



Understanding the Structures of Home-Based Care Delivery:

A Presentation for the Ontario Renal Network

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Research Team and Funder

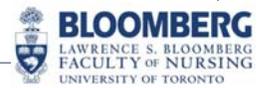
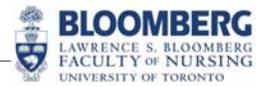
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Funded by the Government of Ontario



Agenda

- ❖ Study overview
- ❖ PSW role – core competencies and added skills
- ❖ Patient characteristics
- ❖ Delegation, teaching and assignment
- ❖ Summary of findings
- ❖ Things to consider



Study Overview

TITLE: The Impact of Home Care Nurse Staffing, Work Environments and Collaboration on Patient Outcomes

AIM: To examine the structures of home-based care teams in relation to patient outcomes

- ❖ **Phase 1:** Synthesis
- ❖ **Phase 2:** Analysis
- ❖ **Phase 3:** Primary Data Collection



Speaking Notes

This study was originally developed to address a gap in the literature related to nursing roles in home care and patient outcomes. However, when collaborating with home care provider agencies to develop the grant proposal we shifted our focus to include examination of the changing PSW role. Additionally, when coordination of the study began, Community Care Access Centers felt it would be important to contribute their perspective and data to the study and also signed on as project partners. In the end we had 6 service provider agencies and three CCACs taking part in a large mixed methods study examining the structures of home-based care teams in relation to patient outcomes.

This study had three phases, a synthesis phase which included a jurisdictional scan and literature review to understand the current home care context in Canada. An analysis phase which involved applying the information gained through phase 1 to the Ontario context specifically. And a primary data collection phase, where we collected data in 4 regions utilizing both focus group and chart review methods. The focus of this presentation will be on the results from the primary data collection phase.



Methods

- ❖ **FOCUS GROUPS:** 13 focus groups were conducted with service providers at 2 Community Care Access Centers & 6 home care provider organizations
 - ◆ 23 unregulated care providers (PSWs)
 - ◆ 18 personal support services supervisors
 - ◆ 17 home care nurses (RNs & RPNs)
 - ◆ 12 care coordinators

- ❖ **CHART REVIEWS:** A random sample of charts belonging to 790 patients were reviewed in 6 service provider organizations across 4 CCACs
 - ◆ Patient characteristics, caregiver characteristics, service utilization, structures of care and patient outcomes



Speaking Notes

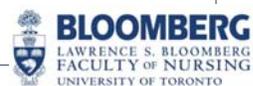
A total of 13 focus group sessions were conducted with health care workers at 2 CCACs and 6 service provider organizations. Focus groups were provider-specific and included 23 PSWs across four focus groups, 18 personal support services supervisors across four focus groups, 17 home care nurses across 3 focus groups, and 12 care coordinators across 2 focus groups. Through these focus group sessions we were able to more clearly understand the role of each provider group and to describe the process for delegating, teaching and assigning care tasks to unregulated care providers.

Additionally, chart reviews were conducted to gather information related to the structures and outcomes of home-based care. Data were collected on patient characteristics, caregiver characteristics, structures of care, service utilization and patient outcomes. Through chart reviews we also sought to understand how often personal support workers were providing delegated care and how often it was documented.



PSW Role

Core Competencies and Added Skills



PSW Core Skills

| Task | Examples |
|-----------------------------|---|
| Personal Care | Mouth care, denture care, perineal care, hair wash, shaving, filing of nails, bathing, dressing |
| Nutrition & Fluids | Light meal prep, assist with oral feeding, measure and record intake/output |
| Light Housekeeping | Tidying of patient's space, removal of light garbage, laundry for patient only |
| Elimination | Assist patient to toilet, assist to use bedpan, urinal etc., empty catheter bag, change leg bag to night bag, empty colostomy bag |
| Medication assistance | Assist patient to take premeasured oral medication, assist patient to use blood glucometer* |
| Positioning | Positioning for comfort in bed, wheelchair etc. |
| Vital Signs | Assist with patient self-monitoring* |
| Other | Assist with obtaining specimens for diagnostic tests |
| * May not interpret results | |

Speaking Notes

Personal support workers are employed by service provider organizations and provide direct patient care. As the PSW role is not regulated, there is no defined "scope of practice". PSWs are accountable to their employers and the tasks they perform vary and are defined by their job description. However, the majority of care provided by personal support workers involves support for activities of daily living.

