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March 10, 2011  

Task Shifting in the Provision of Home and Social Care:  
Implications for Health Human Resources  
Preliminary Results  

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Project supported by the Ontario Health Human Resources Research Network  
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Please introduce yourself!
Name
Organization
Location...
Group in Attendance?
Dr. Margaret Denton

• Director, Gilbrea Centre for Studies on Aging and Professor of Health, Aging & Society and Sociology at McMaster University in Canada.
• Dr. Denton received her PhD in 1984 from Department of Sociology, McMaster University. Her areas of research expertise include women's health, health services research (home health care), age friendly cities, age inequality, and work, retirement and pensions.
• She has held research grants from the Canadian Institutes Health Research, Social Sciences and Humanities Research Council, Workplace Safety & Insurance Board of Ontario and Human Resources Social Development Canada.
• Recently, as a Director for the Hamilton Council on Aging she applied for and received a grant from the Trillium Foundations for an Age Friendly Hamilton initiative.
• Her most recent publications are found in Canadian Public Policy, Healthcare Policy, Research on Women and Aging, Social Sciences and Medicine, International Journal of Health Services, Home Health Care Quarterly and the Canadian Journal on Aging.

Dr. Isik Zeytinoglu

• Professor of Management and Industrial Relations at DeGroote School of Business, McMaster University. She received her PhD in 1985 from Wharton School of Business, University of Pennsylvania. Currently she is teaching courses in research design and methodology; occupational health and safety; human resource management and labour relations; and gender issues in business.
• Her research interests are in flexible work schedules and non-standard work; promotion, training, job satisfaction and retention in Canadian workplaces; and health sector human resources issues and policy. She is on the Editorial Board of Relations Industrielles/Industrial Relations, and Is-Guc: an Industrial Relations and Human Resources Journal. She was also the past-Chair of the Flexible Work International Study Group, International Industrial Relations Association.
Dr. Catherine Brookman

Vice President, Research and Program Development for Saint Elizabeth Healthcare where she leads the acquisition of strategic research opportunities to strengthen the client and caregiver experience, the advancement of health care knowledge and its translation into practice. Catherine is also leading the further development of the Personal Support program through capacity building and health system integration. For over 20 years, Catherine has served in senior management positions including Executive Director of health care organizations. Catherine's most recent research focused on the Personal Support Worker – Improving their work experience in both long term-care homes and community sectors and the Management of Incontinence in Ontario’s long-term care homes and community sector. Catherine has served on a number of key provincial and local advisory committees including being the current Co-chair of the Seniors Health Research Transfer Network of Ontario (SHRTN), a member of the Ontario Home Care Research and Knowledge Exchange Steering Committee, a Board member of the Health and Safety Association for Government Services and a committee member of the Aging at Home Strategy Expert Review Panel.

- Catherine has a Doctorate from the University of Toronto with an emphasis on advancing the health care system, a Masters degree with an emphasis on Adult Education and Gerontology and a Bachelor of Science degree with an emphasis in Developmental Psychology.

Outline of Presentation

- Definition of task shifting
- Context for the growth in task shifting
- Personal Support Workers (PSWs) in Ontario
- What task shifting means for PSWs
- Purpose of our study and study methodology
- Health Human Resource Issues
  - Training
  - Improved staff morale
  - Efficient use of health care resources
- Conclusions
- Issues and recommendations
Growing International Trend

• Task Shifting is a process of delegation whereby tasks are moved, to less specialized health workers who usually receive shorter pre-service training and possess lower qualification

  (World Health Professions Alliance, 2008)

• 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 acts

In Canada Task Shifting is in Response to:

• Demographic aging
• Increasing health care costs
• Restructuring of the hospital care sector
• Increasing client acuity
• Increased demand for home care services
• 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

  (Morris et al., 1999)
Personal Support Workers (PSWs) in Ontario

- 90,000 PSWs: 26,000 work in the home and social care sector  
  (Health Professions Regulatory Advisory Council, 2006)

- 70-80% of all paid home care work done by PSWs  
  (Canadian Home Care Human Resources Study, 2008)

- Client groups include: two week post acute care clients, end of life care, frail elderly and persons with physical and mental disabilities who need assistance to live independently in the community

- Employers include: community care (through contracts to the CCAC), community support agencies, supportive housing, adult day programs, residential care settings (i.e., group homes), private employment (arrangements with clients and retirement residences), hospitals, long-term care

Regulation of PSWs

- Unregulated health care profession

- Work under the supervision of a regulated health professional supervisor (i.e., Personal Support Supervisor (PSS))

- Or in a supportive independent living environment, under the supervision of a client
Education

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

- Four Program Models in Ontario leading to unequal skill levels

- In 2009:
  - 20% graduated from MTCU recognized community colleges
  - 45% private career colleges
  - 35% attend Board of Education Adult Learning Programs or Non-profit Organizations

Scope of Practice

- Scopes of practice clarify PSWs accountabilities, as well as the functions for which they are educated and competent to perform

- They define the limits under which services may be performed independently without supervision; tasks which require supervision; and tasks which are delegated requiring additional education or supervision

- In Ontario, PSWs fall under limits defined by the Regulated Health Professions Act which set out acts which may be done by health professionals. There are only a few circumstances where a PSW may perform some of these acts

- Scope of practice are set by Ministry of Health and Long-Term Care Guidelines and organizational policies

- Scopes of practice are constantly evolving and changing
Roles fulfilled by PSWs

