

Home Care Ontario Submission: Health and Supportive Care Providers Regulatory Framework

On December 1, 2023, the Ministry of Health posted an overview of the proposed regulatory framework summarizing the proposed regulations to be made under the *Health and Supportive Care Providers Oversight Authority Act (Act)* and that are on the Regulatory Registry. This posting will be available for a 45-day comment period.

This regulatory framework will support registration and oversight of Personal Support Workers (PSWs) in Ontario.

The Ministry is providing this template to help organize stakeholder feedback. The template includes a few specific questions to help with decision-making to finalize supporting regulations under the Act.

Proposed Primary and Alternative Registration Pathways for PSWs

The Regulatory Registry proposal posting lists five pathways for PSWs to register with the Authority:

1. Primary Pathway: Applicant successfully completed a program that meets the MCU's PSW Standard
2. Pan-Canadian Registration Pathway: Applicant successfully completed health-related education in another Canadian jurisdiction outside of Ontario with a required PSW competency assessment.
3. Labour Mobility Registration Pathway: Applicant on a Registry or Directory established by a Canadian province other than Ontario (i.e., Alberta, Nova Scotia and British Columbia)
4. Internationally Educated Registration Pathway: Applicant successfully completed health-related education outside Canada with a required PSW competency assessment.
5. Legacy Registration Pathways:
 - a. Legacy Pathway - Applicant currently providing or recently provided personal support services and hired based on health-related education from outside of Ontario.
 - b. Legacy Pathway - Applicant currently providing or recently provided personal support services and hired based on a program aligned with outdated PSW standards.
 - c. Legacy Pathway - Applicant is currently providing or recently provided personal support services, for the equivalent of three full-time years without health-related education and a competency assessment or alternative competency assessment tool required to register.

1) Are there any other pathways that the Ministry should consider for PSW registration?

The 5 pathways seem all encompassing.

We do need to ensure that personal support staff have the competency to practice in their care setting, whether that be LTC, hospital or home care. Home Care Ontario is pleased to see Pathway 5 has some health related educational programs that do not meet the minimum 600 hours of training but do support a graduate with work experience as well having the competency to provide safe and effective care. Home Care Ontario recognizes that graduating from a certified PSW program does not equate to having the skill, knowledge and competency needed to deliver care in the home care setting. Experience is an important aspect of building competency, and an employer is very well suited to be able to complete that assessment.

For the Internationally Educated Pathway, it may be helpful to provide greater clarity for Internationally Trained Nurses (IENs) to work as PSWs. Home Care Ontario suggests that Physiotherapists/Occupational Therapists (PT/OTs) who are internationally educated, work as PSWs as they await their certification. This may fit under Pathway 5.

2) Are the registration pathways and related requirements for each pathway appropriate to support public confidence that a PSW registered with the Authority will deliver safe, competent, ethical, high-quality care to patients, clients and residents in their homes, hospitals, long-term care facilities, or other health care environments?

Yes they are appropriate to support public confidence. Home Care Ontario suggests an additional competency assessment to ensure a continued level of skill and knowledge to support safe care delivery.

For the Internationally Educated Pathway, it appears that individuals who have graduated from a PSW program delivered outside Canada will be accepted (that is, some Colleges are marketing their curriculum to schools at out of country locations, such as Philippines etc.). Home Care Ontario suggests the creation of a list of international educational institutions that have been approved/vetted as meeting the PSW Standard for Ontario.

Development of a Competency Assessment Framework for PSWs

Several of the proposed alternative pathways include a competency assessment for applicants that do not have the Ontario PSW certification as reflected in the primary pathway. The Authority will develop a competency assessment framework that supports a consistent evaluation of an applicant's knowledge, skills, and abilities in the provision of high-quality personal support services across all health settings. The intent of the competency assessment is to enable the Authority to gradually rollout the pathways with tools and processes that are fair, objective, equitable, consistent, and defensible. The Ministry would like feedback on the following questions related to competency assessments:

- 1) Once a competency assessment tool has been developed, whom would be best positioned to undertake PSW evaluations and what might be the positive or negative consequences?**
 - a. The Authority**
 - b. A third-party evaluator**
 - c. Employers**
 - d. Other regulated health professionals**

- e. **Any combination of the above**
- f. **None of the above**

In BC an issue has arisen where BC personal support staff are unable to become registered in a timely manner and there has been failure in the system to support the timely processes needed with the Regulatory Authority. It is very important to avoid the problems created in BC with the introduction of an assessment and competency framework that must be completed by the Authority before the PSW is able to complete the registration process.

