

North Simcoe Muskoka **LHIN**

Personal Support Services

Planning to Reduce the Gap between Supply and Demand

February 2018

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Executive Summary

The North Simcoe Muskoka Local Health Integration Network (NSM LHIN) is experiencing a shortage of Personal Support Workers (PSW) across multiple health care sectors. In the spring of 2017, NSM LHIN launched a project focused on identifying the key drivers of the growing gap between the supply of PSWs and the demand for their services. Following the fall release of *Personal Support Services: Examining the Factors Affecting the Gap between Supply and Demand in North Simcoe Muskoka*, the NSM LHIN hosted an action planning forum on November 9, 2017. Thirty-six participants, representing community support services, home care, long-term care, educational institutions, provincial associations and the NSM LHIN, came together to collectively generate and prioritize change ideas to reduce the gap between PSW supply and demand across the health care system in North Simcoe Muskoka. This report provides an overview of the forum approach and the change ideas that were generated with a focus on those that were prioritized for action as well as the NSM LHIN's best advice to the Ministry of Health and Long-Term Care.

A total of 12 change ideas were prioritized for action beginning in Q4 2017-18. Seven are considered to be "quick wins" requiring minimal effort to implement; five are considered to be major projects and implementation will be sequenced as capacity allows over the next five quarters (to end of fiscal 2018-19). These priorities are focused primarily on patient and family engagement, optimizing the utilization of existing PSW capacity and PSW education and training.

Participants identified a number of areas where legislative, regulatory and/or provincial policy changes would assist the LHIN, health service providers (HSPs), service provider organizations (SPOs) and other partners to improve the match between personal support supply and demand. These include:

1. PSW education and training;
2. Expanding options in the delivery of personal support services;
3. Modernizing the home care service delivery model;
4. Re-branding personal support services; and
5. Continuing with PSW wage enhancements.

It is evident that there is no one strategy that will re-establish balance between PSW supply and demand in North Simcoe Muskoka. Multi-faceted, multi-jurisdictional action will be required to ensure timely access to high quality personal support services. NSM LHIN will closely monitor PSW capacity and will continue to work with local and provincial partners to identify and implement strategies to improve the match between PSW supply and demand.

Introduction

The North Simcoe Muskoka Local Health Integration Network (NSM LHIN) is experiencing a shortage of Personal Support Workers (PSW) across multiple health care sectors including community support services, home care and long-term care. In the spring of 2017, NSM LHIN launched a project focused on identifying the key drivers of the growing gap between the supply of PSWs and the demand for their services. On November 6th, 2017, NSM LHIN released *Personal Support Services: Examining the Factors Affecting the Gap between Supply and Demand in North Simcoe Muskoka*. This report summarized key findings from a literature review, key informant interviews and quantitative analysis of demographic, home and community care and long-term care data. Short and long-term projections showed that demand for personal support services would far exceed the supply.

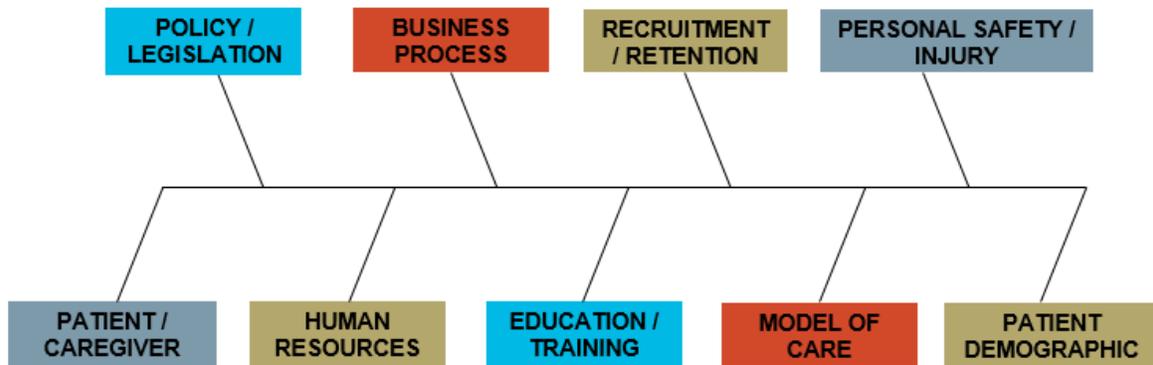
This report was a key input into a daylong forum hosted by the LHIN on November 9th, 2017. Thirty six participants, representing community support services, home care, long-term care, educational institutions, provincial associations and the NSM LHIN, came together to collectively generate and prioritize change ideas to reduce the gap between PSW supply and demand across the health care system in North Simcoe Muskoka.

This report provides an overview of the approach that was used and the change ideas that were generated with a focus on those that were identified as priorities to move forward to action. It also includes the NSM LHIN's best advice to the Ministry of Health and Long-Term Care.

Approach

The LHIN engaged participants in a multi-step process to identify, define and prioritize change ideas.

The factors contributing to the gap in supply and demand, which were identified in *Personal Support Services: Examining the Factors Affecting the Gap between Supply and Demand in North Simcoe Muskoka*, were summarized and themed in a fishbone diagram. Participants were asked to review the fishbone and add any missing contributing factors.