Core skills, which certified PSWs learn through educational preparation and other support workers learn through on the job training, include personal care, nutrition support, light housekeeping, assistance with elimination, medication assistance, positioning, assistance with vital signs monitoring and obtaining specimens.

When assisting with blood glucose or vital signs monitoring, PSWs are only able to assist and record, not interpret results.

Added Skills (e.g. Delegation or Teaching & Assignment)

| Task | Examples |
|---|---|
| Compression therapy | Compression stockings (>20psi) and wraps |
| Transfers | Mechanical lifts, two person transfers and transfers with special equipment |
| Physiotherapy | Range of motion and other exercise programs* |
| Medications | Administration of: oral medications, eye drops, ear drops, nasal spray, medicated creams, inhalants*, assist with injections |
| Urinary catheters | Intermittent catheterization* |
| Diabetes care | Blood glucose monitoring* and insulin administration* |
| Assessment & monitoring | Skin assessment, blood pressure monitoring |
| Bowel management | Change colostomy appliance, <u>enema administration*</u> , digital stimulation* and suppository administration* |
| Wound Care | Dry dressings (intact skin, established tubes, chronic stoma), <u>cleaning established trach</u> |
| Other | Enteral nutrition*, oral suctioning, <u>assist with oxygen administration, CPAP/bi-pap, breathing exercises*</u> , assistance with application of prosthetic devices & braces |
| *Requires official delegation <u>Not mentioned in focus groups</u> | |

Speaking Notes

More and more PSWs are being asked to perform care traditionally provided by registered health professionals such as nurses and physiotherapists. These skills are considered outside PSW education and require either formal delegation (for controlled acts) or teaching & assignment.

Currently in home care, in addition to personal care, personal support workers are applying compression stocking, performing transfers and lifts, assisting patients with range of motion exercises, cueing and administering medications, providing catheter care, assisting patients with diabetes care including blood glucose monitoring and insulin administration, performing ostomy care, assessing and monitoring skin integrity and vital signs, performing bowel management such as disimpaction and suppository administration, and providing enteral nutrition and oral suctioning.

In this table, the tasks underlined were not mentioned by focus group participants. However, these tasks were approved by CCACs for delegation or teaching and assignment to PSWs.

Patient Characteristics

Renal Patients and Non-Renal Patients



Sample Selection: Renal Patients

Patients were included in the renal sample if they:

- ◆ Had a diagnosis of acute renal failure, chronic kidney disease, chronic renal failure, acute on chronic renal failure or end-stage renal disease;
- ◆ Had a renal co-morbidity documented in the RAI-HC data;
- ◆ Were receiving peritoneal dialysis; or
- ◆ Were receiving hemodialysis.

