North Simcoe Muskoka **LHIN**

Personal Support Services

Examining the Factors Affecting the Gap between Supply and Demand in North Simcoe Muskoka

Introduction and Key Findings

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Introduction

For over ten years now, Ontario's health policy direction, particularly for seniors' care, has been shifting care out of institutions and into community. The focus has been on supporting individuals to live in the community for as long as possible, avoiding premature admission to long-term care homes and ensuring that those beds are used by those most in need. This shift aligns with information from numerous expert panels and what reports tell us patients and families want and has been supported by year over year increases to provincial funding for home and community care.

Personal support services[1] are pivotal to providing care that patients and families need, when they need it and where they want to receive it. Demand for personal support services across the long-term care continuum continues to grow. This is not surprising given the growing number of seniors. The number of seniors in North Simcoe Muskoka aged 65 years and over is expected to more than double over the next 20 years, from 93,000 in 2016 to over 177,500, or 29.3% of the population, by 2036.[2]

There is a long history of personal support worker[3] (PSW) shortages within the community support services (CSS) sector in North Simcoe Muskoka (NSM). In 2002, the CSS sector was approved to reduce service hours in order to implement a small wage increase for PSWs. There is no requirement that individuals providing services for CSS agencies are graduates of a recognized PSW education program. A variety of backgrounds and experience are acceptable qualifications and many CSS agencies have provided training internally.

Approximately three years ago, home care organizations in NSM began to experience a shortage of PSWs. At that time, while it was not a provincial policy requirement (MOHLTC 2006), the North Simcoe Muskoka Community Care Access Centre (NSM CCAC) contracts required that individuals providing personal support services were graduates of a recognized PSW education program. NSM CCAC hosted a focus group with contracted service providers to identify opportunities to increase personal support capacity. Service providers requested that NSM CCAC consider broadening the educational requirements for individuals providing personal support services to include other unregulated workers (such as home support workers, health care aides and developmental services workers). NSM CCAC agreed with the understanding that the service provider would ensure the individual staff's level of training and experience matched the needs of the patient and family so that quality of care and patient safety were not compromised.

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1 Personal support services are provided by unregulated health care providers working in a variety of settings. Typically, they work under the supervision of a regulated health professional or supervisor, or under the direction of the patient. They provide assistance with personal care and other routine activities of daily living as well as basic homemaking services.

2 Data Source: Intellihealth, Ministry of Finance Population Projections

3 Throughout this document PSW is used to refer to any category of worker that is providing publicly funded personal support services to LHIN patients in CSS, home care and in long-term care.

Since that time, there have been isolated episodes of patients waiting for personal support services due to lack of human resources. Most often, these were situations where the patient's needs were complex, requiring time-specific services, or in more difficult to serve, rural communities or a combination of these. Over the last several months, evidence suggests that the gap between the need for personal support services and the supply of qualified individuals is widening both in home and community care and in long-term care. North Simcoe Muskoka is beginning to experience the leading edge of a significant PSW shortage.

In response, the LHIN has launched a project focused on identifying longer term, sustainable strategies to reduce the gap between demand and supply. This includes understanding key drivers and identifying actions for improvement.

This report is the product of the first phase –*information gathering* – which summarizes key findings from a literature review, key informant interviews and quantitative analysis of demographic, home and community care and long-term care data. The details of the quantitative analysis can be found in the Technical Report.

This report is a key input into an action planning forum which will be held in the fall of 2017. Based on the findings from Phase 1, key stakeholders will be invited to participate in collectively identifying local actions. In addition, it is anticipated that opportunities for provincial action (e.g., service delivery model, policy considerations) will be identified. Local opportunities will be prioritized for implementation while recommendations regarding provincial opportunities and/or policy recommendations will be moved forward for further consideration.

Key Findings

Demand

- The number of seniors aged 65 years and over in NSM is expected to more than double over the next 20 years, from 93,000 in 2016 to over 177,500, or 29.3% of the population, by 2036.
- Assuming that approaches to care provision remain consistent, NSM will need 406 (21.5%) more PSWs providing care by 2021.
- With no/few additional long term care beds planned for NSM, the need for community based care is expected to increase exponentially.

Supply

Demographic Trends

- PSWs in Ontario are primarily female and almost three quarters are 40 years of age or older.
- Between 2015-16 and 2021-22, demand for personal support services in NSM is projected to grow nine times faster than the workforce.
- Between 2015-16 and 2035-36, demand for personal support services in NSM is projected to grow twenty times faster than the workforce.
- Population growth is not distributed equally among NSM sub-regions. The workforce in Muskoka is projected to decrease in both the short and longer term (5 and 20 years).

Education, Orientation & Training

- There is no standardized curriculum for PSW education in Ontario.
- Ministry established vocational learning objectives.
- PSWs can attend community college, an organization affiliated with a school board or a private career college to obtain the training required to become a PSW.
- The length and cost of the program varies among educational institutions.
- Structure of the programs makes it difficult to optimize prior learning assessment.
- Barriers to entry include cost of the program, loss of income during the program, access to transportation for clinical placements, daycare arrangements that accommodate split shifts.
- Due to ease of scheduling and supervision, most placements are completed in long term care.
- Most PSWs continue working in the organization where they completed their placement.
- Graduates are not well prepared for the demands of the role in long-term care homes.
- Consistent use of preceptor and/or mentors in onboarding new staff.
- Limited use of formal preceptorship/mentorship programs.

- Patient complexity is increasing. PSWS would benefit from enhanced training in areas such as mental health, chronic disease management, medication management, LGBTQ seniors, dementia and palliative care.
- The value of the PSW Bridging Fund could be enhanced through flexibility to support broader training needs and improved management.

PSW Recruitment and Retention

- High variability in wages, benefits, pensions and other compensation between sectors that employ PSWs.
- In terms of straight wages and benefits, acute care is highest, while community is the lowest.
- Currently, the PSW minimum wage for publicly funded PSWs in home and community care is 42% higher than the basic provincial minimum wage. The planned increase in the basic minimum wage in Ontario will reduce this to just 10%.
- A disconnect exists between Ontario's health policy direction to shift care to home and community and practices in the marketplace to pay workers higher wages in facility based care.
- A limited number of full time positions exist in all sectors.
- Many PSWs work for more than one employer. This offers a "foot in the door" while they wait for a full-time opportunity.
- Unpredictability in scheduling and willingness to work split-shifts are significant variables in determining income for PSWs working in home care.
- Pay, scheduling and hours ranked highest among the reasons for leaving the profession.
- PSWs working in home and community care are required to travel to patients homes. This raises concerns related to the financial impact and personal safety.
- PSWs in long term care and community are seeing an increase in the number of patients who exhibit behaviours and have diagnoses that impact care provision.
- There is an increasing trend in staff safety events, including physical and sexual assaults.
- The PSW role is evolving to increasingly provide specialized care through a process of delegation from a regulated health professional.
- All stakeholders who provide direct care indicated that family/caregiver expectations impact their work and role fulfilment.
- Literature supports, and PSWs feel, they play a pivotal role in the interdisciplinary team but are not consistently recognized for this or included in care planning.

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