



Maintaining Stability and Growing Personal Support Capacity in Ontario's Home Care System

Position Statement

As Ontario's population ages rapidly, the critical importance of living and ageing at home is clear. Home Care plays a vital role in responding to this expressed need (See Appendix A - Campaign Research Home Care Study-Poll Research Results July 2020). This response will require government's sustained attention to, and strategic increase in, the largest home care workforce – personal support services. This workforce must be educated and prepared with the skills to provide safe, competent and responsive care to Ontarians in the home and community environment.

Background

Health Human Resources (HHR) in the home care sector have been strained for many years. Historically, the Provincial PSW Reference Table was created in 2017 to address the lack of graduates from certified PSW programs in the province who actually went to work in the health system, and the propensity to work in the LTC sector rather than home care sector. (See Appendix B - Addressing PSW Supply Shortages 2017 MOHLT). Existing personal support programs are focused on providing service in Long Term Care Homes and they do not fully prepare students to practice in Ontario's growing and changing home care environment. This lack of preparation has limited the number of new PSWs choosing home care as their desired practice setting.

During the COVID-19 pandemic, home care HHR capacity worsened while demand for services surged to unprecedented levels. (See Appendix C – June 2023 HCCSS Missed Care Service Offer Acceptance Rates). As a result, the Ontario Government protected the most vulnerable populations by initiating programs to support more Ontarians to receive safe care at home.

Some service provider organizations (SPOs) responded to this increased need by creating staff capacity through innovative service delivery models which included unregulated care provider (UCP) training programs to increase the workforce. These programs were carefully designed and implemented by SPOs, in partnership and with the approval of the organization now called Home and Community Care Support Services (HCCSS). These programs made a crucial, positive impact on access to care with the addition of approximately 5,000 new personal support staff providing approximately 7.5M hours of care to Ontarians annually.

When HCCSS standardized amending agreements circulated at the end of March 2023, these training programs and existing UCPs would no longer have been recognized anywhere in Ontario. Due to significant concerns this change was raised by SPOs. Some HCCSS regions reverted to former contract language that explicitly made allowance for personal support staff that would not have met the standardized criteria, leaving other regions with a gap between the required qualifications and the workforce that had been deployed under the approved training programs. This change in qualifications will intensify the current home care HHR crisis and place responsibility on service providers to comply with qualification requirements when it is well understood and appreciated that market conditions in the home care sector are to blame and beyond the control of service providers.

For context, personal support staff are UCPs, who are not regulated under the *Regulated Health Professions Act, 1991* nor licensed by a regulatory health college. They have no legally defined scope of practice. Regardless of the UCP 'title,' the Regulated Health Professional such as a Registered Nurse, is accountable to assess the knowledge, skill, and competency of the UCP; this is true for both certified PSWs and other personal support staff who have been trained under different programs. (See Appendix D - CNO Decision Tree)

In the Ontario home care sector, the patient's care plan is developed following an assessment by the HCCSS Care Coordinator. The patient is referred by the HCCSS to the contracted SPO for delivery of the required services. Assignment of personal support staff to deliver the designated care plan and the scope of required activities to be performed by them while delivering personal care and homemaking tasks are laid out in the HCCSS contract Services Schedule Sections 3.2 and 3.3. Section 3.3 (4) outlines the activities that may be assigned or delegated with permission of HCCSS. The SPO is accountable to ensure that the personal support staff are assigned to meet the requisite training requirements to deliver the required elements of the care plan, and are overseen appropriately to ensure patient safety and achievement of outcomes of the care plan. Again, this is true of certified PSWs and other personal support staff.

It is important to note that the incidence of high-risk adverse events occurring with personal support staff has been below 1% for many years. Additionally, complaints from patients/caregivers related to personal support services are below 2% year-over-year based on provincial data. (See Appendix E - Adverse Events Chart. Source: HCCSS Key Performance Indicators).

Recommendations

Home Care Ontario makes the following recommendations to support the stability and growth of personal support capacity:

1. SPOs and HCCSS should co-design the Standardized PSS qualifications for future amending agreements, to recognize the use of a variety of personal support staff.
2. Recognize that personal support staff that receive a variety of training programs have been hired to maintain the personal support workforce and this must continue until the pipeline for PSWs in this sector is sufficient to enable timely access to care.
3. Staff already working under the supervision of regulated health professionals with demonstrated skills, knowledge, and competencies, be grandparented, that is, allowed to continue to work on a go forward basis.
4. Develop an equivalent to the Ontario Personal Support Standard for training and certification focused on the home care setting to promote growth and capacity for the sector.

Conclusion

There is a critical need for Ontario's home care sector, HCCSS, and the provincial government to work collaboratively within a solution-focused framework to address the deployment of UCPs to meet patient needs. The demand for home care will increase exponentially in the coming years and creative solutions will be required by the health care system to ensure that Ontario's growing population can age in place optimally. Home Care Ontario is eager to continue our work with the government and all system partners to provide safe care to meet the current and future home care needs of Ontarians.

Appendix A

Home Care Ontario Study
July 2020





Home Care Ontario Study July 2020

This study was conducted on July 24th and 25th, 2020, among a sample of 1,003 respondents who are residents of Ontario (55 years of age or older) and part of Maru/Blue's research panel. The study was conducted through online surveys. A probabilistic sample of a similar size would have a margin of error of plus or minus 3.1%, 19 times out of 20.

Where and how is the study conducted?

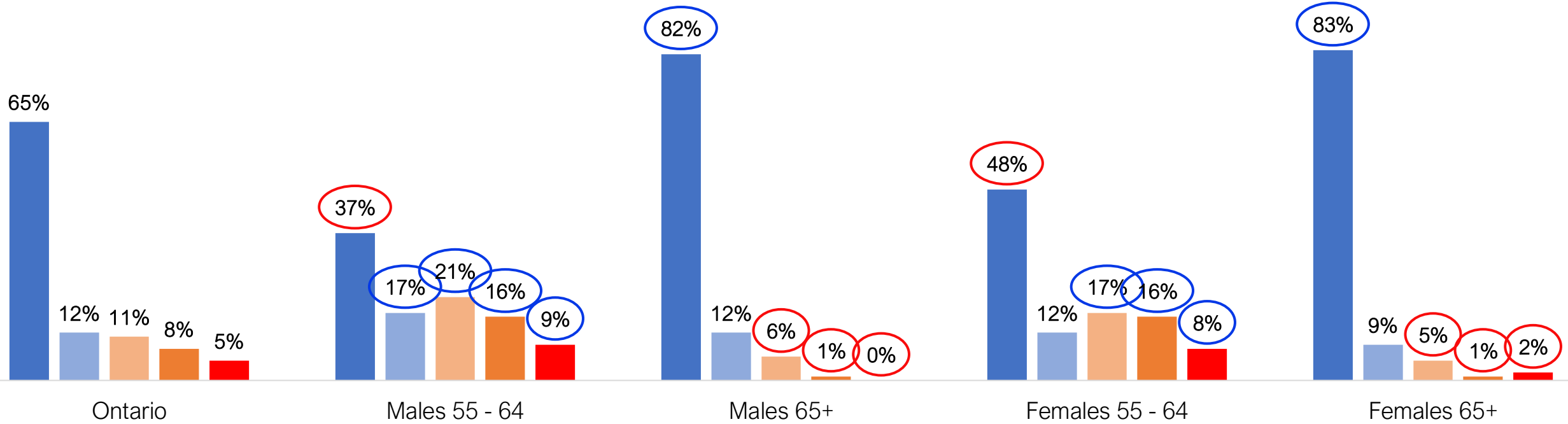
The study included respondents from an online panel of Ontarians, 55 years of age or older. The sample is weighted to regional, age and gender demographics, as per Statistics Canada.

Stats Testing:

-  Significantly higher than Ontario
-  Significantly lower than Ontario

Plans for retirement - Age and Gender

○ Significantly higher than Ontario
○ Significantly lower than Ontario



■ I am already fully retired

■ I am still working but plan to retire in 6 years or less

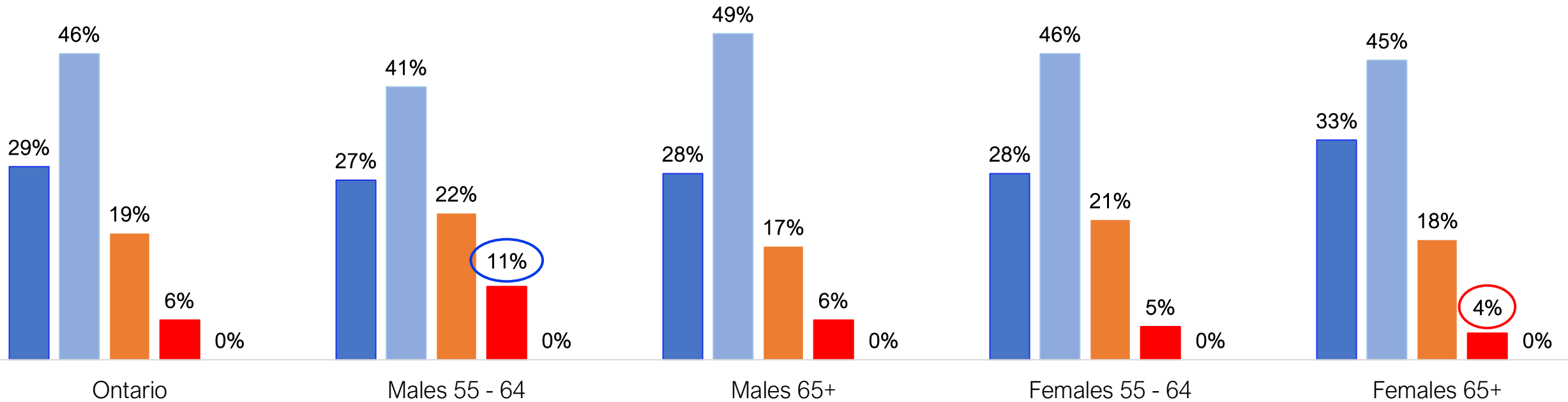
■ I don't plan to retire

■ I am semi-retired but still working (working part-time or business owner)

■ I am still working but plan to retire between 7 and 12 years from now

Concerned about contracting COVID-19/Coronavirus - Age and Gender

○ Significantly higher than Ontario
○ Significantly lower than Ontario



■ Very concerned

■ Somewhat concerned

■ Not that concerned

■ Not at all concerned

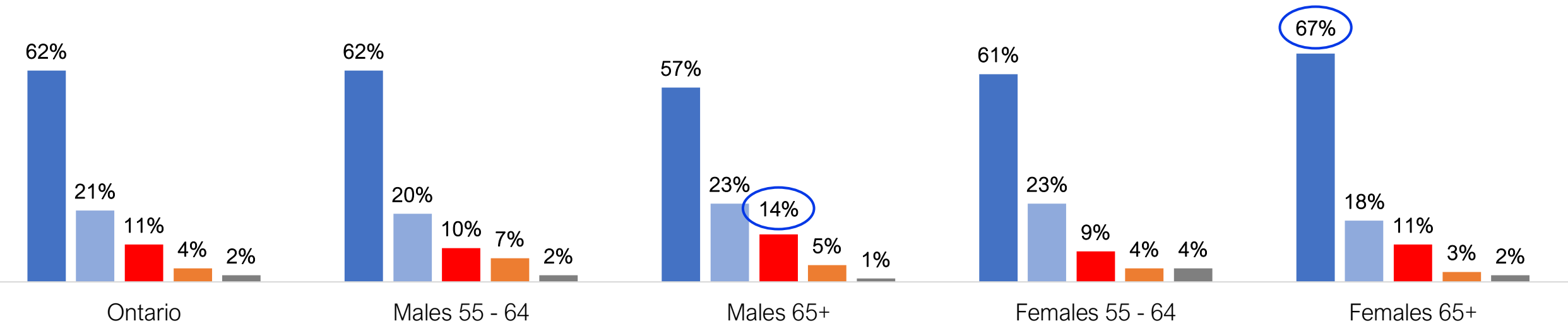
■ Don't know/Unsure



How concerned are you about contracting COVID-19/Coronavirus? n = 1003

Feelings around effectiveness of lockdown measures - Age and Gender

○ Significantly higher than Ontario
○ Significantly lower than Ontario



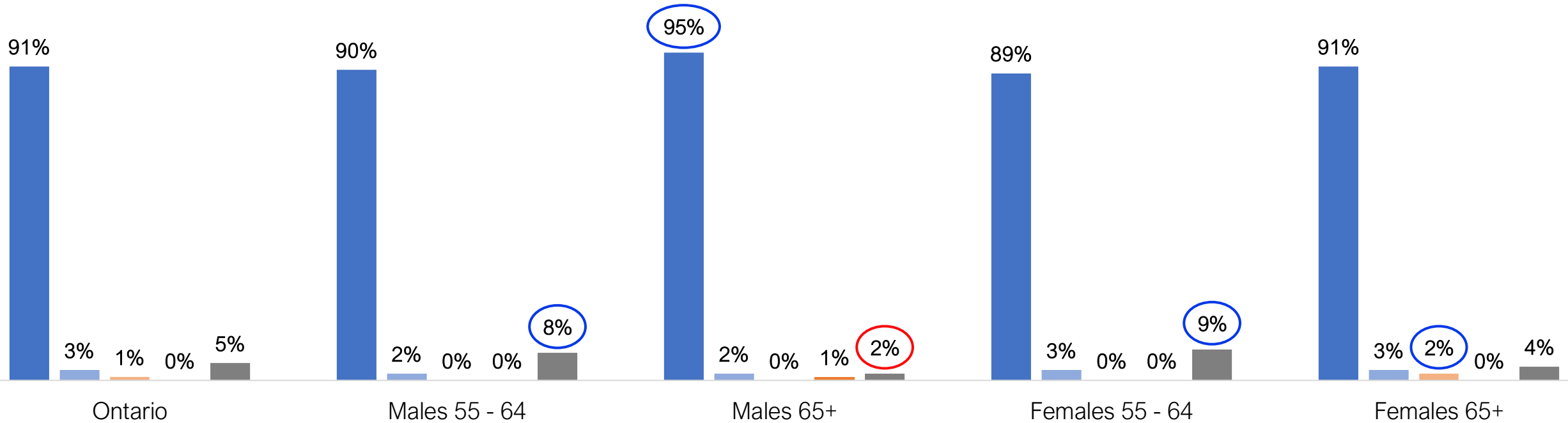
- The rules have been effective but the rules should remain in place until the end of August
- The rules have been effective but now it is time to relax the rules and get people back to to work
- The rules were not effective enough and more restrictions and more enforcement of the restrictions must be put into place and stay in place until the end of the August, at least
- The restrictions and the rules were not effective and much of it was unnecessary and over the top and we must get back to normal as soon as possible
- Don't know/Unsure



