**The Impact of Home Care Nurse Staffing, Work Environments
and Collaboration on Patient Outcomes:**
*Phase II: Policy Implications for Ontario*

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## Overview

Home care holds significant promise as a long-term strategy to manage the costs of providing effective, satisfying services to the growing number of Canadian seniors living into very old age, even those with complex co-morbid chronic diseases.[i] As health systems transform to provide a wider range of services to a growing population through the expansion of home care delivery in Ontario, it is imperative that policy decision makers are aware of the current knowledge gaps and practice issues. The focus of this *Phase II* paper is to analyze and apply the findings of the *Phase I* jurisdictional scan to the Ontario home care context. The current political landscape, challenges in home care structure and delivery, and scope of practice issues (e.g. delegation) will be discussed in detail.

## Results

### *Political Landscape*

The structure and delivery of home care reflect a complicated patchwork of policy and program responses across the country. Who receives care, and how care is provided is not uniform or consistent across jurisdictions. Home care in Ontario includes a mix of for-profit and not-for-profit providers who may both be contracted by governments or health authorities to provide publicly funded services to patients, or who may be directly engaged and paid out of pocket by private individuals. This analysis is limited to publicly funded home care services authorized, coordinated and contracted by Ontario's 14 Community Care Access Centres (CCACs). According to the College of Nurses of Ontario (CNO), the CCACs employed 4,028 Registered Nurses (RNs) and 581 Registered Practical Nurses (RPNs) in 2014.[ii] In addition to, there are approximately 34,000 personal support workers (PSWs) that are employed in Ontario home care and deliver health and home support services under the direction of RNs and/or RPNs.

### *Educational Requirements: RNs, RPNs, PSWs*

In Canada, a baccalaureate degree is required to enter practice for RNs (with the exception of the Province of Quebec), but the curriculum delivered to attain that degree may have little common framework or pedagogy. For RPNs the education level for entry-to-practice varies widely across the country. Within Ontario, a two-year diploma is required of RPNs. Standards for minimal training to work as a PSW are just starting to emerge,

however there is no regulation of, or accord on the role title, responsibilities or accountabilities. There is no provincial or national PSW certification examination.

*Safety and Quality Outcomes*

Before home care expansion occurs, effectiveness, safety and quality outcomes in Ontario home care warrant closer attention. Past studies of home care safety have found a "patchwork of services," inconsistencies in care planning and delivery in home care, a lack of integration of [home care] teams and care coordination across healthcare sectors and failures in communication[iii]. Canada's health care system continues to lag on performance relative to spending, especially in measures of quality, including safety, coordination and patient centeredness.

*Effective Communication*

Rigorous evidence shows that effective teamwork and communication are essential in highly reliability systems and for both preventing and responding to adverse events[iv][v]. In Ontario, it is common for clients to be receiving home care services from two or more different organizations, often with allied health providers coming from different agencies than the nursing and PSW teams. In the chain of hand-offs in home care, each additional team-to-team or person-to-person interface increases the possibility of miscommunication and error. Hard evidence is lacking in the areas of hand-offs in home care, effectiveness of teaching, verification of competence, understanding of the services being delegated, and expected outcomes.

*Scope of Practice Issues*

The CNO identifies 100 entry-to-practice competencies for RNs[vi] and 121 for RPNs.[vii]. However, considerable overlap in the competencies for each group causes confusion and friction in differentiating the two nursing categories. In efforts to bridge this gap, the CNO developed a framework linking client, nurse and environmental factors to facilitate "decision making related to care-provider assignment, as well as the need for consultation and collaboration among care providers." [viii]

As PSWs are unregulated care providers who are neither registered nor licensed by a regulatory body, they have no legally defined scope of practice. The Ontario Personal Support Worker Association (OPSWA) has set out what it believes are core elements of PSW practice[ix] and has developed 23 *Standards of Practice*[x] in order to help clarify ongoing scope of practice concerns.