*NOTE: No patients in this sample were documented as receiving home hemodialysis

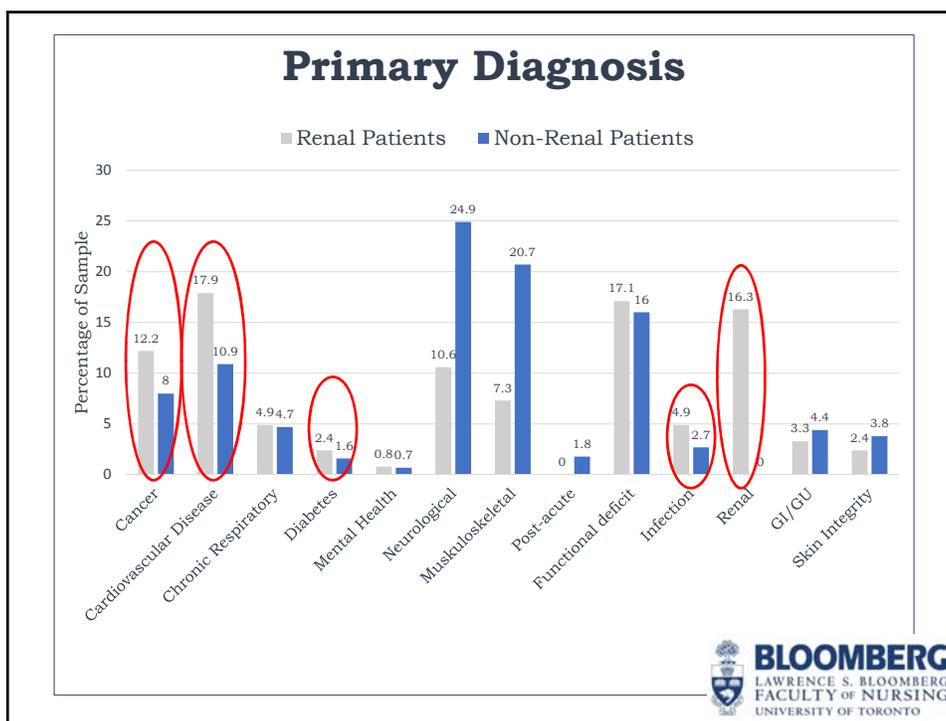


Sample Characteristics

| Characteristics | Non-Renal Patients n=776 | Renal Patients n=123 |
|---|-----------------------------|---|
|  mean age | 81.1 years |  79.9 years |
|  % male | 38.2% |  48.8% |
|  % married | 40.7% |  43.2% |
|  % with informal caregiver | 90.0% |  84.6% |
|  % living alone | 24.0% | 20.3% |
|  % living with spouse | 26.7% | 23.6% |
|  % living with family | 18.1% |  26.9% |
|  % living in congregate living | 30.4% | 29.3% |

Speaking Notes

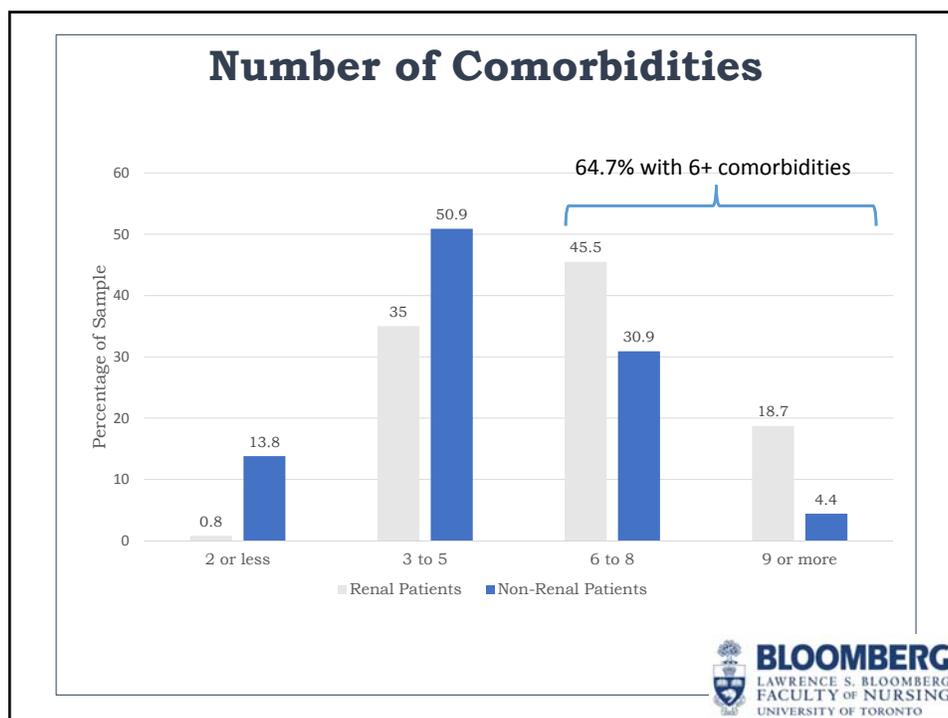
Compared to patients in our sample without a renal diagnosis, renal patients were typically younger, more likely to be male and married. Fewer had an informal care provider and more lived with family as opposed to living alone or with only their spouse.



Speaking Notes

Compared to patients without identified renal problems, renal patients more often had cancer, cardiovascular disease, diabetes and infections as the primary diagnosis associated with their home care episode. Only 16% of the renal sample had a primary diagnosis related to the renal system. This likely means their renal issue was not the focus of care.


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Speaking Notes

Compared to those without a renal diagnosis, renal patients typically have a greater number of comorbidities with the majority having 6 or more comorbid conditions.