When you think about the last 15 weeks, the social distancing rules put into place, the shutdown of all non-essential businesses, the closure of schools and all the other measures implemented by your Provincial Government, how do you feel about the outcome at this time? n = 1003

Future housing plans - Age and Gender

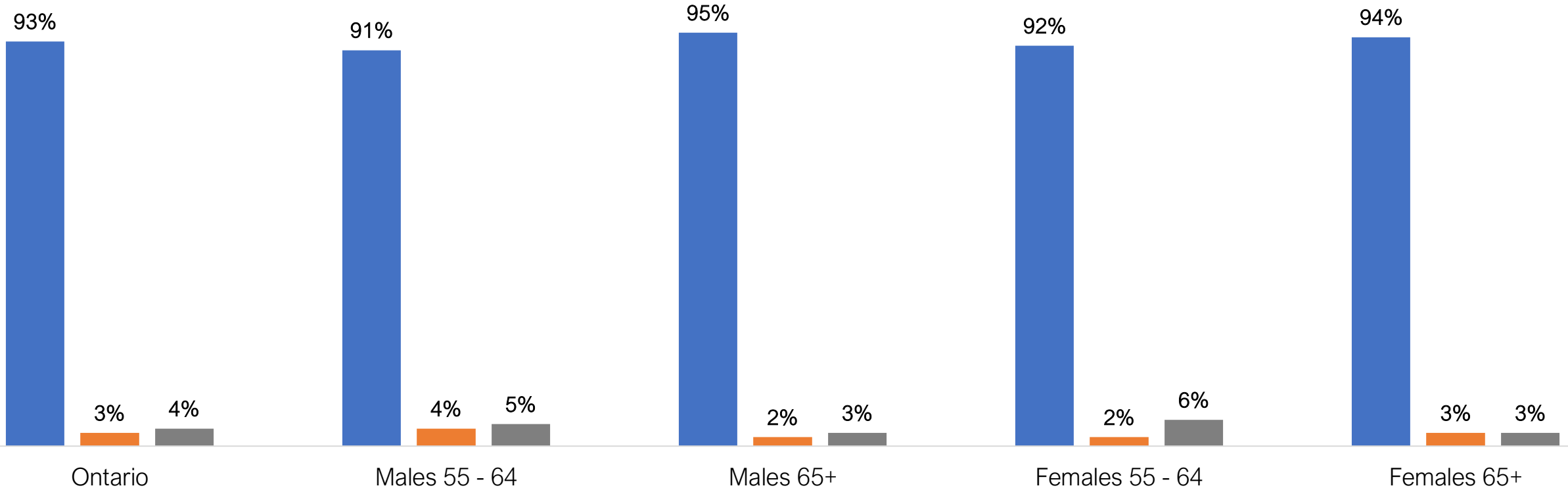
○ Significantly higher than Ontario
○ Significantly lower than Ontario



- You plan to stay in your own home or apartment as long as possible
- You plan to move into a retirement residence or you are already living in a retirement residence
- You plan to move in with a family member
- You plan to move into a long-term care facility or you are already living in a long-term care facility
- Don't know/Unsure

👤 Prefer to stay at home vs long-term care facility - Age and Gender

○ Significantly higher than Ontario
○ Significantly lower than Ontario



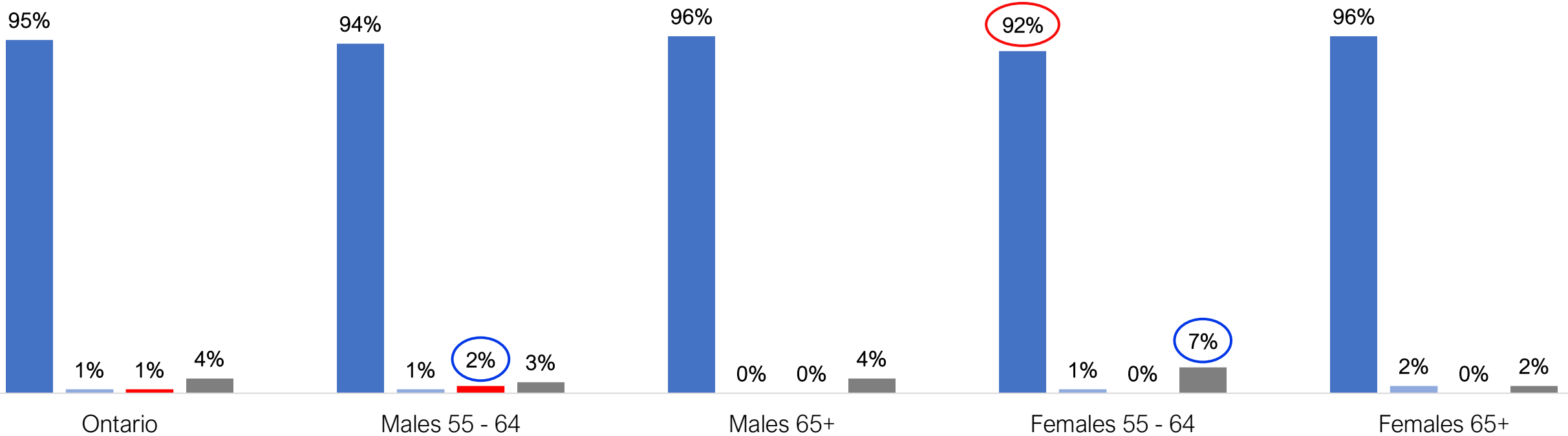
■ I would prefer to stay at home if additional supports were available to me ■ I would prefer to move into a long-term care facility ■ Don't know/Unsure



If you were destined to move into a long-term care facility but additional support could be provided to keep you at home or living with a family member, would you still prefer to move into a long-term care facility? n = 1003

👤 Safest environment during a pandemic - Age and Gender

○ Significantly higher than Ontario
 ○ Significantly lower than Ontario



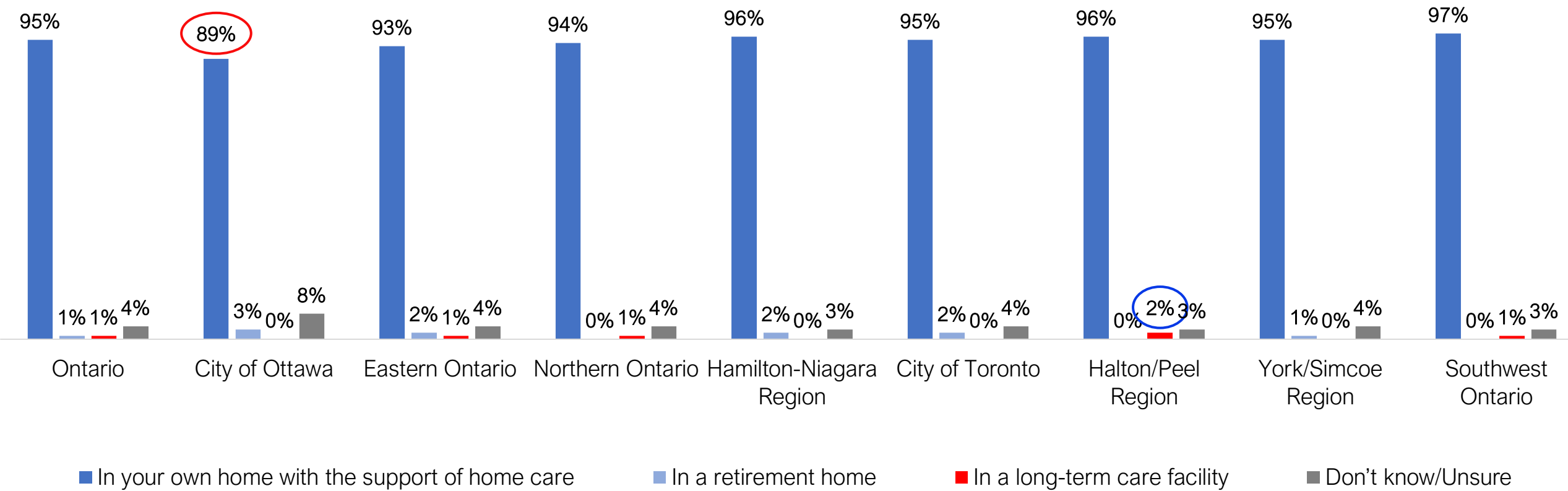
■ In your own home with the support of home care ■ In a retirement home ■ In a long-term care facility ■ Don't know/Unsure



When you consider everything you have recently heard, read and come to believe about COVID-19 and Coronavirus, which do you think is the safest environment for you to live in during a pandemic? n = 1003

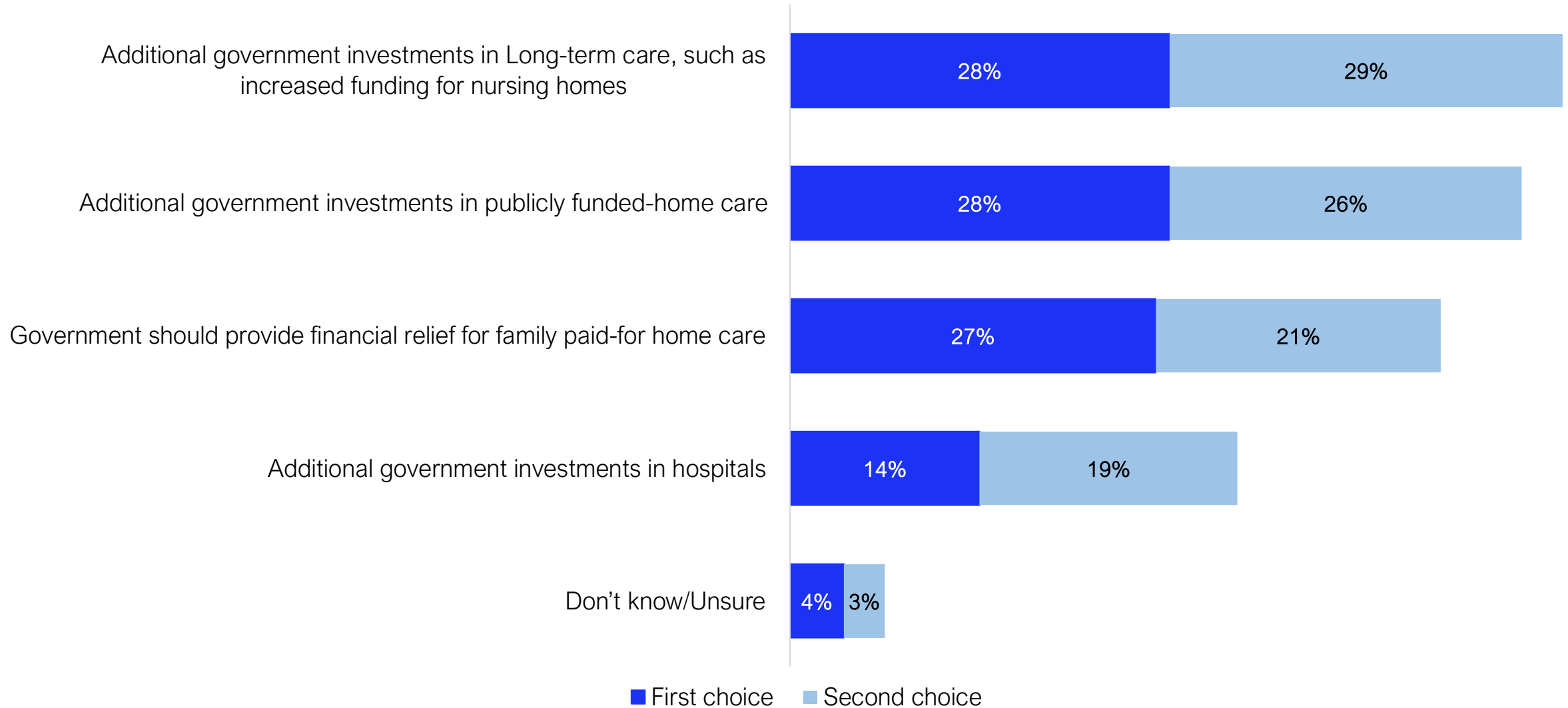
👤 Safest environment during a pandemic - Regions of Ontario

○ Significantly higher than Ontario
 ○ Significantly lower than Ontario



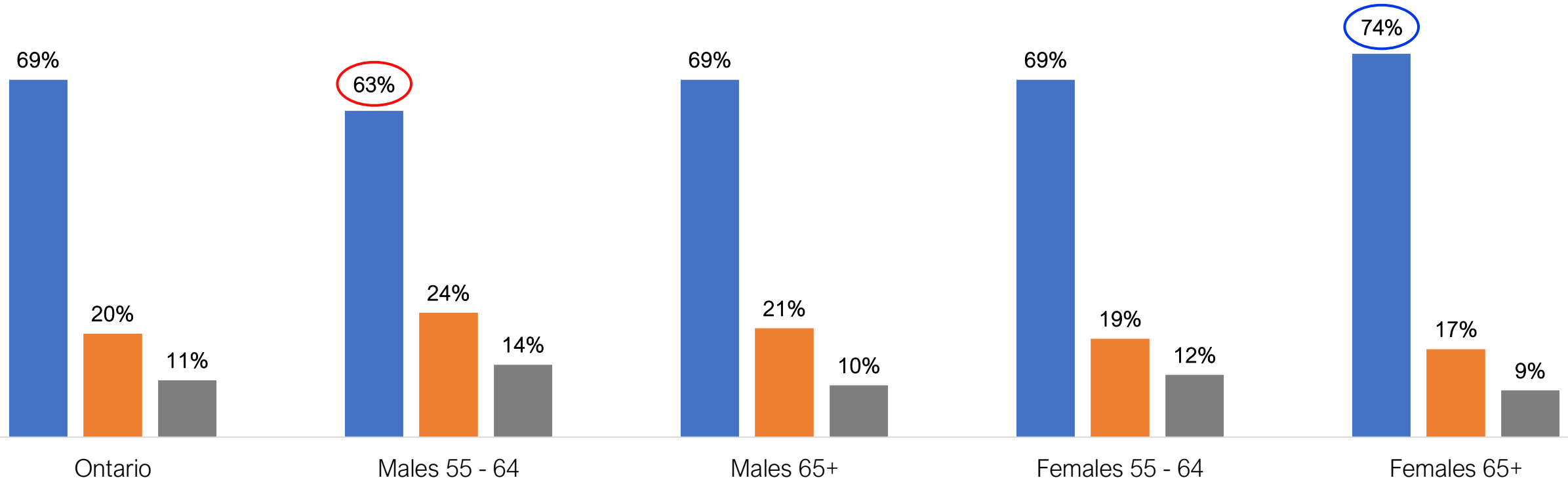
When you consider everything you have recently heard, read and come to believe about COVID-19 and Coronavirus, which do you think is the safest environment for you to live in during a pandemic? n = 1003