*Delegation*

The structures and processes to support the ways RNs, RPNs and PSWs interact, delegate, assign and follow up are unclear. The CNO has published guidelines and decision-making tools surrounding delegation, however, there are multiple points of hand-off where communication has to be very clear to not drop details about client needs and supports. Additionally, within the home, further levels of assignment and delegation may be decided by allied health professionals, RNs and RPNs. These decisions are individualized and are specific to the provider, client and environmental factors.

## Conclusion

The organization of home care in Ontario drives a number of safety, quality and user satisfaction concerns. These challenges may be exacerbated by the reality that home care is complex, often unpredictable, and demands providers normally to work alone in the homes of clients without immediate access to backup and support [xi].  The process by which home care is authorized, organized, coordinated, delivered and evaluated entails numerous points of transition where human communication errors occur.  There are numerous tools provided by regulators and others to aid in decision-making around assignment, delegation, teaching and supervision of tasks. However, the tools are embedded within documents that often are large and text dense.

*Recommendations*

Additional research is needed to examine the ways care is delegated in the home care setting. As care becomes more acute and complex, and as unregulated providers step outside their traditional roles, the risk for compromised care increases unless teaching, delegation and supervision by nurses is being provided effectively. Delegation, assignment, teaching and supervision skills should be emphasized within RN and RPN undergraduate education, ongoing professional development programs, and employer-based orientation and continuing education programs. Decision-making tools surrounding delegation do exist that could be adapted for use and then shared in the Ontario home care context. Finally, by streamlining processes by reducing the number of providers involved, and the number of points of transition could help to reduce communication errors.

[i] Sinha, M., & Bleakney, A. (2014). Receiving care at home. *Spotlight on Canadians: Results from the General Social Survey.* No. 002. Statistics Canada Catalogue no. 89-652-X p.1-16. http://www.statcan.gc.ca/pub/89-652-x/89-652-x2014002-eng.htm (Accessed January 17, 2015.)

[ii] College of Nurses of Ontario. (2014). *Membership statistics highlights 2014*. Toronto: Author. http://www.cno.org/Global/docs/general/43069_stats/43069_MembershipStatistics-Highlights.pdf

[iii] Doran, D., Blais, R., Harrison, M., Hirdes, J., Baker, G.R., Lang, A., et al. (2013). *Safety at home: A pan-Canadian home care safety study.* Edmonton: Canadian Patient Safety Institute. http://www.patientsafetyinstitute.ca/english/research/commissionedresearch/safetyathome/documents/safety%20at%20home%20care.pdf

[iv] Canadian Patient Safety Institute. (2011). *Canadian framework for teamwork and communication. Literature review, needs assessment, evaluation of training tools and expert consultations.* Edmonton: Author. http://www.patientsafetyinstitute.ca/English/toolsResources/teamworkCommunication/Documents/Canadian%20Framework%20for%20Teamwork%20and%20Communications.pdf

[v] Frank, J., & Brien, S. (Ed's) on behalf of the Safety Competencies Steering Committee. (2008). *The safety competencies: Enhancing patient safety across the health professions*. Ottawa: Canadian Patient Safety Institute. http://www.patientsafetyinstitute.ca/English/toolsResources/safetyCompetencies/Documents/Safety%20Competencies.pdf

[vi] College of Nurses of Ontario. (2014). *Competencies for entry-level registered nurse practice*. Toronto: Author.

[vii] College of Nurses of Ontario. (2014). *Entry-to-practice competencies for Ontario registered practical nurses*. Toronto: Author.

[viii] College of Nurses of Ontario. (2014). *RN and RPN practice: The client, the nurse and the environment*. Toronto: Author.

[ix] Ontario Personal Support Worker Association. (2015). *Scope of practice for PSWs.* Retrieved from http://opswa.webs.com/scope-of-practice (Accessed January 28, 2015.)

[x] Ontario Personal Support Worker Association. (2015). *Standards of practice.* Retrieved from http://opswa.webs.com/standards-of-practice (Accessed January 30, 2015.)

[xi] Tourangeau, A. (2014). *Examining the impact of home care nurse staffing, work environments and collaboration on patient outcomes: A scoping review of the literature* Toronto: Tourangeau Outcomes Research.