How to avoid this issue? Home Care Ontario recommends the standardization of the competency assessment/evaluation tool, and that the tool be shared with employers as a competency framework to be used by regulated health professionals supervising their work. The employer is already accountable for performance of staff and transfers risk by ensuring appropriate supervision, policies, procedures, tools and supports as well as by holding insurance. This works under a government-funded home care model; however, for those PSWs who are working on their own without an employer, there may not be any regulated health professional oversight for delegations or transfer of authority. In this case, the authority could recognize a third-party evaluator such as a College to complete and attest to competency.

2) What competencies (e.g., knowledge, skills, abilities, and behaviours) would be expected within a competency assessment tool to best evaluate an applicant’s ability to perform as a PSW in any Ontario healthcare setting?

Tasks need to incorporate the expectations of provincial contract templates under the Personal Support and Homemaking Services Schedule as well as Community Support Services MSAA agreements for provision of personal support and homemaking services. Delegations of tasks which require transfer of authority need to point to College of Nurses of Ontario, or appropriate professional therapy oversight regulatory body.

Personal Support Tasks shall include,

- a. personal hygiene activities and routine personal activities of living, including:
 - bathing activities: assisting Patient to prepare for a bath or shower; assisting Patient with bath or shower; and performing a bed bath
- b. the following activities relating to oral hygiene:
 - assisting with and carrying out the cleaning of the Patient’s mouth area and dentures, if applicable; and assisting with and carrying out the moisturising of the Patient’s lips
- c. the following activities relating to hair and scalp care:
 - assisting with and carrying out the washing of the Patient’s hair; brushing or combing the Patient’s hair; and drying and brushing Patient’s hair after washing
- d. the following activities relating to skin and nail care:
 - assisting with and carrying out the application of non-prescription skin lotion and powder to Patient; assisting with and carrying out the shaving of Patient’s facial hair with an electric razor; and filing fingernails and toenail
- e. assisting Patient to put on and remove clothes
- f. the following activities relating to perineal hygiene:
 - assisting with and carrying out the washing, rinsing and drying of the Patient’s perineal area cleaning the skin around an indwelling catheter; and preparing and assisting with Sitz bath

- g. the following activities relating to the elimination of waste material from the Patient's body:
 - assisting Patient to use a toilet, commode, urinal or bedpan; assisting with and carrying out changing of Patient's personal hygiene products; attaching, securing and detaching urinary drainage bag; emptying of urinary drainage bag and stoma bag; measuring and recording amount of urinary output; obtaining a specimen from the Patient; and applying a condom catheter to a Patient
- h. the following activities relating to the positioning and transferring of Patients:
 - assisting Patients to turn and reposition; turning and positioning Patients; assisting with and carrying out the transfer of a Patient from one location to another; assisting Patient with ambulation; and assisting with and carrying out the application and removal of prostheses and orthotic devices

Homemaking Tasks shall include,

- a. the following housecleaning activities:
 - cleaning sink, bath and shower after use by Service Provider Personnel for bathing of Patient
 - emptying commode, urinal or bedpan after assisting Patient with toileting
 - cleaning toilet, commode, urinal or bedpan after assisting Patient with toileting
 - washing, drying and putting away dishes used to assist Patient with feeding
 - cleaning surfaces of counters and appliances used to assist Patient with feeding
 - cleaning kitchen and bathroom floors with wet mop, as necessary
 - dusting, mopping and vacuuming Patient's primary living area
 - disposing of Patient's garbage
- b. the following activities relating to Patient's laundry:
 - washing laundry in washing machine at Service Delivery Location or laundromat
 - drying laundry
- c. the following activity relating to banking: mailing cheques
- d. the following activities relating to meal preparation:
 - assisting with and carrying out the preparation of meals that take no longer than 30 minutes to prepare
 - warming prepared foods
 - dividing and storing prepared meals and food
 - assisting with and carrying out the feeding of Patients
 - assisting with and carrying out the cleaning of Patient after a meal
 - planning menus

Care activities with and for a Patient, provided that the care activities are assigned, delegated, supervised and/or taught in accordance applicable College Standards and Guidelines, including:

- a. transferring Patient using transfer equipment
- b. using a transfer technique identified by a regulated health professional
- c. providing special mouth care as directed by a regulated health professional
- d. performing shallow oral suctioning on a Patient
- e. cueing, assisting with or carrying out range of motion exercises
- f. cleansing outer cannula for an established tracheostomy
- g. applying compression stockings to a Patient
- h. administering a commercially prepared enema to a Patient
- i. inserting a suppository into a Patient, if the suppository is part of an activity of daily living (not on a pro re nata basis)
- j. assisting with and carrying out urine testing with test strips or similar technology on a Patient to determine sugar and acetone levels but excluding the interpretation of results