Priorities for government spending - Ranking



Pay rates for Personal Support Workers - Age and Gender

○ Significantly higher than Ontario
○ Significantly lower than Ontario



■ Yes, they should be paid the same rates

■ No, they should be paid differently based on their workplace setting

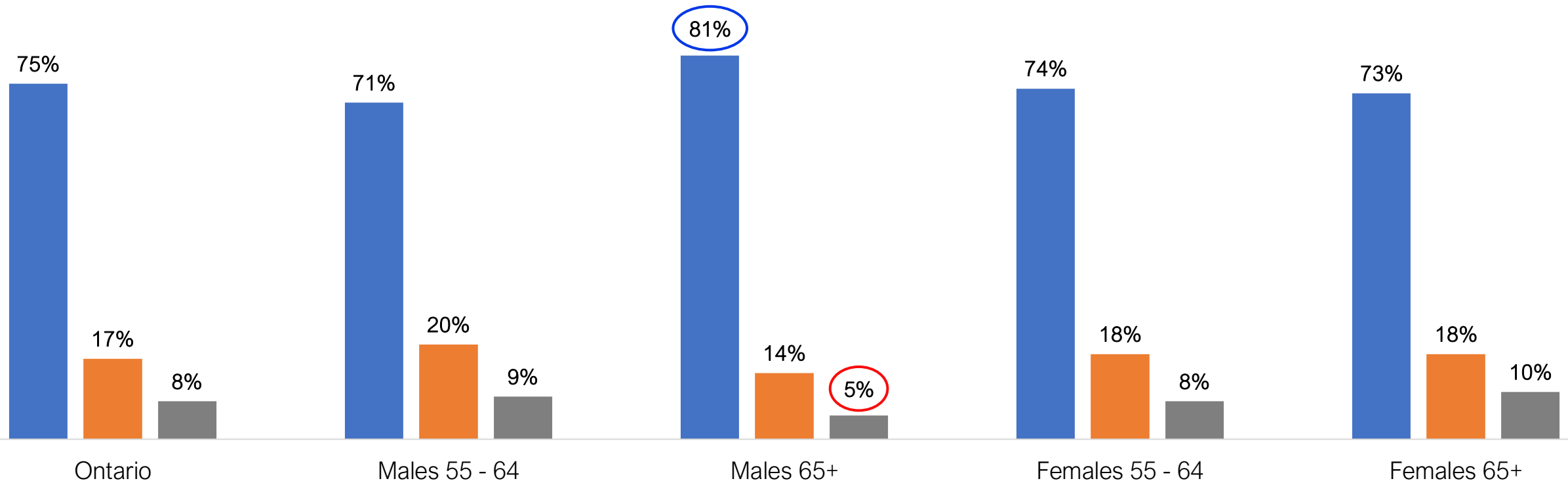
■ Don't know



Do you believe that professional caregivers such as Personal Support Workers (PSW's) should be paid at the same rates regardless of whether they work in home care, long-term care, or in hospitals? n = 1003

Government role in education of purchasing home care services - Age and Gender

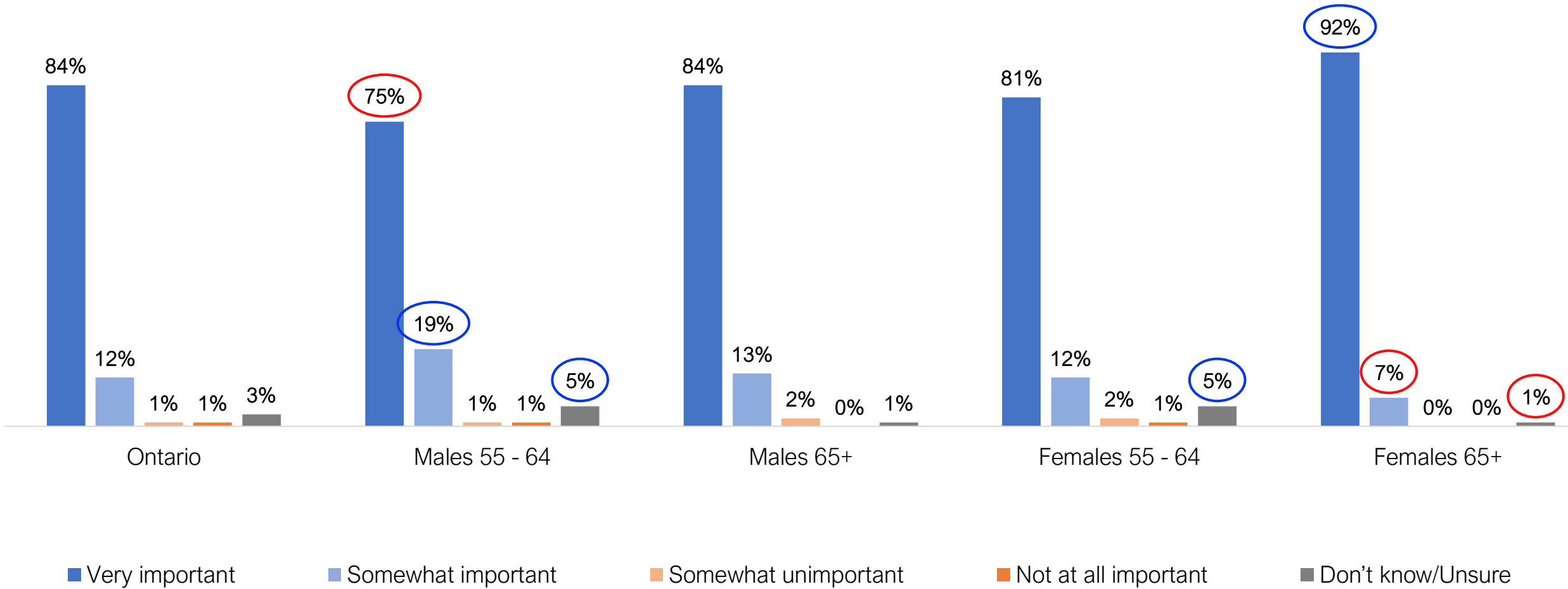
○ Significantly higher than Ontario
○ Significantly lower than Ontario



- Yes, the government has a role to play to ensure people make informed, safe decisions.
- No, people should be responsible for who they decide to be their caregiver.
- Don't know/Unsure

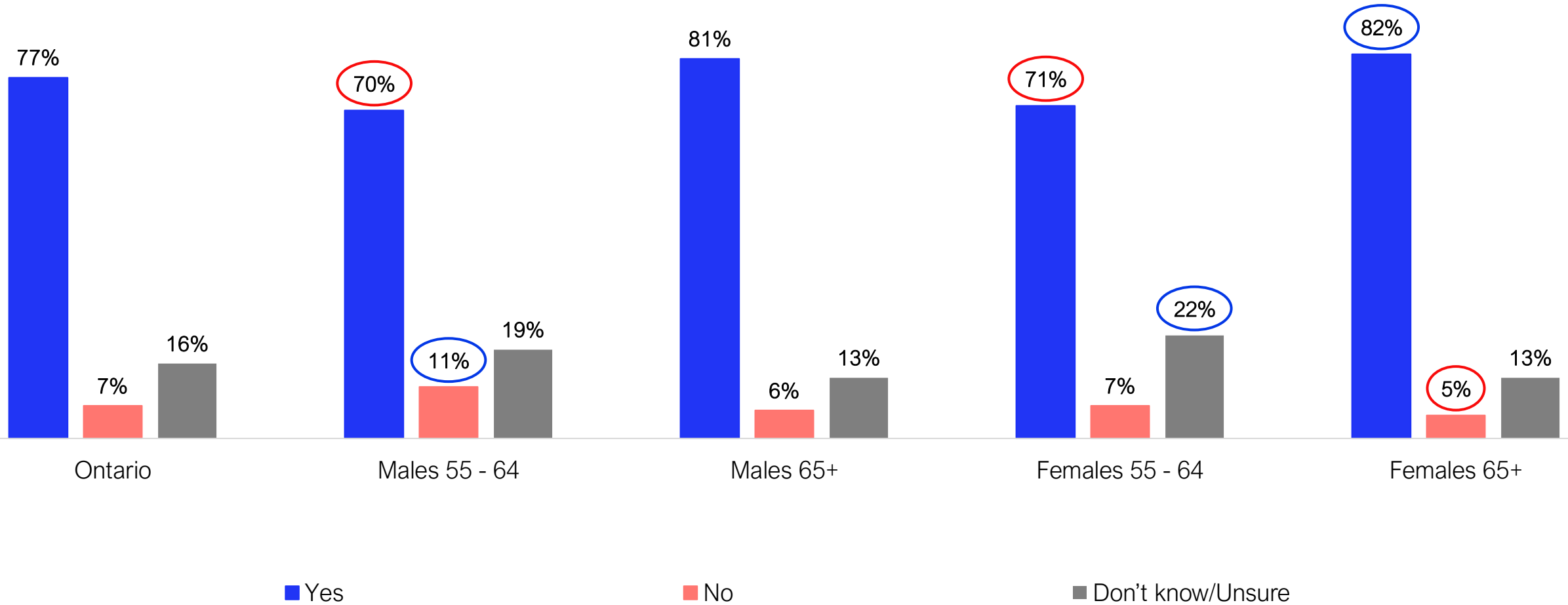
Importance of providing home care workers with PPE - Age and Gender

○ Significantly higher than Ontario
○ Significantly lower than Ontario



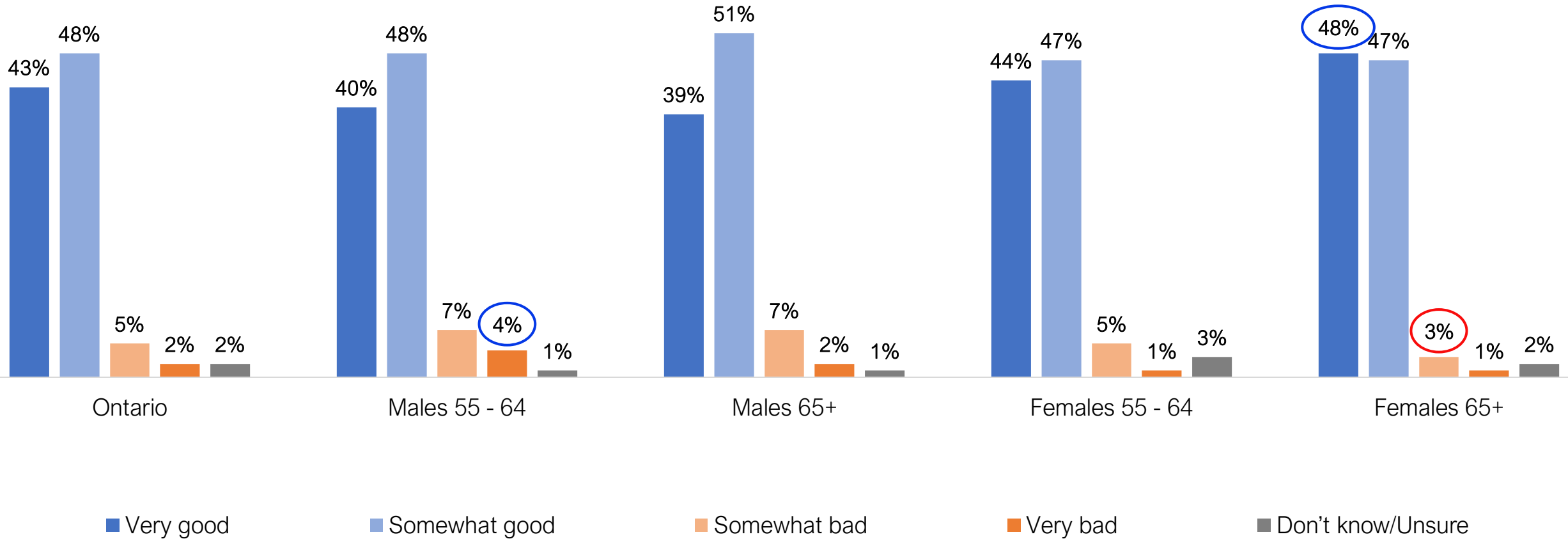
Government support for home care services - Age and Gender

○ Significantly higher than Ontario
○ Significantly lower than Ontario



Ontario government's performance around COVID-19 pandemic - Age and Gender

○ Significantly higher than Ontario
○ Significantly lower than Ontario



Appendix C

Home Care Missed Care Rates and Service Provider Organization (SPO) First Service Offer Acceptance Rates for Personal Support, Therapy and Visit Nursing

HOME AND COMMUNITY CARE INFORMATION PROGRAMS
INFORMATION MANAGEMENT, DECISION SUPPORT, AND ANALYTICS
HEALTH SYSTEM PERFORMANCE AND SUPPORT PORTFOLIO