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Types of Care Received

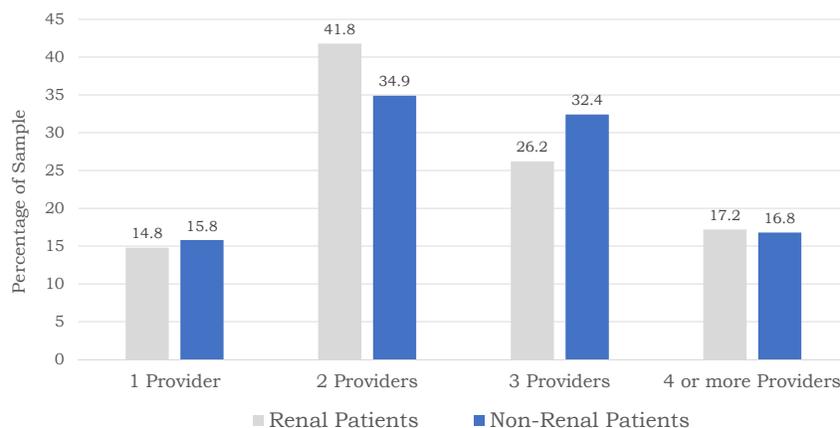
| Service | Non-Renal Patients n=450 | Renal Patients n=123 |
|----------------------------|-----------------------------|-------------------------|
| Nursing | 54.7% | 64.2% |
| Physiotherapy | 51.3% | 44.7% |
| Occupational Therapy | 60.4% | 61.8% |
| SLP | 4.2% | 4.9% |
| Social Work | 6.2% | 6.5% |
| Primary Care Visits | 3.3% | 1.6% |
| Other | 14.4% | 13.8% |
| Community Support Services | 12.0% | 16.3% |
| Rapid Response Nursing | 10.9% | 9.8% |
| Specialist Nursing | | |
| Enterostomal Therapy | 3.3% | 3.3% |
| Continence Nursing | 2.7% | 1.6% |
| Wound Care Specialist | 4.7% | 5.7% |
| Palliative Care | 12.9% | 17.1% |

Speaking Notes

This slide illustrates the array of services received by patients in our sample. A greater percentage of renal patients received nursing services, community support services and palliative care. However non-renal patients received physiotherapy more often.

Service Provider Organizations

- Number of service provider organizations ranged from 1-7 with an average of 2.5



*Percent missing: Total sample = 3.5%, Renal = 0.8%



Speaking Notes

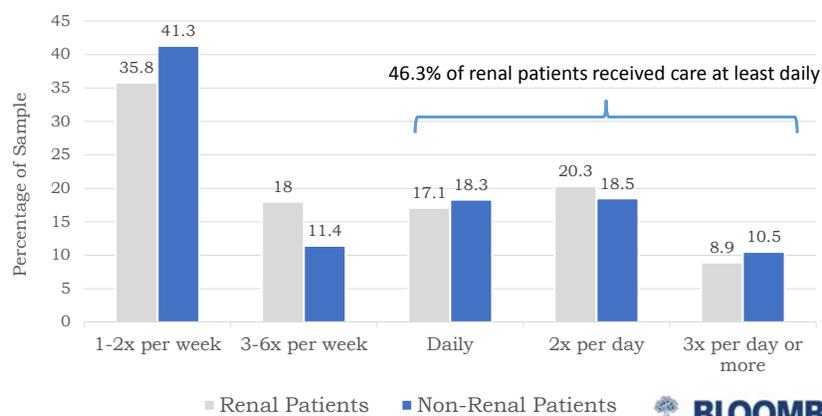
In home care, service providers are contracted by CCACs to provide direct patient care. As a result of current contract structures, patients often receive care from multiple provider organizations. This is especially true if they are receiving more than one type of care. For example a person receiving personal support, nursing and allied health services may receive service from three different service provider organizations.

Over a one year period, patients in the sample received care from between 1 to 7 different service provider organizations with an average of 2.5 provider organizations.



