way the system is now. With all the cutbacks it {seeing the nurse} simply is not allowed so with us being trained as the next best case. But for the most part I think it's advantageous to them... to the client.” (PSW 010)

“But just look at it this way: If we don't do anything and if we just leave the patient as they are and we tell them to do exercises, then the quality of life wouldn't be any better, versus PSWs when we delegate tasks to them it's a contact....they are receiving care versus if they were asked to do it on their own” (Therapist 08)



Improves quality of care

► Comfort, Trust, Relationship

I mean a PSW, lets face it, is in there and gets to know the client, and the client is comfortable with the PSW. So, its that factor that they are comfortable with her coming in and they are comfortable with them doing tasks around the house and tasks for themselves. It beats yet another stranger coming in the home. (PSS004)



Improves quality of care

- ▶ PSWs are the ‘eyes and ears’ of Collaborative Client Practice

the PSW can then report to the nurse or report to the agency that, you know, they might need somebody to come out and take a look. Something just doesn't look right. So, they're kind of the eyes and ears (PSS 009),



Improves job satisfaction and intention to stay for PSWs

“...I get more out of the job. It makes me feel some days that I have accomplished more than just some home care or meal prep. It gives me satisfaction...accomplishment”
(PSW 018)



Training: Perception of Nurses

Training impacts Collaborative Practice

“...you can’t train someone to the capacity you’ve been trained ... within a delegation procedure. Like, you’re really just delegating one part of it. But there’s always something else.” (Nurse 005)

“It depends on the client. Like if it’s a stable client then no, I don’t think it impacts on the quality of care. But if it’s somebody who’s not stable then no they would need somebody with more education and knowledge to go ... to look after them...the tasks probably will not stay the same; they’re probably change. And you’d need to recognize what would need to be changed, you know, to call the doctor of what needs to be done.” (Nurse 006)



Impact of Training on Collaborative Practice

- ▶ About half of PSWs felt more training was needed.
- ▶ Many supervisors felt PSWs needed:
 - Training especially using lifts, glucose meters, in & out catheters
 - On-going education (skills labs, on-line training).
- ▶ Others felt, training was sufficient because PSWs had supervisory support, educational background, ongoing education and because of the simplicity of the tasks.



In summary, the ability to do delegated and transferred tasks work collaboratively as part of the client care team depends on the training, skill level, education and motivation of the PSW.

It doesn't impact the quality of care as long as the PSW is competent in performing the procedure" (PSS001)

Some of your [sigh] for lack of better words, fly-by-night organizations we have found that there's very little demonstration. Mostly they just read a book, write the test and you're done. They don't practice enough of their skills. So it depends on where they went to school" (PSS004)



Perceptions on Supervision

- ▶ Most health care professionals felt that they had sufficient knowledge and training to provide supervision to PSWs on delegated tasks and support collaborative practice.
- ▶ However, some said they needed skills/education update on tasks they had not used in years.

... I'd need training myself in some of the old skills or the skills that I haven't used in years. For instance catheterization – I haven't done one in about thirty years. [mhm] So, that sort of thing. And I'm sure I could do it but I just... I need some upgrading with that sort of thing.



All Agree Task Shifting is a More Efficient Use of Health Human Resources

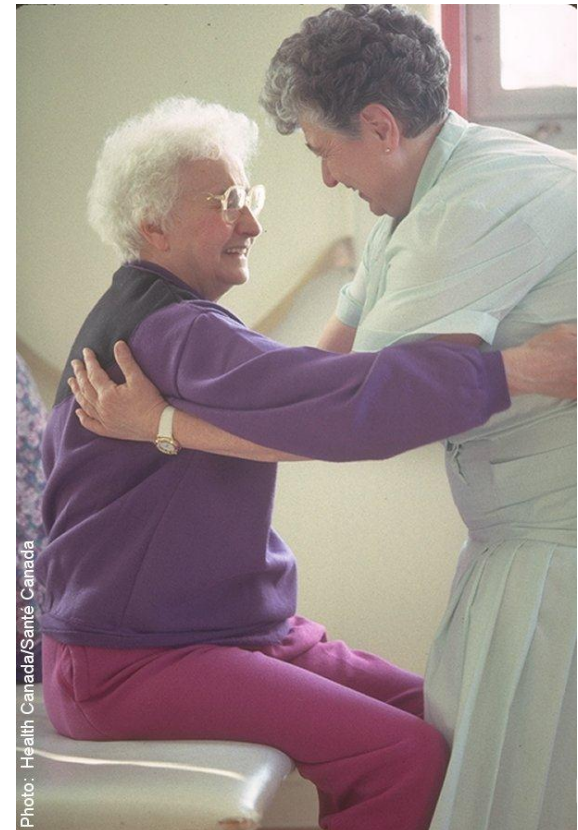
I know that the nurses are pretty busy with their schedules...So, if they know that the task has been delegated to a PSW and they don't have to go there, you know, it could cut back on....their time as well to free up for other clients who may need their assistance. So I think it kind of lightens the load for nurses and the physiotherapists as well. (PSW019)

It's a cost factor. CCAC does not like to send nurses out to do a job that the PSWs can do. It costs more for the nurses to do it" (PSS004)



In Conclusion

- Task shifting is a promising policy option to increase productive efficiency of the delivery of home and social care services and the ability of health care team members to work more effectively together
- However, there are a number of challenges that must be addressed!!!!



Challenges Emerging from the Study

Variability in educational training

- Scope of practice, competencies and work standards are unclear, inconsistent and not related to educational programs or simply undocumented

(Pan-Canadian Planning Committee on Unregulated Health Worker, 2009;
Canadian Nurses Association, 2009; HPRAC, 2006)



Challenges Emerging from the Study

- There needs to be sufficient health professionals to provide the required selection, training, direction, supervision, and continuing education of PSWs
- Regulations for task-shifting need to be set with the professions involved
- Curriculum development, teaching, supervision and assessment should always involve the health professional from whom the task is being shifted

(World Confederation for Physical Therapy, 2008)



Challenges: Fair Compensation

- ▶ Task shifting expands PSWs scope of practice without the corresponding increase in pay.

Some PSWs will come to you and say “No I’m not doing this, If it’s a nurses job then I’ll do it only if I get an increase in what I’m being paid” And otherwise they will refuse to do it. And you really can’t say anything because it is not within their scope of practice.” (PSS004)



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