JUNE 2023



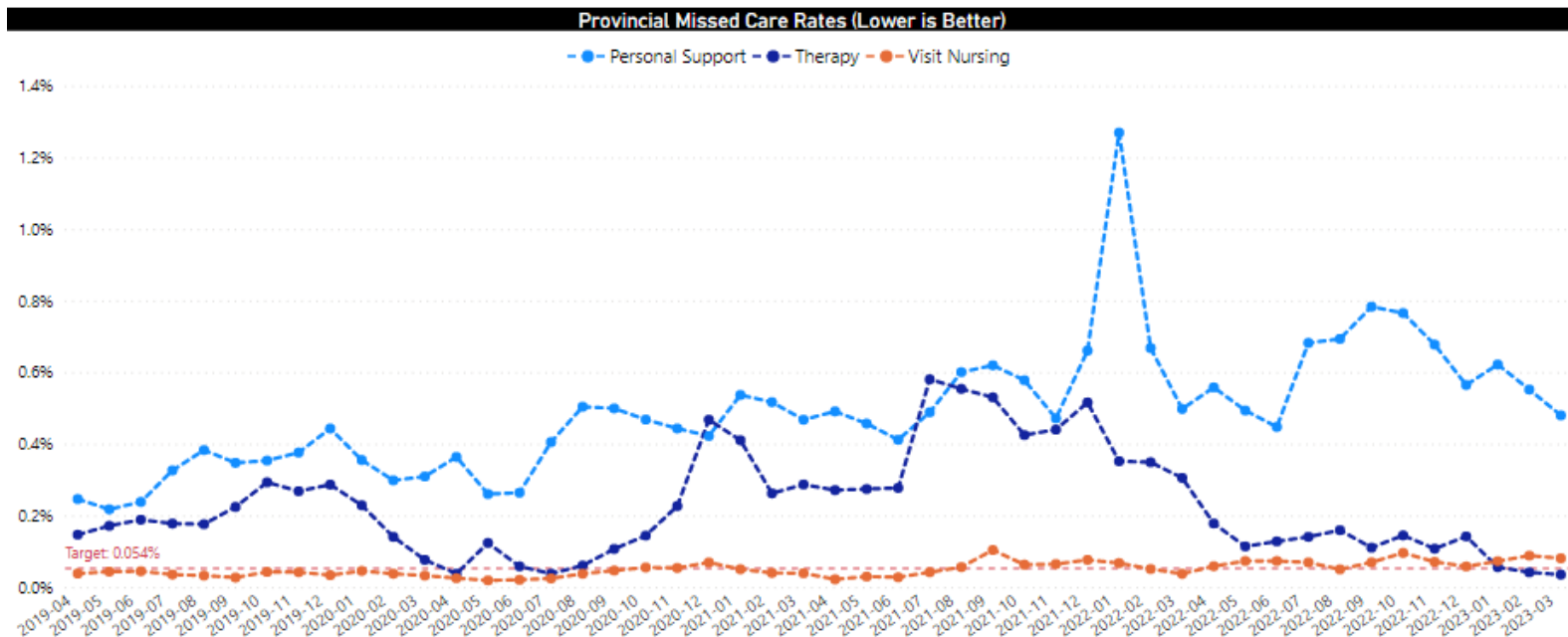
Missed Care

Missed Care Rates

Target: 0.054%

Goal: Achieve rates below target

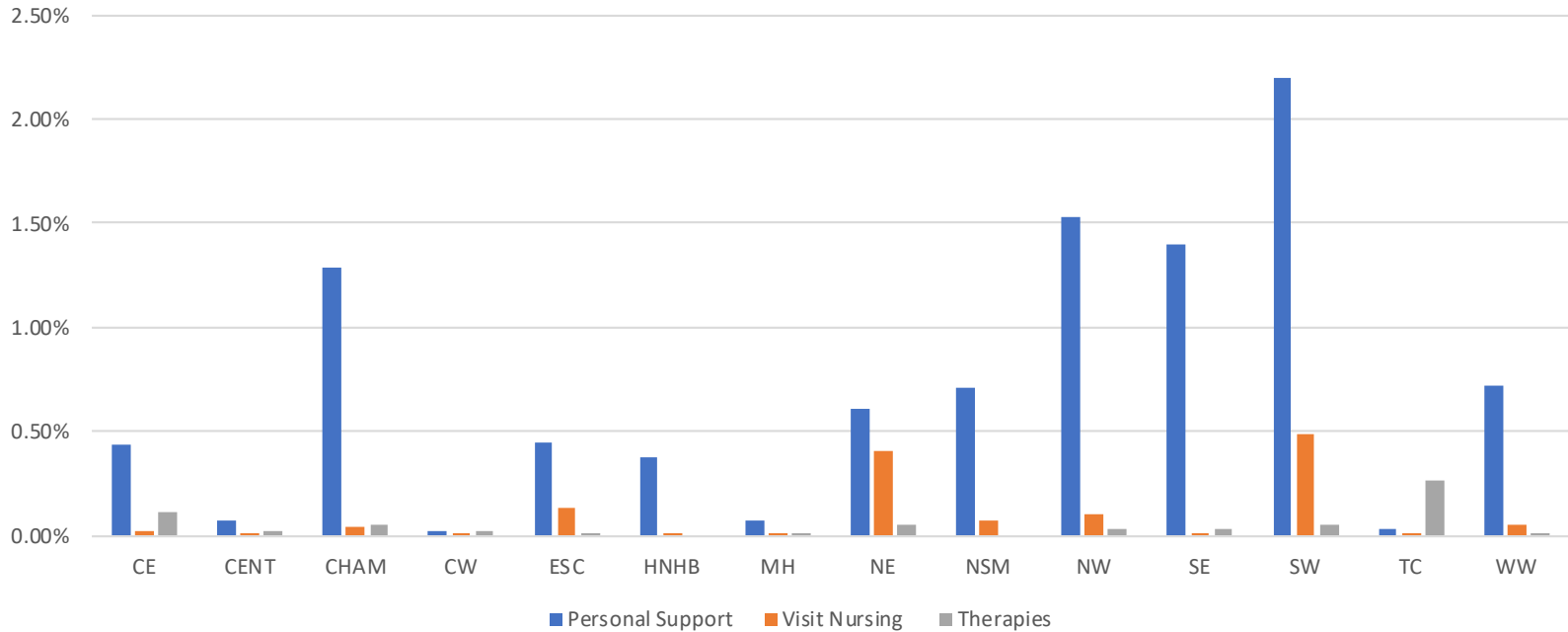
Provincial



Provincial Missed Care Rates for Personal Support and Therapy declined in Q4 FY 22-23. Therapy Rates declined from 0.14% in December 2022 to 0.04% in March 2023, which is below target. Personal Support rates declined to 0.48% in March 2023 from 0.57% in December 2022. The rate for Visit Nursing stayed above target in Q4 FY 22-23 and was 0.08% in March 2023.

Missed Care Rates: 2022/2023 Q4

Missed Care: FY 2022/2023 - Q4



There continues to be significant variation in Missed Care Rates by service type and HCCSS. Personal Support Missed Care Rates remain much higher than the other services types in most HCCSS. Visit Nursing Missed Care Rates are also well above target in many HCCSS.



Visit Nursing

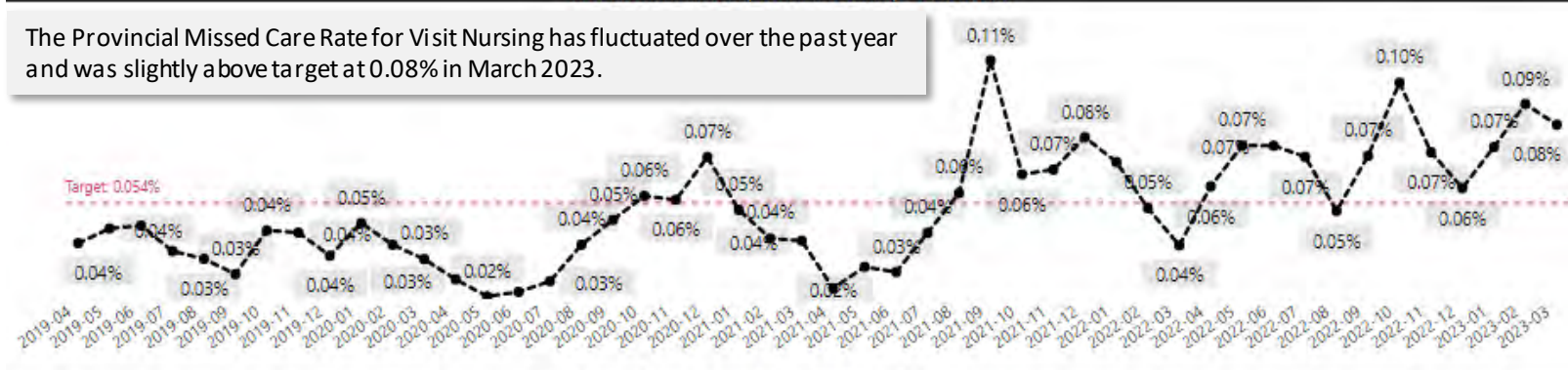
Missed Care Rates – Visit Nursing Services

Provincial & Regional View

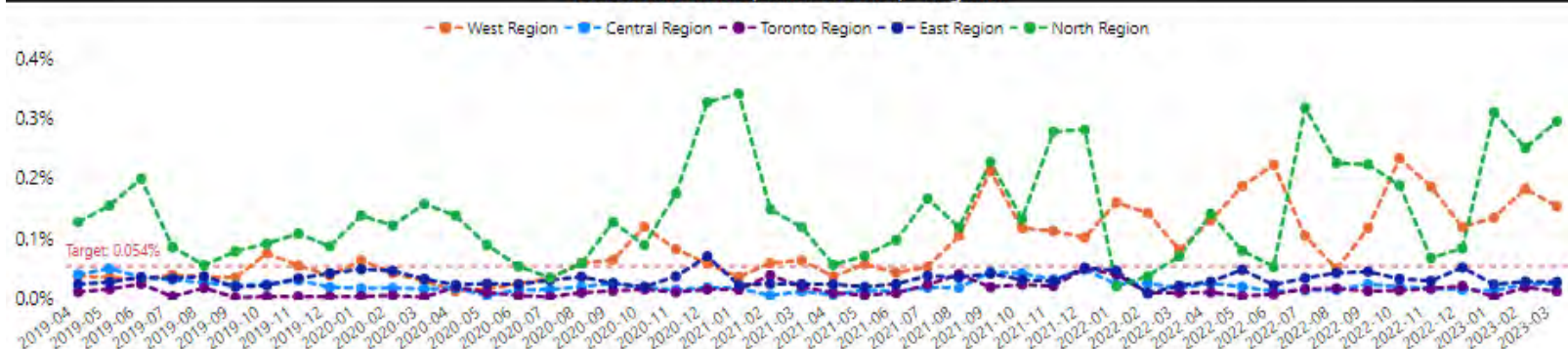
Target: 0.054%
Goal: Achieve rates below target



Missed Care Rates (Lower is Better) - Provincial



Missed Care Rates (Lower is Better) - Regional



Rates spiked in the North Region in January 2023 and have remained elevated since. In March 2023, rates in the North and West Region were well above target and significantly higher than rates in the other regions, which were all below target.

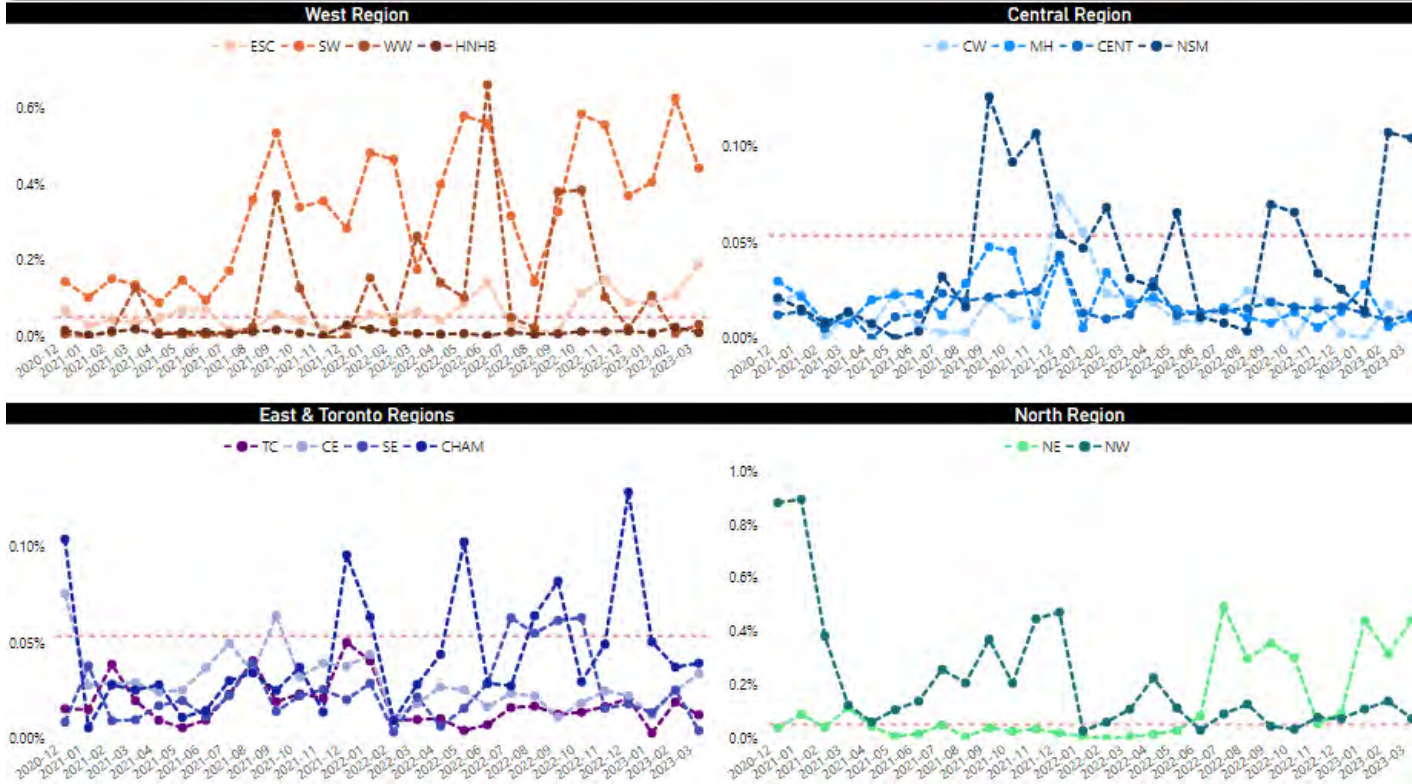
Missed Care Rates – Visit Nursing Services

HCCSS View

Target: 0.054%

Goal: Achieve rates below target

Missed Care Rates increased dramatically in the NSM HCCSS in February 2023 to 0.11% and remained the same in March 2023. Rates also spiked in the NE HCCSS in January 2023 and remain well above target as of March 2023. Rates in CHAM HCCSS declined dramatically from 0.13% in December 2022 to 0.04% in March 2023, which is below the target.