- Light housekeeping
- Instrumental activities of daily living (shopping, meal preparation)
- Personal care (bathing, mouth care, feeding, grooming, dressing, toileting)
- Assisting with mobility transfers
- Accompanying client to and from appointments
- Respite
- Social and recreational activities
- Oversight (medication reminders) and frequent monitoring
- Delegated tasks

(Saint Elizabeth Home Care, 2004)

Task Shifting to PSWs

- Task shifting is a process whereby tasks are moved to less specialized health workers and includes:
  - Transferring of skills such as exercise, transfers or Hoyer lifts
  - Delegation of tasks-delegated acts, such as the administration of suppositories, enemas, or medications and maintaining inventories

(Saint Elizabeth Health Care, 2004)
Purpose of Our Presentation

• To explore the process of task shifting whereby tasks are moved from regulated health care professionals to PSWs in the provision of home and social care

• To explore the relationships, if any, of task shifting to health human resource issues such as training, competency, job satisfaction

Research Methodology

• Case Study: Saint Elizabeth Health Care
  • Participants were recruited from 10 Service Delivery Centres within Ontario

• In-depth qualitative telephone interviews with:
  • 20 PSWs
  • 9 Personal Support Supervisors
  • 9 Therapists (Occupational Therapists and Physiotherapists)
  • 8 Nurses
Demographics of Participants

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Common Delegated or Transferred Tasks

- Applying medicated ointments and eye drops
- Bowel routines
- Transfers with the specialized equipment (i.e., lifts)
- Exercises (ROM, strength, balance)
- Change flanges on ostomy / ostomy care
- Simple wound care / dressings
- Suctioning
- Applying compression stockings
- Catheter care
- Medication Cueing
- G-Tube feeding (using a pump)
Training for Delegated and Transferred Tasks

- Teaching visit (one to three; usually one)

- Supervisor, PSW(s), and/or therapists meet at clients home

- Explain and demonstrate (perform)

- PSWs, for the most part, felt that training was sufficient

- Each delegated task is individualized and training needs to be completed on a client basis

Perceptions of Task Shifting: Nurses

Sufficient training is necessary to maintain quality of care to the client

“No, I think if they’re taught properly it’s a winning situation. It’s a win-win.”
(Nurse 001)

Training can be problematic because it is task specific, client focused and in the moment

“...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)
### Perceptions of Task Shifting: Therapists

**Promotes maintenance of therapy programs**

“But I 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 contract...They are receiving care versus if they were asked to do on their own.” (Therapist 004)

**Problematic because it doesn’t accommodate for changes in the clients status**

“...the professionals can identify any new problem and they can modify the procedure...whereas the PSW may not have that ability or the skill to notice if there’s a change in the client’s condition or how to change the procedure. “ (Therapist 007)

“It can do if they don’t pay attention to detail when they’re doing things you have instructed them to… I guess the client would not have maximum benefit from the treatment. With passive exercises they could hurt the client or they could just not do it sufficiently to be effective.” (Therapist 005)

### Perceptions of Task Shifting: PSWs

**Concern was expressed, by PSWs that experience should be recognized and that it was not necessary to provide training to an experienced PSW for each client**

“...And we have to be trained for each individual client for pressure stocking application. Why I don’t understand because, you know, a leg is a leg.” (PSW 004)

“We had to pay the therapist to come out, my supervisor to come out to show me how to use the [hydraulic bath] chair that I had been using for ten years.” ..” It makes me feel about two inches tall because after thirty years nothing changes, You know, like exercises are exercises, bath chair are bath chairs, creams are creams”(PSW 006)
Perceptions of Task Shifting: Supervisors

But Supervisors say each client is different, especially with transfers, and individual training is necessary for some tasks.

“...whether they had been trained with that client or not but the rules with a prescription cream are still kind of stay the same regardless of the client...The Hoyer lift I believe, yes all the lifts are the same but the clients and the way the clients respond, their weight, their ability, their mental function, physical function are all different. So, that needs to be done individually as well.” (PSS 006)

Continuity of Care

“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.” (PSS 004)

Perceptions of Task Shifting: Supervisors

Ability to do delegated and transferred tasks depends on the 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.” (PSS 001)

“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.” (PSS 004)
**Improved PSWs Job Satisfaction**

PSWs like the challenge of providing more therapeutic services to clients:

“It kind of makes it more interesting because we’re also learning new skills” (PSW 018)

“...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)

Even with the transferring skills, majority of PSWs would stay in home care:

“It’s actually made me want to stay in home care because I’ve done nursing home and I’ve done hospital and I’ve also done home care. And I prefer home care because it’s one-on-one, and I feel the client gets better care when it’s one-on-one.” (PSW 005)

**All Agree Task Shift 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.” (PSW 019)

“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” (PSS 004)

“If a PSW is able to do the, you know, four times a day G-tube feed versus using a nurse for that skill...than we have the nurse freer to accept more clients.” (Nurse 008)

“Say the PSW’s in there every day, then the client benefits from having, you know, their joints ranged every day whereas, you know, the OT or Physio can only come in once a week.” (Therapist 008)
In Conclusion

- Task shifting is a promising policy option to increase productive efficiency of the delivery of home and social care services.

- However, there are a number of challenges that must be addressed!!!!

Challenges Emerging from the Study

- What happens when a patient’s condition changes?
  - PSWs may not have the knowledge, skill or judgement to know that a change has occurred and this may put the patient at risk

- Nurses and therapists are trained to continuously reassess patients on an on-going basis while PSWs follow care plans and do not make changes to these care plans

- 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)

• Fair compensation for PSWs with expanding scope of practice

Key References


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