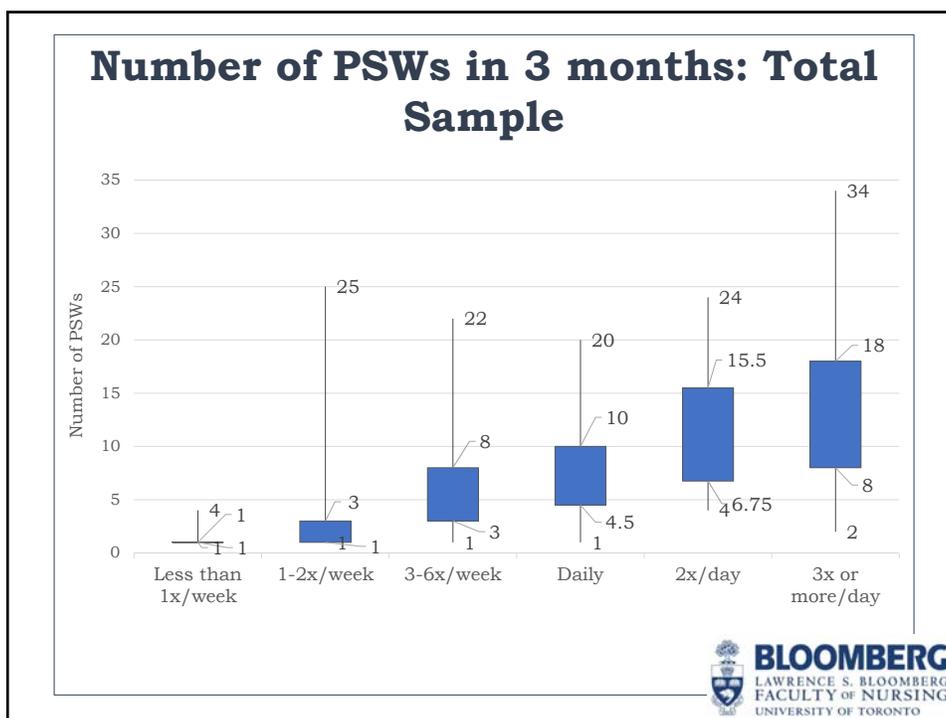
Personal Support Visit Pattern

- Mean LOS: Non-renal patients = 207 days; renal patients = 192 days
- Length of stay range: Total sample = 2 to 641 days; Renal = 3 to 366 days



Speaking Notes

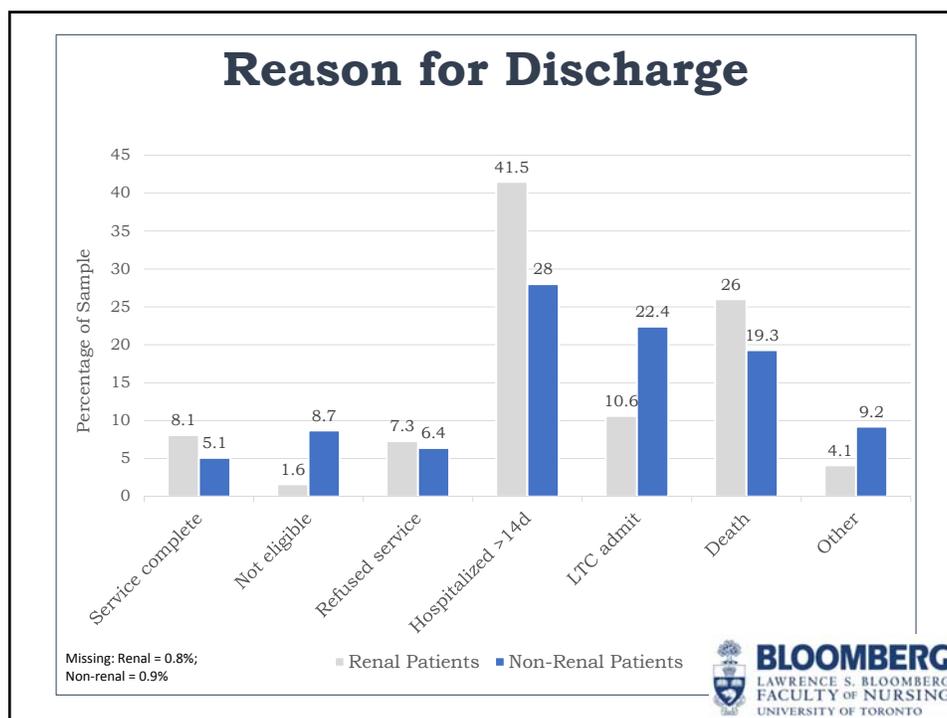
The average length of stay on personal support services for non-renal patients in our sample was 207 days. For renal patients the average length of stay was shorter at 192 days. Just less than half of renal patients were receiving PSW visits at least once per day. This reflects the functional impairment of the home care patient population.