Personal Support

Missed Care Rates – PS Services

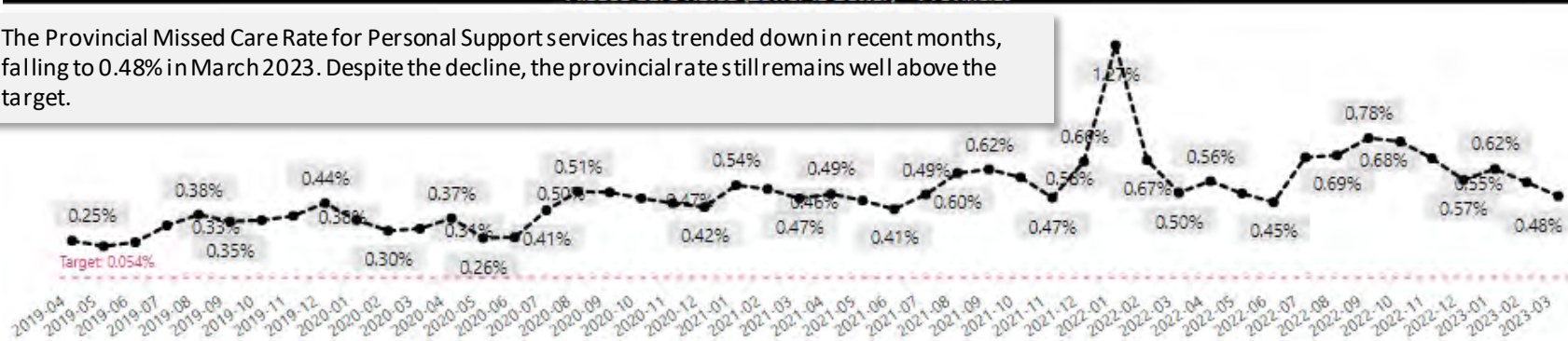
Provincial & Regional View

Target: 0.054%
Goal: Achieve rates below target

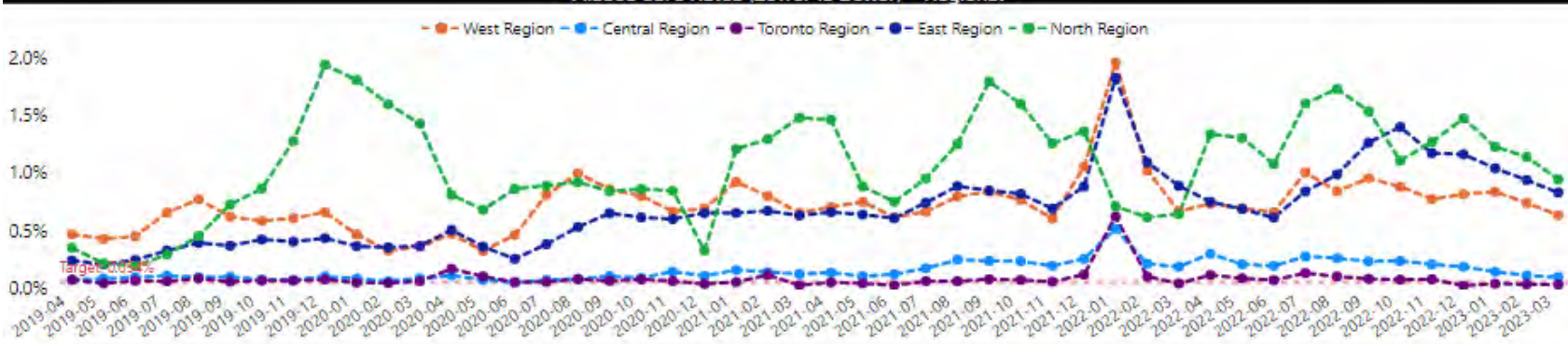


The Provincial Missed Care Rate for Personal Support services has trended down in recent months, falling to 0.48% in March 2023. Despite the decline, the provincial rate still remains well above the target.

Missed Care Rates (Lower is Better) - Provincial



Missed Care Rates (Lower is Better) - Regional



Rates have declined in all regions in the last several months, except in Toronto, where rates have been relatively stable. There continues to be significant regional variation: in March 2023, rates ranged from 0.03% in Toronto to 0.95% in the North.

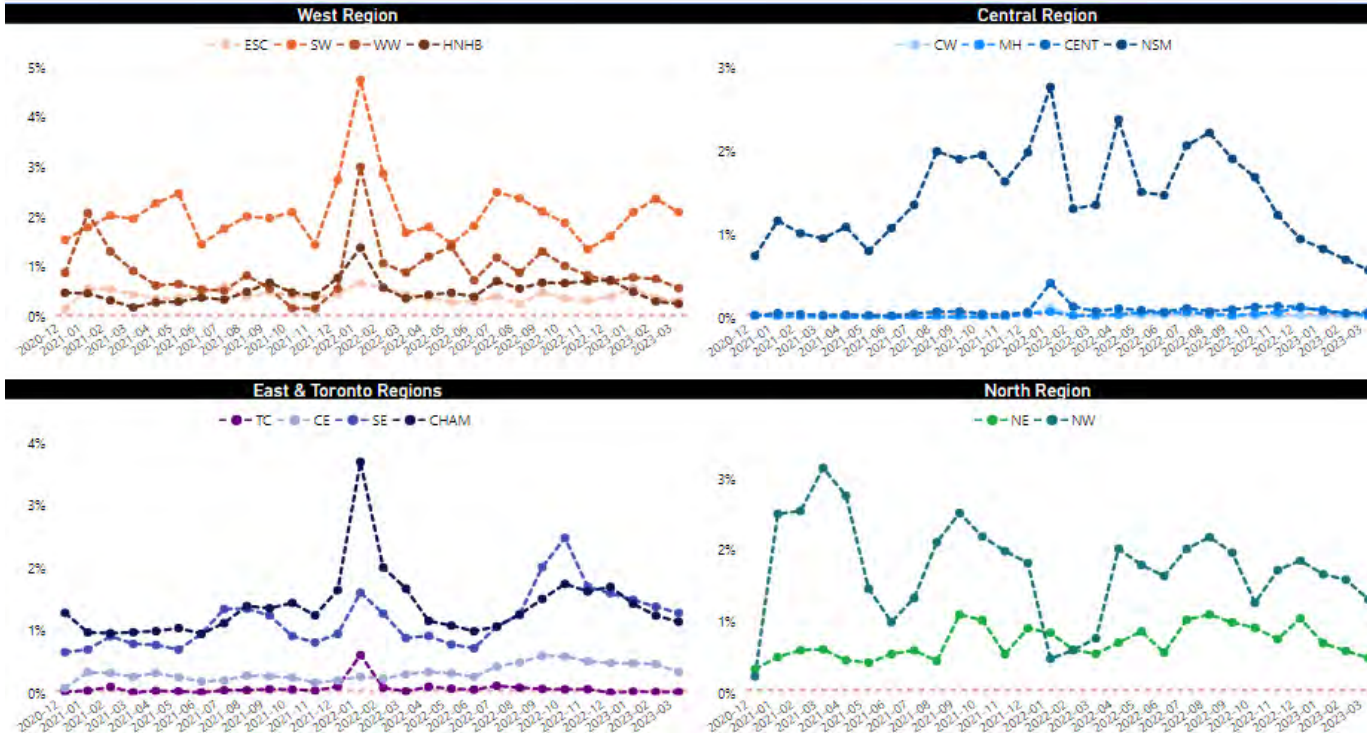
Missed Care Rates – PS Services

HCCSS View

Target: 0.054%
Goal: Achieve rates below target



Rates trended down in most HCCSS in Q4 FY 22-23, but there continues to be significant variation across HCCSS. In March 2023, only the MH, CW and TC HCCSS had rates below target, while rates in CHAM, SE and NE HCCSS were above 1.00% and the rate in the SW HCCSS was the highest in the province at 2.12%.





Therapy

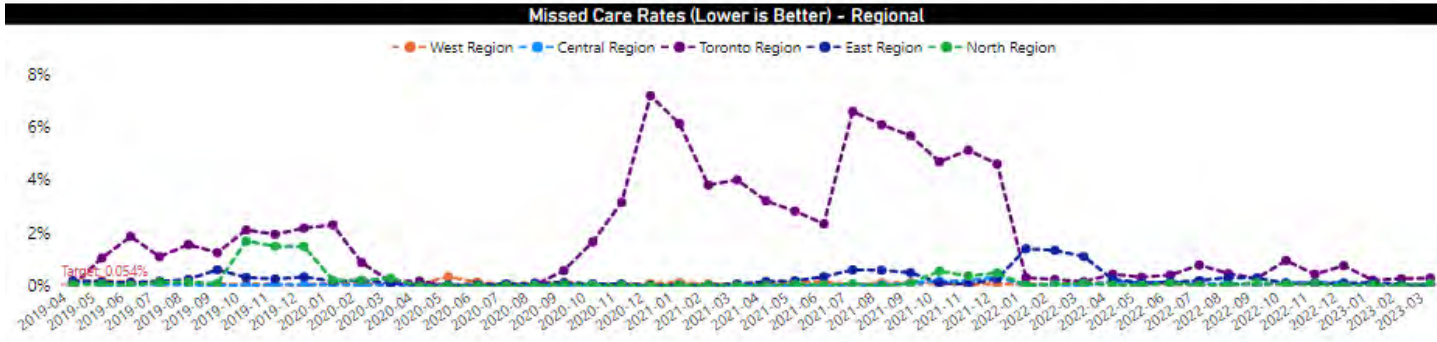
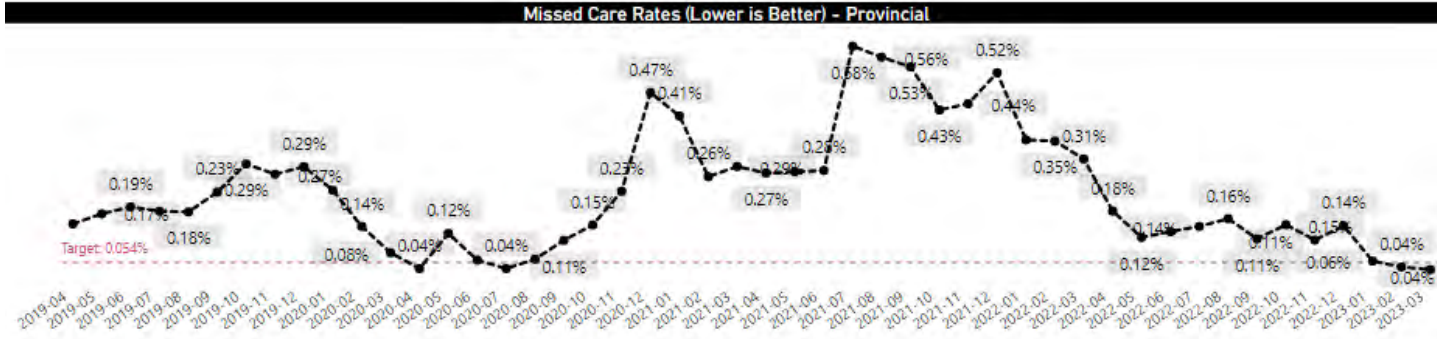
Missed Care Rates – Therapy Services

Target: 0.054%
Goal: Achieve rates below target

Provincial & Regional View



The Provincial Missed Care Rate for Therapy services declined in Q4 FY 22-23 falling below target to 0.04% in March 2023.



Rates declined in all regions from December 2022 to March 2023, except in the North Region, where they were up slightly. In March 2023, rates were below target in all regions except the Toronto Region.

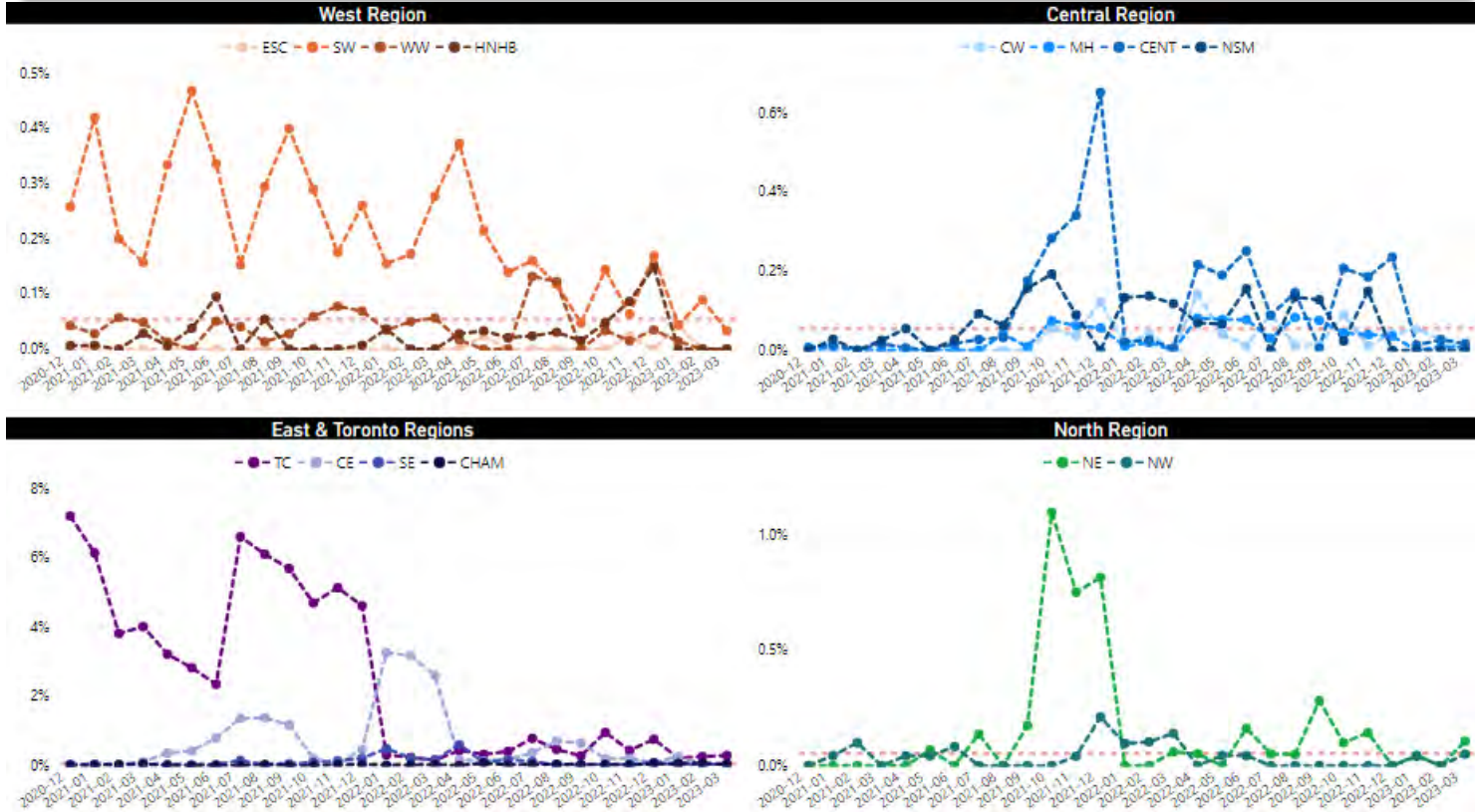
Missed Care Rates – Therapy Services

HCCSS View

Target: 0.054%

Goal: Achieve rates below target

Rates declined substantially in Q4 22-23 in the SW, HNHB, and CENT HCCSS. In March 2023, rates were below target in all HCCSS except NE and TC HCCSS.