- k. assisting with the insertion, cleaning and removal of intermittent catheters
- l. administering tube feeding to a Patient
- m. measuring and recording fluid intake of a Patient
- n. after the Patient or Caregiver has prepared or premeasured the medication, assisting the Patient to take oral medication, if the Patient needs physical assistance to take the medication
- o. assisting a Patient with pre-loaded injections, excluding the administration of the injection itself
- p. assisting with the administration of oxygen to a Patient
- q. assisting with and carrying out the administration of eye and ear drops to a Patient
- r. assisting with and carrying out the administration of inhalants to a Patient
- s. assisting Patient with and carrying out the application of medicated shampoos, medicated lotions, creams and ointments to the skin
- t. assisting a Patient with and carrying out the application of dry dressings
- u. assisting the Patient with exercise programs
- v. assisting the Patient with breathing exercises, including exercises relating to deep breathing, coughing and postural drainage
- w. performing Special Functions or any other activity taught by a regulated health professional;
- x. assisting with the application of a medication patch
- y. assisting with blood glucose testing and recording

In addition to Personal Support Tasks and Homemaking Tasks, the Service Provider shall be capable of, cueing the Patient with respect to any Personal Support and Homemaking Tasks and any other activity set out in the Patient’s Service Plan.

The task list should not include the functions of the Clinical Supervisor.

3) In what way might a competency assessment framework be delivered and what supporting tools and/or resources would be most appropriate to assist individuals in undergoing the assessment?

Employers working within the government funded and family funded home care sector in Ontario already have regulated health professional oversight of PSWs, with a minimum of one Registered Nurse overseeing personal support staff, and must evaluate the skill, knowledge and competency before that staff is assigned to a patient based upon their specific care needs.

In instances of family funded care where PSWs are working on their own without employer oversight or a health care professional supervisor, this may require the Authority to rely upon a third party, such as a college, to assess competency.

Having the competency assessment tool available on the Authority website would make it available for all to use. The web page could also provide some recommendations on use of the assessment and advice to registered health care professionals on how to fill in.

4) Should there be a minimum amount of on-the-job experience (i.e. hours) for applicants that do not have any health-related education (i.e., Pathway 5C) before they are eligible to have a competency assessment undertaken by the employer or the Authority?

Home Care Ontario recommends consistency across the pathways and agrees that 600 hours of education and experience is reasonable, in addition with a competency assessment conducted by a registered health professional. Employers may hire staff with other certificates that are sector specific, such as the Home

Support Worker or Community Support Worker certificate programs, approved under Ministry of Colleges and Universities but the educational hours are less than 600 hours; however, with practice and work experience and oversight by a health care professional, PSWs would have the same level of skill and competency in delivering care to patients. Thus 600 hours is a good expectation for Pathway 5C.

Proposed Regulatory Framework

1) **Please provide your feedback / general comments on other aspects of the proposed regulatory framework under the following headings:**

i) Proposed Codes of Ethics (COEs)

Some of the COEs rely upon self-reflection which is a skill that is typically used by regulated health care professionals and may not be a skill appropriate for PSWs or those providing personal support services. The following list of COEs provides examples and/or context to this risk.

COE #10

The registrant (PSW) shall provide services safely and ethically and only attempt or complete tasks that they are competent to provide.

This would require the PSW to complete a self-reflection on competency which is appropriate for regulated health professionals but may not be appropriate for PSWs.

COE #11

The registrant shall provide services safely and ethically and only attempt or complete tasks that they are competent to provide.

This would require the PSW to complete a self-reflection on competency which is appropriate for regulated health professionals but may not be appropriate for PSWs.

COE #13

The registrant shall adequately supervise a person who is under the professional responsibility of the registrant and who is providing health services or supportive care services.

This would require the PSW overseeing another PSW to assess skills competency and knowledge which may not be appropriate for PSWs.

COE #15

The registrant shall only accept the delegation of a controlled act from a health professional under Section 27 of the Regulated Health Professions Act, 1991 where the registrant has the necessary knowledge, skill, and judgment to carry out the act safely and effectively.

This would require the PSW to complete a self-reflection on competency which is appropriate for regulated health professionals but may not be appropriate for PSWs.

COE #21

The registrant shall be physically and mentally capable of providing high quality services at a level of competence expected by the Authority.

This would require the PSW to complete a self-reflection and continuing education on competency, which is appropriate for regulated health professionals but may not be appropriate for PSWs.

COE #25

The registrant shall not discontinue services that are needed unless:

- the recipient requests the discontinuation and alternative services are arranged or the recipient is given a reasonable opportunity to arrange alternative services or
- the registrant has a reasonable belief that the registrant may be harmed by the recipient or be unsafe in the environment in which the services will be performed.

The PSW has the right to a safe workplace and must be allowed the choice not to work in a setting where there is risk to themselves as per Occupational Health and Safety Act, Section 21.