Speaking Notes

Continuity of care provider was identified by project partners as a significant issue. This slide illustrates the number of PSW care providers for the five most frequently occurring visit patterns over a 3 month period. As expected, due to scheduling, visit patterns with more frequent service require more service providers. However the range highlights variation in continuity of care within patterns.

- Patients with less than one visit per week had between 1 and 4 providers with an average of 1.3.
- Patients receiving 1-2 visits per week had between 1 and 25 different PSWs with an average of 2.3.
- Those receiving 3 to 6 visits per week had between 1 and 22 different PSWs with an average of 3.9.
- Those receiving visits daily had a range of 1 to 20 different providers with an average of 6.8.
- Those receiving visits twice a day had a range of 4 to 24 providers with an average of 11.3.
- Those receiving 3 or more visits a day had a range of 2 to 34 different PSWs with an average of 14.6.



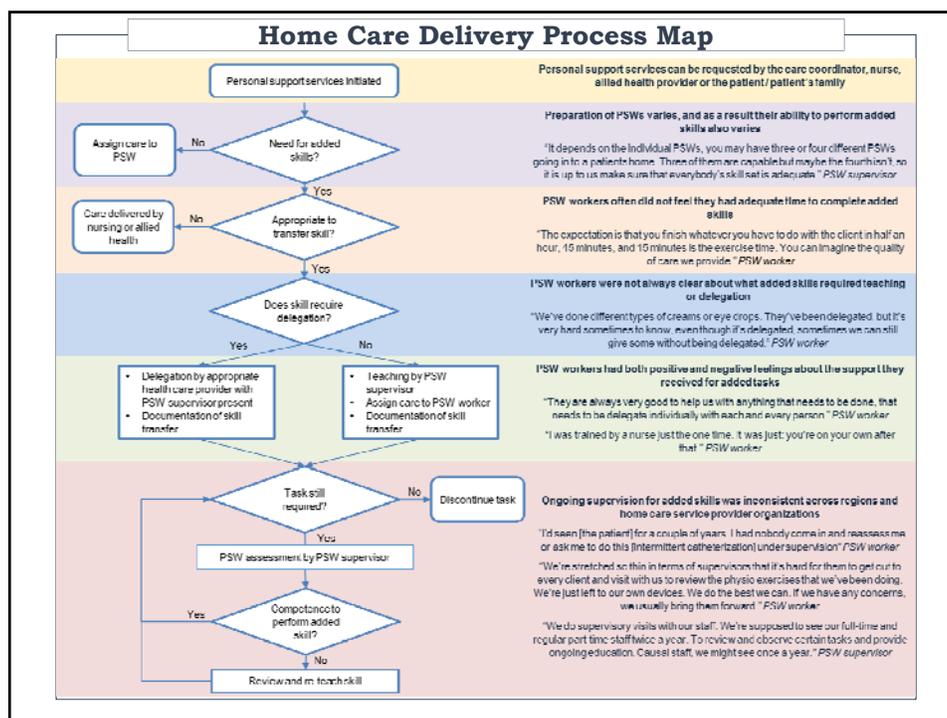
Speaking Notes

The main reasons for discharge from home care for non-renal patients included hospitalization, long-term care admissions and death. While these were also the top three reasons for discharge for renal patients, a greater percentage were discharged due to hospitalization longer than 14 days.

Delegation, Teaching and Assignment

Process and Problems





Speaking Notes

Through focus group sessions we were able to better understand the roles of care coordinators, frontline nurses, personal support services supervisors and personal support workers. The findings of the focus group sessions were synthesized and a process map was developed illustrating the interplay of provider roles across the home care episode.

This process map begins at the point where personal support services are initiated. Care coordinator, nurses, allied health providers, physicians, the patient or their family can request personal support services.

Once personal support services are approved and initiated the care coordinator, personal support services supervisor or the PSW identify the need for added skills. If there are no added skills, the care is assigned to the PSW, if there are added skills required an assessment is made (usually by the personal support services supervisor) to determine whether it is appropriate to transfer the skills to the PSW.

If it is deemed not appropriate to transfer the skill, care is provided by a registered health care professional. If transferring the skill to the PSW is appropriate, the personal support services supervisor determines whether formal delegation is required.