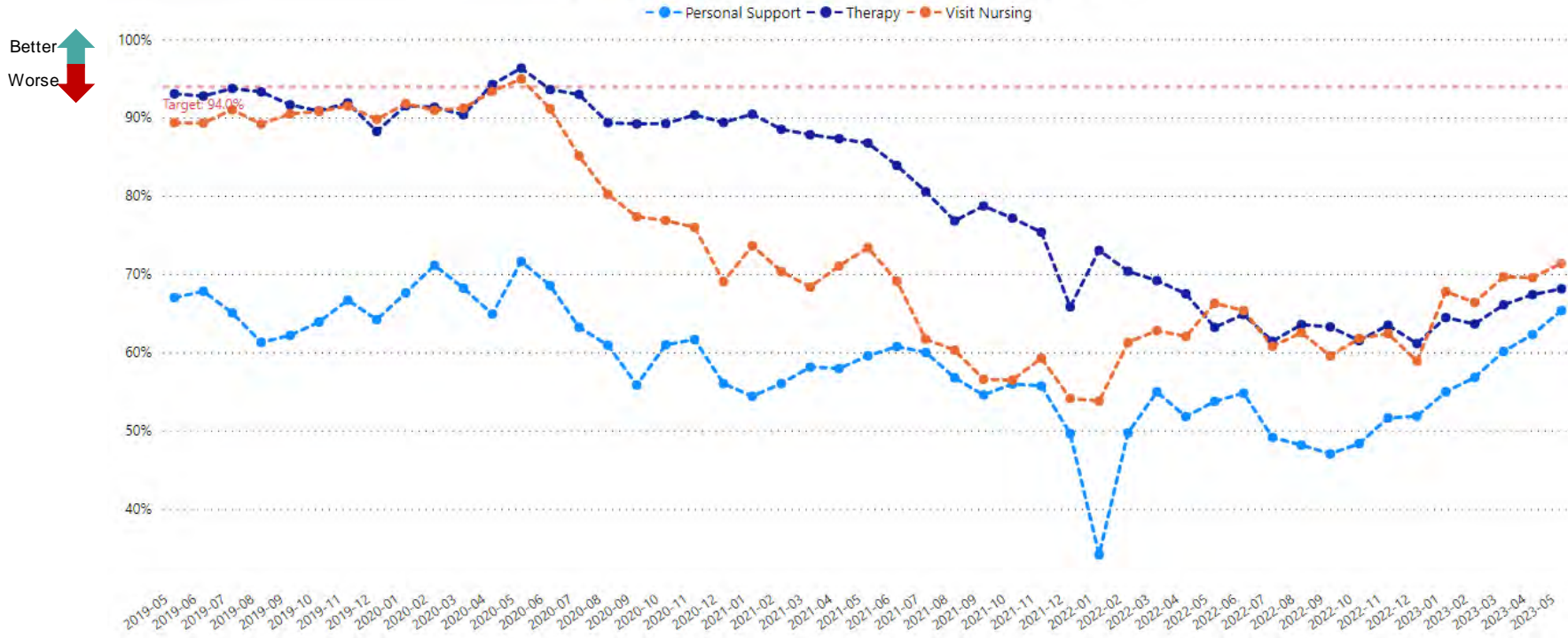
**Home Care Service Provider
Organization (SPO) First Service
Offer Acceptance Rate**

SPO First Service Offer Acceptance Rates

Target: 94%
Goal: Achieve rates above target

Provincial

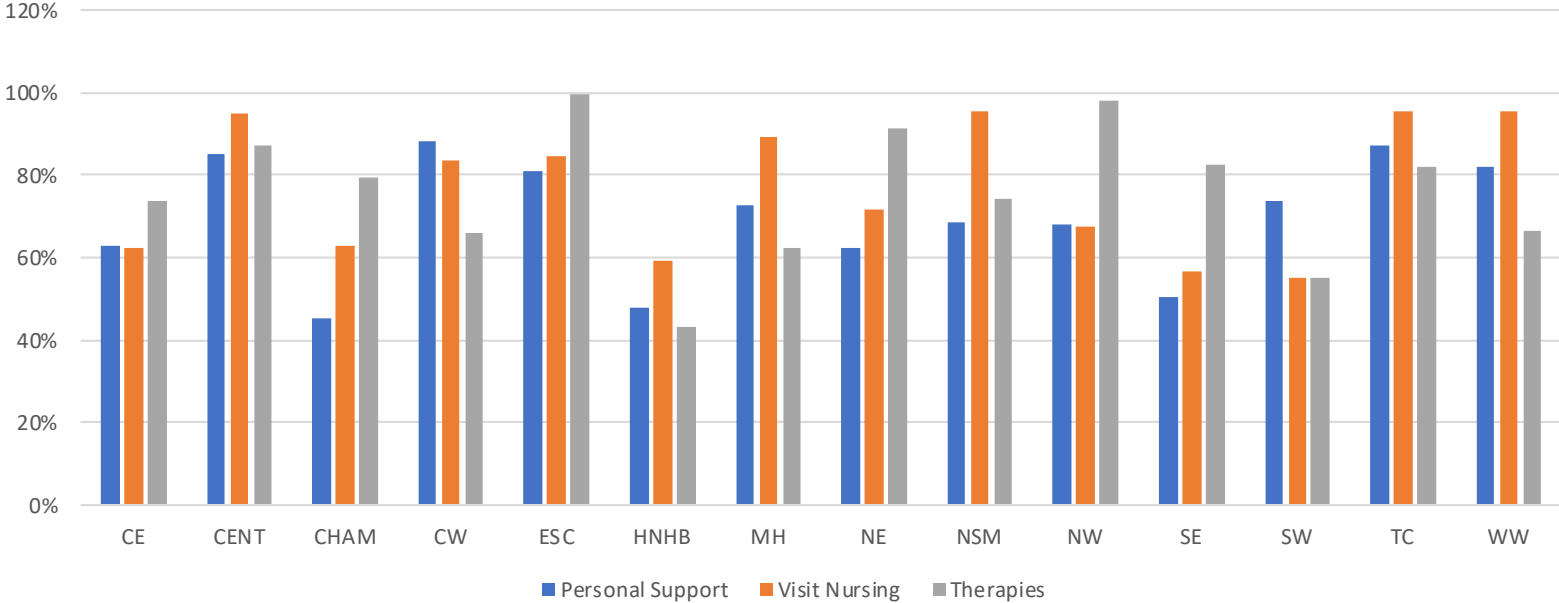
Provincial SPO Service Offer Acceptance Rates (Higher is Better)



Provincial Service Offer Acceptance Rates increased across all three service types in May 2023. The rate for Personal Support has been trending up since September 2022, when it was 47%, and it reached 65% in May 2023. The Personal Support rate has not been this high since June 2020. The Visit Nursing rate was 71% in May 2023, which is a high since May 2021. The Therapy rate was 68% in May 2023, which it has not been since April 2022.

SPO First Service Offer Acceptance Rates: May 2023

Initial Service Offer Acceptance Rate May 2023



Rates continue to vary by service type and HCCSS. Rates for Personal Support and Visit Nursing are generally higher among TC and Central Region HCCSS. For Therapies, rates are highest in ESC and NW HCCSS and lowest in HNHB and SW HCCSS.

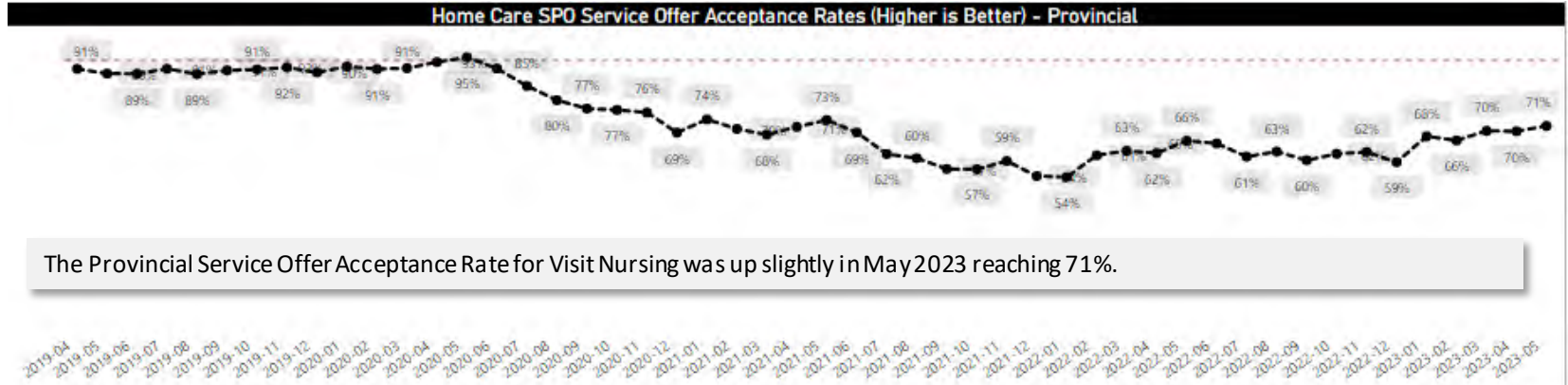


Visit Nursing

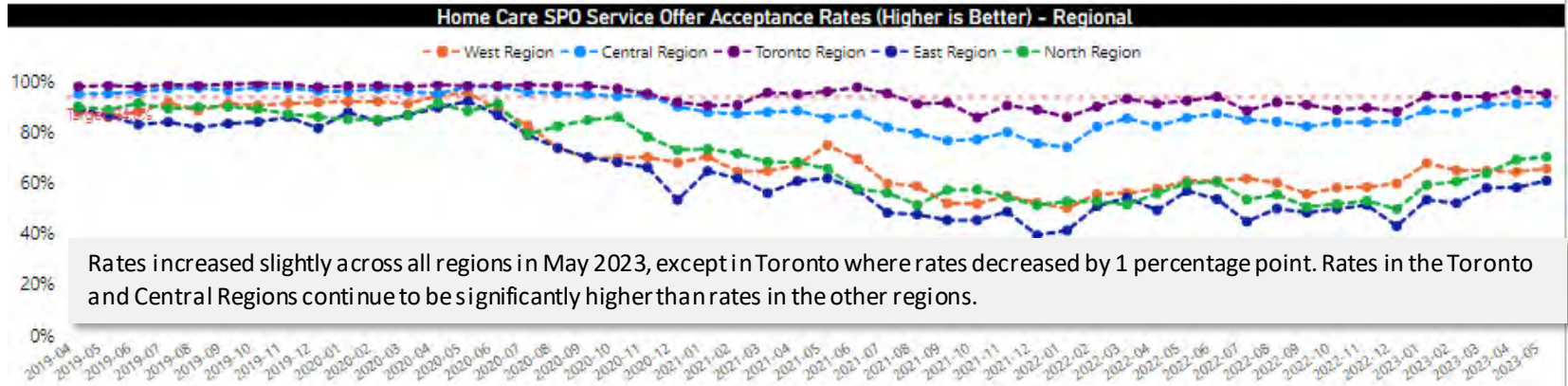
SPO First Service Offer Acceptance Rates – Visit Nursing Services

Target: 94%
Goal: Achieve rates above target

Provincial & Regional View



The Provincial Service Offer Acceptance Rate for Visit Nursing was up slightly in May 2023 reaching 71%.



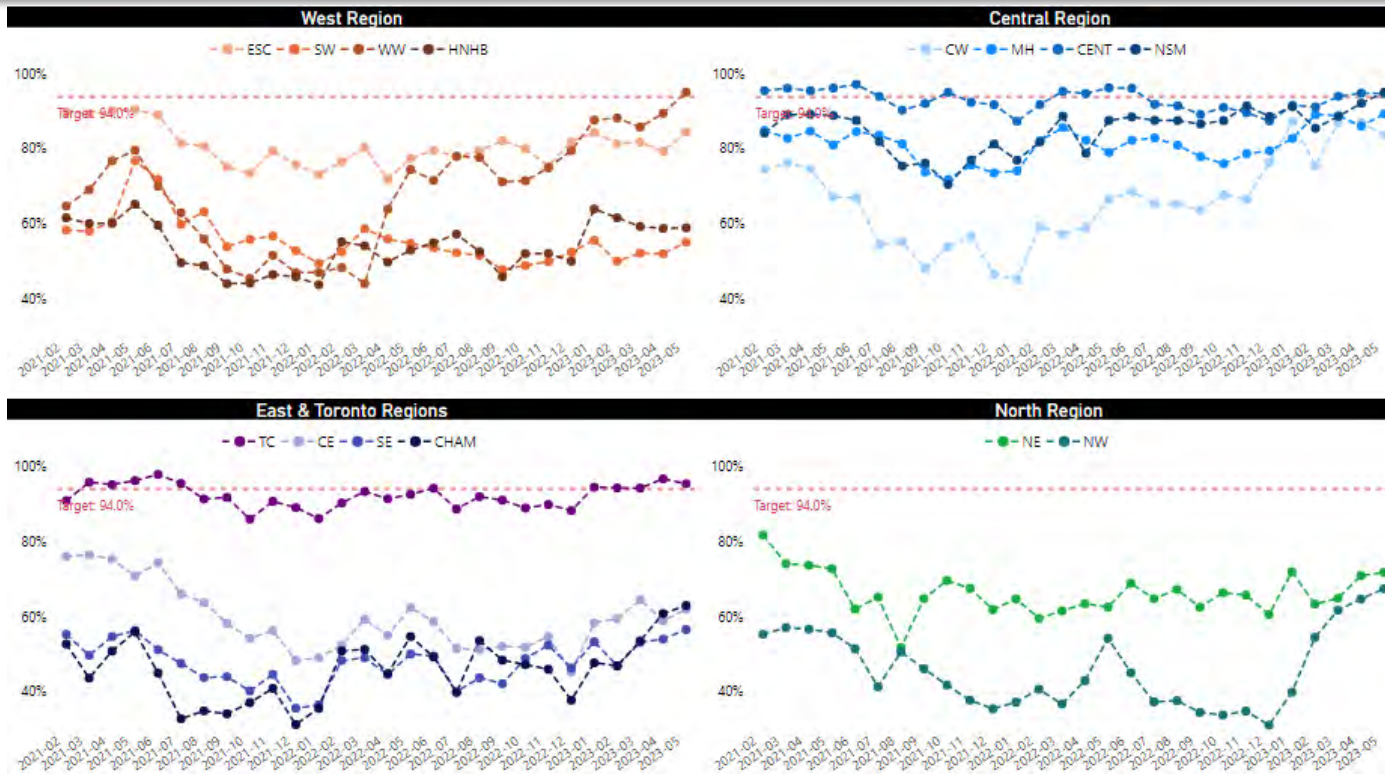
Rates increased slightly across all regions in May 2023, except in Toronto where rates decreased by 1 percentage point. Rates in the Toronto and Central Regions continue to be significantly higher than rates in the other regions.