COE #28

The registrant shall work with health care teams to address deficiencies in a recipient's care and achieve improved health results when the registrant recognizes that there are health care gaps in the recipient's community.

Home Care Ontario believes this is not the role of the PSW in a government funded home care setting. PSWs are not able to assess health care gaps in a patient care plan. This may create confusion on roles.

COE #41

The registrant shall make arrangements with a recipient or the recipient's authorized representative for access to or for transfer of the records of the recipient in the possession of the registrant to another registrant when requested to do so by the client or authorized representative.

This is not the role of the PSW in government funded home care setting. This is the role of the Privacy Officer. This may create confusion on roles.

COE #45

The registrant shall not charge a fee for services not performed except that a registrant may charge for the cancellation of an appointment less than 24 hours before the appointment time or in accordance with any reasonable written agreement with the recipient.

This time frame does not match the provincial contract template for provision of personal support and homemaking services in Ontario.

COE #53

The registrant shall not influence a recipient to make or change a will or other testamentary instrument in favour of the registrant.

Employers have policies similar to the above.

ii) Complaints, Discipline & Appeals Process

Home Care Ontario agrees with the proposed framework regarding Complaints, Discipline & Appeals Process.

iii) Discipline & Appeals Committees

Home Care Ontario believes there may need for greater clarity regarding the Health Professionals Appeal Board's role in oversight.

iv) Public Register

Home Care Ontario believes that the Register must maintain privacy of personal information such as home address, contact information of PSWs.

The registration process must be established in a manner that supports timely application. Currently, BC does not have an adequate set-up process and the process takes far too long with high wait times for care. In Nova Scotia, they are able to register staff quickly. Home Care Ontario recommends reviewing both of these provincial systems to better understand how to achieve fast access to the registration process.

Home Care Ontario also recommends an employer fast-track registration process that allows for secure exchange of bulk registration of staff. There should be a benefit on any cost of registration by having an employer provide a bulk upload file to incent employers to engage in this process and lessen the burden of reporting.

v) Advisory Committee

Home Care Ontario recommends sufficient seats on the Advisory Committee for representation from the home care sector, including both publicly and family funded providers. As the setting of delivery of practice is very different between LTC and Home Care, the seats could reflect the number of staff registered by setting (facility versus home care).

vi) Visual Mark

Home Care Ontario agrees with the proposed framework regarding the Visual Mark.

vii) Funding for Therapy and Counselling

Home Care Ontario agrees with the proposed framework for Funding for Therapy and Counselling, provided that it is not meant to prevent patients from speaking out about their experience nor to avoid engaging police authorities to ensure all criminal events are addressed appropriately.

viii) Continuous Quality Improvement (CQI) Activities Program

Home Care Ontario recommends:

- the review of the time to apply and confirmation of registration as a key performance metric for the Authority; if this takes more than two weeks, then the process and requirements need to be reviewed.
- Ongoing mandatory education must be specific to the practice setting. In order for the PSW practicing home care, they would not need to take education updates for LTC or facility-based care unless it is a patient care education. The current largest challenge regarding the certified PSW, is that the curriculum is far too heavy on LTC practice and very light on home care practice. The PSW

curriculum needs to be modernized to be applicable to and reflect current practices in the home care setting.

Additional Considerations

The Legacy Period

The legacy period allows individuals to initially register, however they will have three years to update their education to a recognized PSW program. Does this imply that current experience is (be) sufficient to maintain registration? Home Care Ontario believes that experience, skill and competency can be attained beyond a certified PSW program and that experience in a practice setting is very valuable with competency assessment completed by a regulated health professional overseeing practice. The competency assessment should guide the continued registration of the personal support staff.

Literacy Levels and Registration Process

Home Care Ontario is concerned about the current literacy level of the registration documentation and the technological skill required to complete the registration as it will pose challenges for many PSWs, particularly for those PSWs for whom English is a second language. Home Care Ontario believes that simpler language is required and that the Authority will require staff to be available to support PSWs with the registration process.

Costs Must Be Borne by Government; Not the PSW nor the Employer

Home Care Ontario recommends that government fund the ongoing operations of the Authority, and that registration is free for all PSWs to ensure the new Authority does not exacerbate the ongoing PSW staff crisis facing home care.

Home Care Ontario understands that the fee process and criteria have not yet been set and the province is developing proposals to fund the Authority to support the initial administrative and operational costs. While the Legislation states that the new Authority would be self-funded, as the source of funding is not yet clear, this is a major concern for both PSWs and home care providers across the province.

While being a PSW is widely recognized as one of the most demanding and impactful jobs in our health care system, it is also one of the lowest paid. The additional financial burden of supporting this new Authority cannot be placed onto PSWs. Making this Authority self-funding will only serve as a barrier to the ongoing recruitment and retention efforts of both the government and sector alike.