Formal delegation is required when the task is a controlled act, as defined in Ontario's Regulated Health Professions Act. If formal delegation is required, the appropriate health care professional along with the personal support services supervisor train the PSW to provide the care and document that delegation has occurred. When formal delegation is not required, the PSW is trained to provide the skills by the personal support services supervisor (sometimes in classroom settings) and the transfer of skill is documented.

The final phase of the process is the ongoing supervision of added skills. After the skill has been transferred the personal support services supervisor is responsible for the ongoing monitoring of the PSWs competence to perform the added skill, the ongoing need for the care, and for monitoring overall patient personal care needs.

PSW Education

PSW preparation varies, as a result their ability to perform added skills also varies

- ❖ Not all individuals providing supportive care in home and community-based care are certified PSWs
 - ◆ Certified PSWs have completed formal education and training
 - ◆ Health care aides is the most common term used to refer to individuals providing supportive care who are not certified PSWs
- ❖ Certified PSWs are educated through:
 1. Community Colleges
 2. Private Career Colleges
 3. The Board of Education
- ❖ Health care aides receive on the job training and are often hired based on life experience for providing supportive care

“It depends on the individual PSWs, you may have three or four different PSWs going in to a patient’s home. Three of them are capable but maybe the fourth isn’t, so it is up to us make sure that everybody’s skill set is adequate.”

PSW supervisor



Speaking Notes

One of the identified challenges related to working with PSWs in the community is the variability in PSW education and preparation.

PSW preparation varies and as a result their ability to perform added skills also varies.

A portion of those individuals providing supportive care in the community are certified PSWs educated through programs at Community Colleges, Private Career Colleges and the Board of Education.

Those who are not considered certified PSWs are often referred to as health care aides. These workers receive on the job training and are often hired based on life experience for providing supportive care.

This variability in education and preparation means the ability of PSWs to provide more complex care including added skills and delegated tasks varies. One PSW supervisor commented that “It depends on the individual PSWs, you may have three or four different PSWs going in to a patient’s home. Three of them are capable but maybe the fourth isn’t, so it is up to us make sure that everybody’s skill set is adequate.”



PSW Workload

PSW workers often did not feel they had adequate time to complete added skills

- ❖ PSW are often expected to perform added skills without being provided additional time for their visit
- ❖ PSWs were often willing to learn added skills, however, they did not feel adequately compensated for the additional knowledge, skills, and workload
- ❖ Communication between home care organizations and Care Coordinators related to changes in PSW workload seemed to be lacking

“The expectation is that you finish whatever you have to do with the client in half an hour, 45 minutes, and 15 minutes is the exercise time. You can imagine the quality of care we provide.”

PSW worker



Speaking Notes

The additional workload resulting from having to perform added skills on top of personal care was identified by PSWs as problematic. PSWs were not always provided with extra time for added skills.

While most PSWs included in the focus groups were willing to learn added skills they did not feel adequately compensated for the additional knowledge, skills and workload associated with these new care tasks.

It was evident through focus group discussions that communication between home care organizations and care coordinators related to changes in PSW workload was lacking.

One PSW reflected on how the added workload affects the quality of care provided, “The expectation is that you finish whatever you have to do with the client in half an hour, 45 minutes, and 15 minutes is the exercise time. You can imagine the quality of care we provide.”



PSW Role Clarity

There was a lack of clarity about the PSW role and what added skills required teaching or delegation

- ❖ PSWs and health professional staff (i.e., nurses, allied health professional, and care coordinators) were unclear about what added skills required teaching or delegation
- ❖ Policies and procedures related to added skills for PSWs varied across home care service provider organization
- ❖ There was also a lack of clarity around which added skills required patient specific delegation

“We’ve done different types of creams or eye drops. They’ve been delegated, but it’s very hard sometimes to know, even though it’s delegated, sometimes we can still give some without being delegated.”

PSW worker



Speaking Notes

Focus group discussions also revealed a lack of clarity around the PSW role, added skills, and when formal delegation is required.

PSWs and health care professionals including nurses, allied health providers and care coordinators were consistently unclear about what added skills required teaching or delegation.

In addition, policies and procedures related to the transfer of added skills for PSWs varied across home care service provider organizations. This may have contributed to the confusion around which skills required patient-specific teaching and assignment or delegation as compared to classroom teaching and assignment.