SPO First Service Offer Acceptance Rates – Visit Nursing Services

Target: 94%
Goal: Achieve rates above target

HCCSS View

WW, CENT, NSM and TC HCCSS achieved the target rate in May 2023. Rates in NW and CHAM HCCSS have increased substantially since December 2022. However, rates in HNHB, SW, East and North Region HCCSS remain well below rates in the other HCCSS.





Personal Support

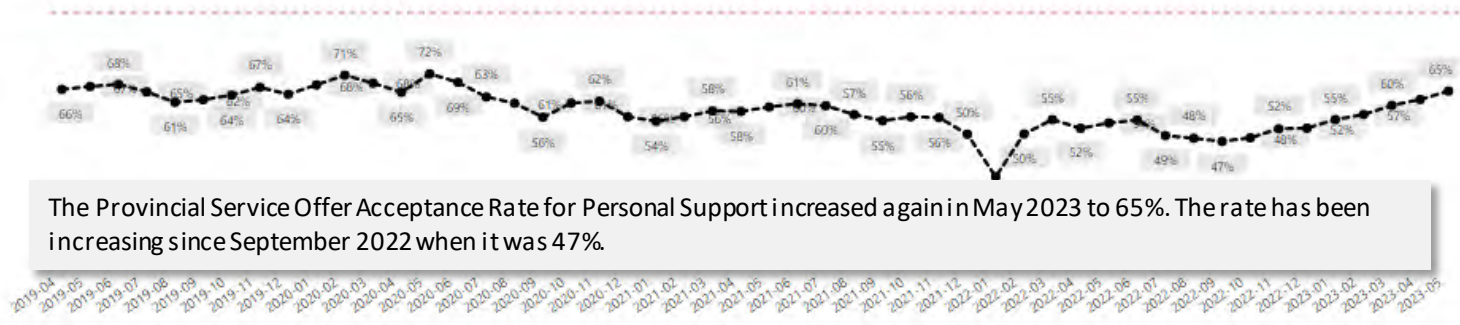
SPO First Service Offer Acceptance Rates – PS Services

Provincial & Regional View

Target: 94%
Goal: Achieve rates above target

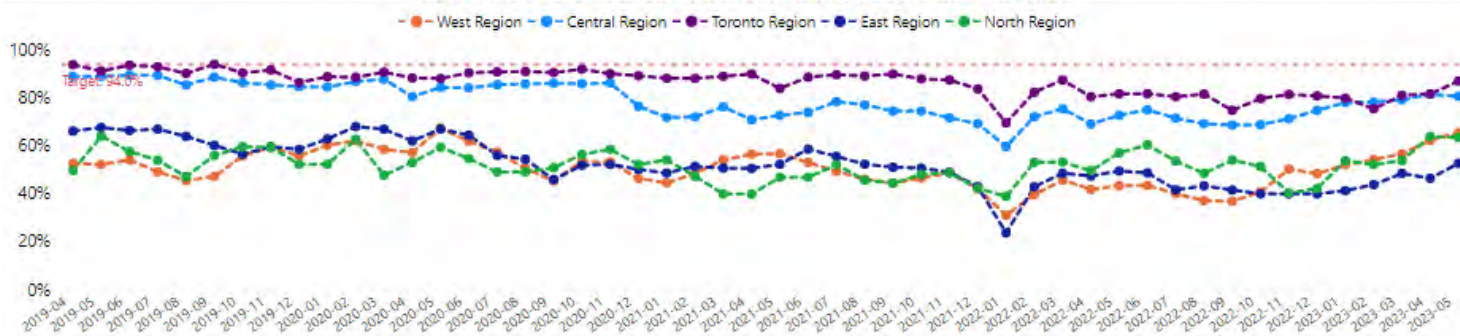


Home Care SPO Service Offer Acceptance Rates (Higher is Better) - Provincial



The Provincial Service Offer Acceptance Rate for Personal Support increased again in May 2023 to 65%. The rate has been increasing since September 2022 when it was 47%.

Home Care SPO Service Offer Acceptance Rates (Higher is Better) - Regional



Rates have increased in all regions since September 2022, but the largest increase has been in the West Region (37% Sept 2022 v. 66% May 2023). In May 2023, rates increased in the Toronto, East and West Regions (up 6, 6 and 3 percentage points, respectively) and were stable in the Central and North Regions. Rates in the Toronto and Central Regions continue to be significantly higher than the other regions.

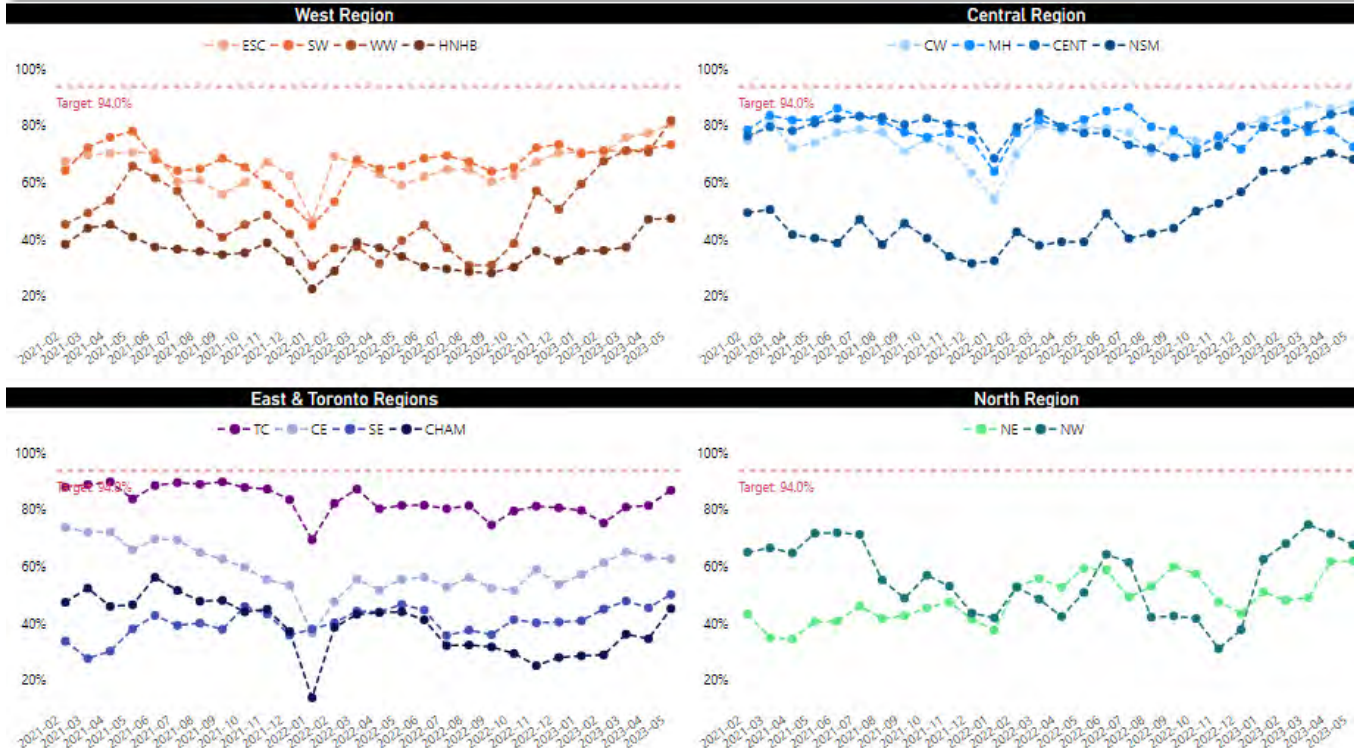
SPO First Service Offer Acceptance Rates – PS Services

HCCSS View

Target: 94%
Goal: Achieve rates above target



The rate in WW HCCSS increased again in May 2023 to 82%, which is a dramatic improvement from 31% in September 2022. The rate was also up by 11 percentage points CHAM HCCSS in May 2023, although it remains among the lowest in the province along with HNHB and SE HCCSS.





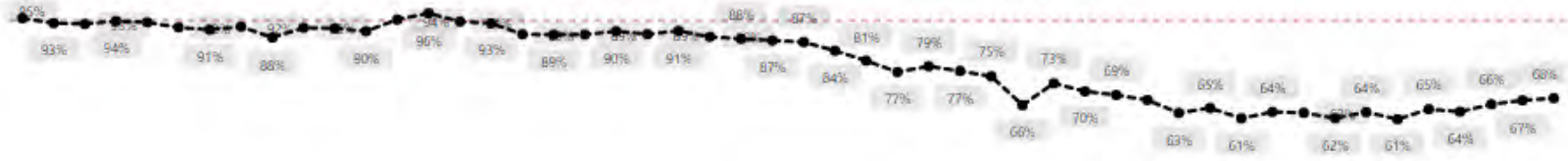
Therapy

SPO First Service Offer Acceptance Rates – Therapy Services

Target: 94%
Goal: Achieve rates above target

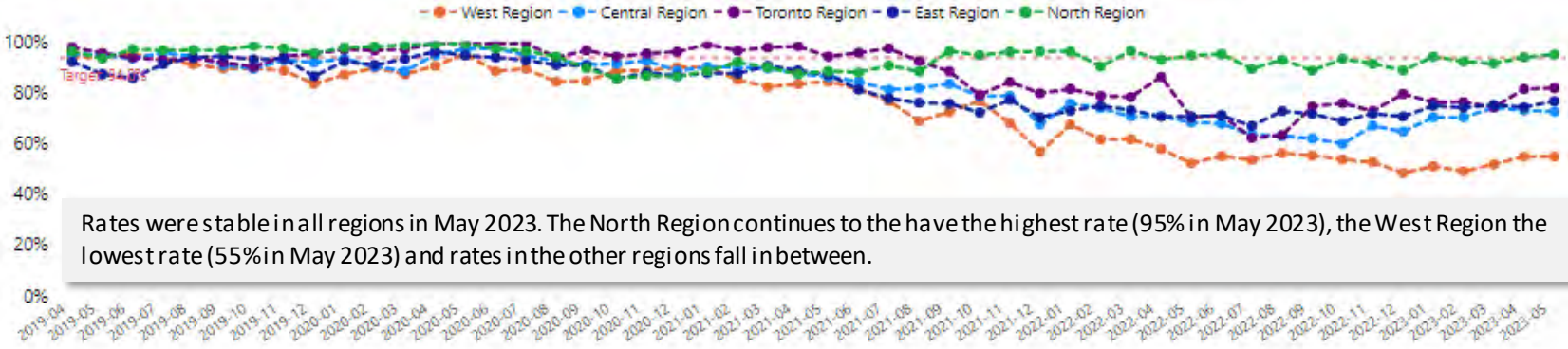
Provincial & Regional View

Home Care SPO Service Offer Acceptance Rates (Higher is Better) - Provincial



The Provincial Service Offer Acceptance Rate for Therapy services has been gradually trending up since December 2022 and it reached 68% in May 2023.

Home Care SPO Service Offer Acceptance Rates (Higher is Better) - Regional



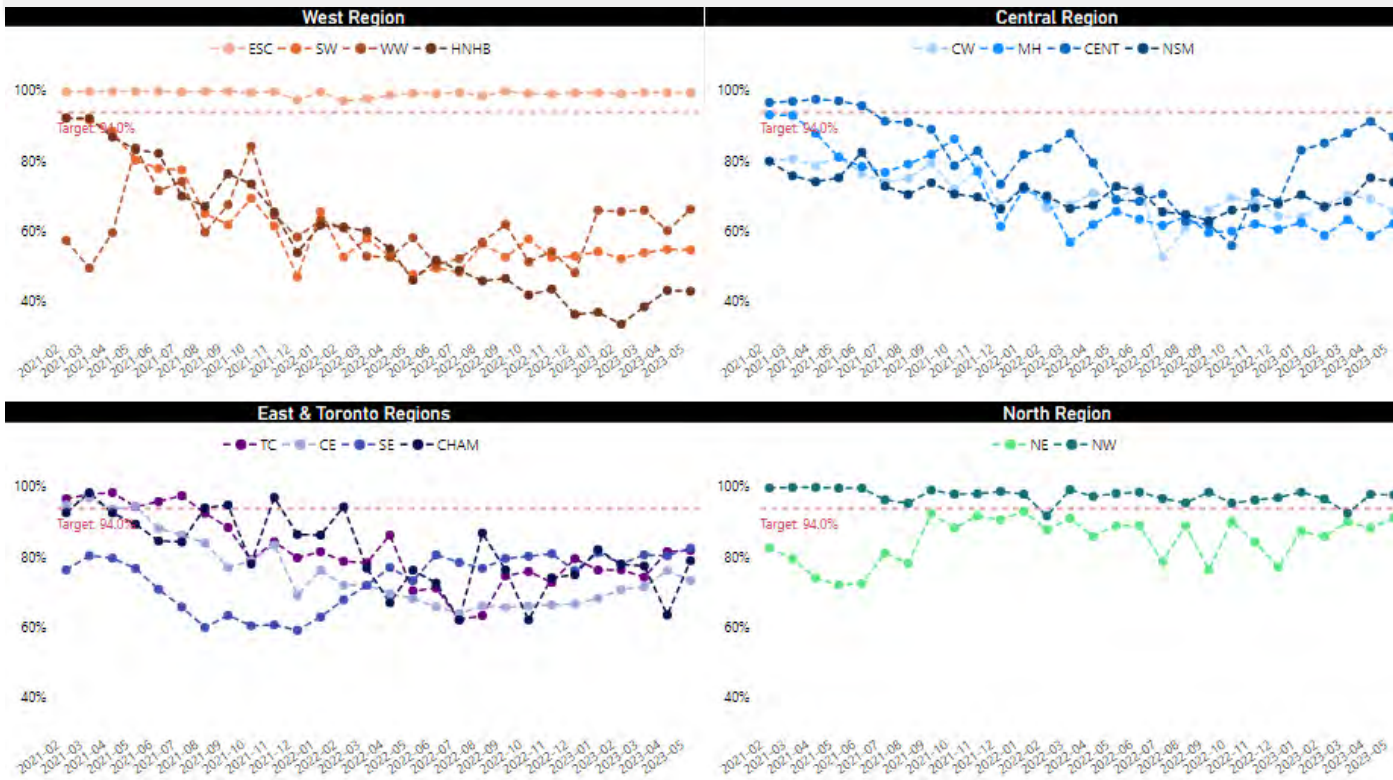
Rates were stable in all regions in May 2023. The North Region continues to have the highest rate (95% in May 2023), the West Region the lowest rate (55% in May 2023) and rates in the other regions fall in between.