The confusion is evident in the following quote from a PSW “We’ve done different types of creams or eye drops. They’ve been delegated, but it’s very hard sometimes to know, even though it’s delegated, sometimes we can still give some without being delegated.”



PSW Perceptions of Support

PSW workers had both positive and negative feelings about the support they received for added tasks

- ❖ PSW perceptions of support for added tasks varied across and within home care service provider organizations
- ❖ Most PSWs felt support for initial training for added skills was adequate
- ❖ Ongoing support for added skills seemed to be lacking

“Today I was just learning catheter care, catheter insertion...they will train me as much as I need. They will not leave it on me until I feel secure doing it.”

PSW worker

“I was trained by a nurse just the one time. It was just, you’re on your own after that.”

PSW worker



Speaking Notes

Feeling supported in the provision of added tasks was important to PSWs. They had both positive and negative feelings about the support they received, with PSW perceptions of support varying across and within service provider organizations.

The majority of PSWs we spoke to felt the support they received when initially being trained to perform an added skills was adequate. They felt comfortable asking for additional training if they were not ready to perform the task independently.

One PSW said the following about their supervisor. “Today I was just learning catheter care, catheter insertion...they will train me as much as I need. They will not leave it on me until I feel secure doing it.

However, PSWs consistently conveyed to us that ongoing support for added skills was lacking. One PSW said, “I was trained by a nurse just the one time. It was just, you’re on your own after that.”



PSW Supervision for Added Skills

Ongoing supervision for added skills was inconsistent across regions and home care service provider organizations

- ❖ Ongoing monitoring of PSW competency to deliver added care was lacking
- ❖ The need for the added care was not routinely assessed
- ❖ Adequate staffing and PSW supervisor workload seemed to contribute to issues around supervision for added skills

“I’d seen [the patient] for a couple of years. I had nobody come in and reassess me or ask me to do this [intermittent catheterization] under supervision”

PSW worker

“We’re stretched so thin in terms of supervisors that it’s hard for them to get out to every client and visit with us to review the physio exercises that we’ve been doing. We’re just left to our own devices. We do the best we can. If we have any concerns, we usually bring them forward.”

PSW worker



Speaking Notes

The final issue identified through focus group sessions was the inconsistent supervision and ongoing monitoring of the provision of and need for added skills.

Ongoing monitoring of a PSW’s competency to deliver added care was lacking. One PSW recalled how, although she had been working with a patient for a couple of years performing intermittent catheterization, nobody had come into reassess her ability to perform the skill.

Similarly, the ongoing need for the added skill was not routinely assessed. One PSW explained how staffing can impact the ongoing monitoring of added skills. “We’re stretched so thin in terms of supervisors that it’s hard for them to get out to every client and visit with us to review the physio exercises that we’ve been doing. We’re just left to our own devices. We do the best we can. If we have any concerns, we usually bring them forward.”



Summary of Study Findings

- ❖ Providers work in isolation and there is really no home care team
- ❖ Home care team roles are fairly well defined, although interaction between care team members is limited
- ❖ Home care patients are complex and experience multiple negative outcomes during their episodes of care
- ❖ The role of personal support workers is expanding to include tasks traditionally performed by health professionals
- ❖ Support for appropriate documentation and communication vary across service provider organizations
- ❖ PSW preparation varies, as a result their ability to perform added skills also varies
- ❖ Supervision of added skills is inconsistent



Speaking Notes

In home-based care, providers work in isolation. There is really no home care team. While home care provider roles are fairly well defined, limited interaction occurs between care provider types.

Patients being cared for in the community are complex, receive multiple types of services and frequently experience multiple negative outcomes.

The role of PSWs is expanding to include tasks traditionally performed by health professionals. As PSWs spend the most time with patients they are often aware of changes in patient status sooner. While PSWs are required to report any patient issues to their supervisor, they are not consistently supported to appropriately document and communicate their observations.

PSW preparation varies, as a result their ability to perform added skills also varies. Supervision of added skills is inconsistent and often lacking due to staffing issues and PSW supervisor's workloads.



Things to consider...

- ❖ Precarious employment of PSWs
- ❖ No common chart
- ❖ Interdisciplinary communication
- ❖ Lack of team-based work environment
- ❖ Coordinating acute care with community-based care for other chronic comorbidities



For study updates visit:

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