SPO First Service Offer Acceptance Rates – Therapy Services

HCCSS View

Target: 94%
Goal: Achieve rates above target

Rates in the ESC and NW HCCSS were stable and remained above target May 2023. The rate in CHAM HCCSS increased by 16 percentage points in May 2023, following a big decline in the previous month. Rates continue to be the lowest in the province in the HNHB HCCSS.





Definitions

Missed Care Definition

Description: Measures the incidence of care that is not provided in accordance with the Patient Care Plan because a visit is missed or the Service Provider Organization (SPO) does not have the capacity to deliver the care.

Numerator: Any visit to a patient, that the SPO fails to attend and is unable to reschedule to the satisfaction of the patient in accordance with the Patient Care Plan in the month.

Denominator: All scheduled visits in the month (delivered visits + missed visits).

Data Source: Data is captured in SPO tracking system and entered by SPOs into the provider performance data portal maintained by Ontario Health.

Home Care SPO First Service Offer Acceptance Rate

Definition

Description: Measures compliance with the initial service offer acceptance of requests to provide visit and/or hourly service to new patients (referrals) within the specified response timeframe.

Numerator: Number of visit or hourly first service offers accepted in a month (both urgent and non-urgent).

Denominator: Number of visit or hourly first service offers in the same month (both urgent and non-urgent).

Inclusions: Requests to provide service to new patients.

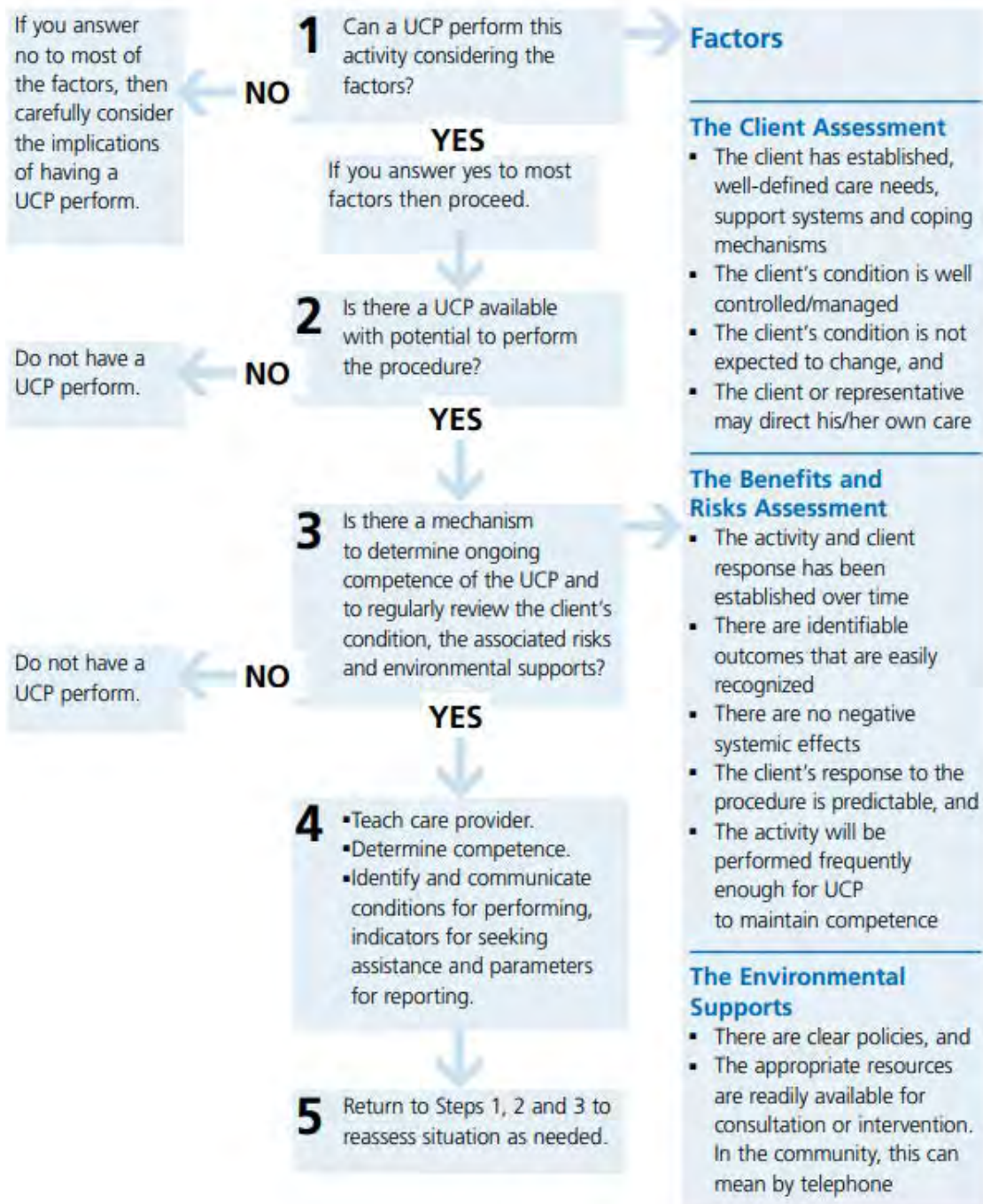
Exclusions: Requests to resume services for patients on hold, requests to increase services to an active patient; requests for service outside contracted geography e.g., overflow contracts. The service offer acceptance rate for visit nursing excludes shift nursing services.

Data Source: Data is extracted from CHRIS, validated by the HCCSS and then entered into the provider performance data portal maintained by Ontario Health.

Additional Notes: The First Service Offer Acceptance Rate measures the service offer acceptance rate of SPOs, it does not measure the rate at which patients are admitted to home care in Ontario. If a patient's service offer is not accepted, it does not mean that the patient does not receive the service. If one SPO rejects the service offer, the HCCSS then sends the service offer to another SPO. This continues until an SPO accepts the service offer. However, the service offer acceptance rate can indicate health human resources issues among contracted SPOs.

Appendix D

Decision Tree: Making Decisions About Activities Performed by UCPs



Appendix B

ENHANCING ACCESS TO PERSONAL SUPPORT SERVICES IN ONTARIO:

ADDRESSING PSW SUPPLY SHORTAGES

*Ministry of Health and Long-Term Care
Health Workforce Planning and Regulatory Affairs Division
December 15, 2017*

ITEM 1 – WELCOME, INTRODUCTION AND AGENDA REVIEW

Denise Cole, Assistant Deputy Minister
Health Workforce Planning & Regulatory Affairs Division

Context

- The ministry has received reports of PSW supply shortages and serious challenges in recruiting and retaining PSWs in all areas of the province.
- These shortages are being experienced in all sectors of the system (home and community care, long-term care and acute care) and are reported to be affecting care delivery.
- The ministry has been consulting with stakeholders (e.g. Ministry of Advanced Education and Skills Development, LHINs etc..) to discuss the issue and identify possible responses.

Purpose of Today's session with you

- To confirm our understanding of the issue based on what we've heard so far
- To get your perspectives on responses for action.

Item	Lead
1. Welcome, introduction and Agenda Review	Denise Cole Assistant Deputy Minister, Health Workforce Policy and Regulatory Affairs Division, MOHLTC
2. The PSW Strategy	Tim Blakley Manager, Health Workforce Policy Unit, Health Workforce Policy Branch (HWPPB)
3. Discussion: Understanding the Issue	David Lamb Director, HWPPB
4. Discussion: Identifying Responses	David Lamb
5. Next Steps / Review of Action Items	David Lamb

ITEM 2 – THE PSW STRATEGY

Tim Blakley, Manager
Health Workforce Policy Unit

PSW Strategy

- The priorities of Patients First highlight the need for deployment of the whole health workforce to improve health equity, service integration and performance improvement.
- Personal Support Workers (PSW) are one of the single largest elements in Ontario's health workforce.
- Efforts from the recent PSW strategy have aimed at sustainability and improved working conditions for PSWs in the home and community care sector.
- A broader strategy is now underway to build a safe and competent PSW workforce within ALL sectors of our system *which meets Ontario's health care needs now and in the future.*
- The immediate responses to the PSW supply shortages should align with the broader strategy to ensure a sustainable PSW supply in the future.



A safe and competent PSW workforce which meets Ontario's health care needs now and in the future



Over **100,000** PSWs are employed across Ontario's health system:

~**6,000** PSWs employed in hospitals and acute care settings

~**34,000** PSWs employed in home and community care

~**60,000** PSWs employed in long-term care settings

- Current trends that impact increased demand for personal support services include:
 - Demographic shifts (growth in the absolute number of seniors)
 - Technological shifts (better access to independent living)
 - Preference for seniors to age at home
 - Fewer informal caregivers
 - Shift from traditional care in hospitals/LTC to community-based services

- The ministry is developing a PSW Profile which supports the design, implementation and evaluation of the PSW Strategy. The profile contains key data and evidence about Ontario's PSWs:

Profile Element	Examples of Data Collected
Supply & Demographics	Number, Age and Sex of PSWs
Education	Location and Duration of Training, Enrollment and Graduation
Employment	Location of Employment, Employer Sector (e.g. LTC, acute)
PSW Clients	Key information about clients accessing PSW services

- The profile will help the ministry understand how PSWs flow through the health system (from education to retirement).
- This information will inform the PSW strategy and possible responses to the immediate supply issues.



Access to Services

- PSW shortages in some parts of the province.
- More clients and more of them with complex needs.
- We need more developed, nuanced data about PSWs working in Ontario – planning is challenging without it.



Education and Training

- Problems associated with accessing training
- Training gaps associated with the increasingly complex tasks PSWs are being asked to perform.
- Continued variability in PSW education programs.
- Ministry investments in PSW training are not used as effectively as they could be



Accountability and Oversight

- Varied levels of supervision or support for PSWs in the practice setting (e.g. home and community care).
- Oversight framework for PSWs has not kept pace with the level of service provided or the complexity of the client base
- No standardized mechanisms for complaints or discipline.

Includes:

- ✓ Develop LHIN-level baseline understanding of PSW supply, distribution, services provided
- ✓ Develop tools to enhance PSW distribution and support for priority patient populations
- ✓ Establish consistent quality measures for PSW services across the health sector



Includes

- ✓ Target investment of training dollars to support strategic priorities at the provincial/regional and local levels
 - ✓ Specialized training to support priority patient populations
 - ✓ Further standardization PSW curriculum to provide a foundation for specialized training opportunities
- ✓ Develop an accountability framework and mechanisms to ensure consistent, safe and quality service delivery and inspire public confidence

ITEM 3- UNDERSTANDING THE ISSUE

ITEM 4 - IDENTIFYING RESPONSES

David Lamb, Director
Health Workforce Policy Branch

Barriers to creating “Net New” Supply

The cost of training, loss of income during the program, access to transportation for clinical placements, daycare arrangements etc.. are all barriers to training as a PSW

PSW who complete training are not entering the system (as high as 48% for those educated in Colleges of Applied Arts and Technology)

Many who enter practice feel unprepared for the role and leave the job:

- Lack of home care clinical placements
- Client complexity is increasing

Limited access to tools to assess previous experience and prior learning make it more difficult to integrate internationally educated providers or to upskill others

Number of full time positions in all sectors is limited

Feeling that PSW are not valued as part of care team

Limited opportunities to progress to other careers

Barriers to Maximizing Existing Supply

Lack of full time positions means that many PSWs work for multiple employers which makes scheduling more complex

Majority of services are scheduled for the beginning and end of the day: leading to uneven scheduling

Patient preference (selecting specific PSW to provide service) makes it difficult to match PSW to client

Short term cancellation of appointments result in loss of income

Transport to appointments is a necessity:

- Financial impact for the PSWs
- Issues related to personal safety during evening hours etc.

Instances of workplace violence and abuse are reported to be on the increase

UNDERSTANDING THE PROBLEM: Confirming what we've heard

1. What we've heard about the issues: Does this resonate with you?
2. Has anything been overlooked? Do you have additional thoughts / perspectives?

Creating “Net New” PSW Supply: Potential responses

Marketing Strategy

- A new marketing strategy could potentially support recruitment and retention of PSWs

Subsidizing Education and Training

- Financial support training could increase PSW numbers and potentially enable the strategic deployment of PSWs to places where shortages are the most acute.
- Support could be provided to encourage new applicants to programs or to reimburse recent graduates in return for their commitment to provide service for a specified period of time

Re-format Current Programs

- Re structuring PSW programs to allow people to work while completing their training (as PSWs, serving patients with lower levels of acuity) could also bolster supply

Developing PSW Career Pathways

- Could be developed to facilitate progression from the PSW role to other roles with the system

Up-skilling /Reskilling Programs

- Other providers (home support workers; developmental support workers etc.) might be attracted to the profession if prior learning assessment tools and up skilling opportunities were available

Maximizing Existing Supply: Potential Responses

Leverage workforce from Retirement Homes and Community Support Service Agencies

Is there capacity within their workforces to provide personal support services?

Engage with Employers on F/T hours

Employers are reluctant to hire staff full-time because of a concern with insufficient service volumes.

Window of Time Appointments

Window of time appointment model to give PSWs flexibility to manage appointments, while also responding to patient expectations about when care is being provided.

Changing service time needs (e.g., baths) could unlock windows of time when PSWs are available due to less demand.

Managing expectations on patient preference

Developing approaches to manage expectations re patient preference for a specific providers.

DISCUSSION:

Question #1: What can/should be done to increase “net new” PSW Supply?

Question #2: What can/should be done to maximize existing capacity within the system?

In answering these 2 key questions participants, please consider:

- ✓ Ideas for new activities / initiatives & considerations for implementation
- ✓ Activities/initiatives underway at the regional or local level that can be scaled up?
- ✓ Barriers that could be removed to improve supply?
- ✓ Who in the system would be instrumental to implementation (or removal of barriers)?

Appendix E

Adverse events:

2020/2021 – 0.01%

2021/2022 – 0.02%

2022/2023 – 0.01%

Complaints:

2020/2021 – 0.3%

2021/2022 – 0.25%

2022/2023 – 0.43%

Data calculations:

5 Day Wait Time - PSS for Complex Patients	
Count the number of complex patients who received their first personal support service from the Service Provider for a new service authorization within 5 days. First visit must take place in the period selected (month).	
Count the number of Complex patients who received their first personal support service from the Service Provider for a new service authorization at any time within the same period selected.	
	Outcome
	Target
	Variance

Source: HCCSS Key Performance Indicators