Participants were organized into seven groups. Each group was assigned one contributing factor and worked with a facilitator to generate change ideas specific to that factor that may reduce the gap between personal support supply and demand within a sector and/or across the health care system. Change ideas were recorded on post-it-notes and placed on a flip chart.

Facilitators remained with their contributing factor and participants rotated through all groups, adding to the ideas generated by the previous group. Once the participants added their change ideas to all seven contributing factors, they reviewed all the change ideas, ensured similar ideas were grouped together and change ideas were clearly understood.

Over the lunch break, participants had an opportunity to review all of the change ideas and add ideas they felt were missing while the facilitators grouped common change ideas across themes.

Participants were then asked to prioritize the change ideas by rating the effort and impact of each. Set criteria were established based on important perspectives requiring consideration when determining the priority of each change idea including:

- Resources required;
- Time to implement;
- Impact on an organization versus a sector or the broader health system;
- Impact on one or more contributing factors; and
- Local control versus provincial change required.

The Effort / Impact Prioritization Matrix considered the following:

Effort Scale

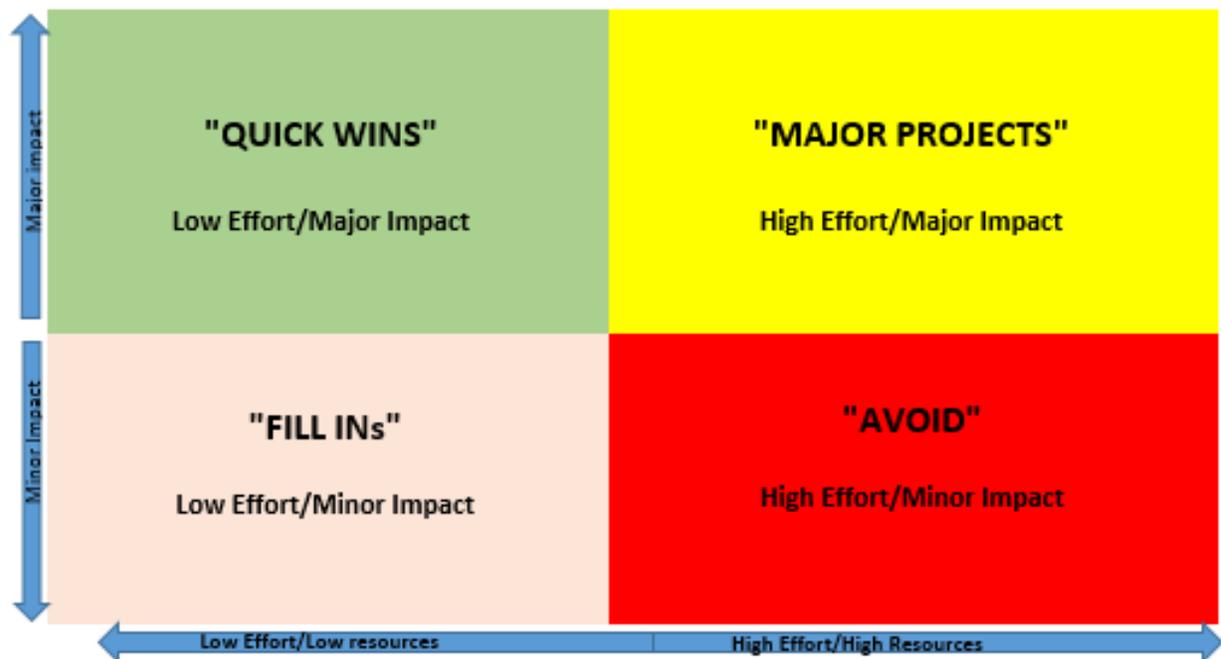
1. Minimal resources/time required by one or more organizations for less than one year
2. Significant resources/time required by one or more organizations for less than one year

3. Significant resources/time across multiple organizations for less than one year or minimal resources for an extended period (greater than one year)
4. Significant resources/time across multiple organizations for more than one year
5. Provincial legislative/policy change is required which will take significant time/effort for change to be made

Impact Scale

1. Minimal or no impact on achieving the desired results at a sector or system level; impact at an organizational level
2. Minor impact on achieving the desired results at a sector or system level; potential to address at least one contributing factor
3. Moderate impact on achieving the desired results at a system or sector level; potential to address one or more of the contributing factors
4. Significant impact at a sector level on achieving the desired goal; high potential to address one or more of the critical contributing factors impacting on a specific sector
5. Significant impact at a system level on achieving the desired goal; high potential to address one or more of the critical contributing factors

The resulting score placed each change idea on the Effort/Impact Prioritization Matrix:



Each group was asked to present the change ideas that were:

- Green – “Quick Wins” - low effort and high impact; and
- Yellow – “Major Projects” – high effort and high impact.

As a collective, participants reviewed each of these change ideas to identify opportunities for further grouping.

At the conclusion of the forum, 107 change ideas had been generated. LHIN staff undertook further grouping, developed a survey and distributed it to all participants. The survey asked participants to select their top three quick wins and top three major projects. The survey results assisted in prioritizing change ideas for action.

Priorities and Action Plan

The following change ideas have been prioritized for implementation beginning in Q4 2017-18.

Quick Wins

1. Collaborate with patients and families to facilitate a shared understanding of service delivery capacity issues and how they can help ensure the most efficient use of PSW resources by developing LHIN wide key messages for patients and families regarding the PSW shortage. This will include how they can work with the LHIN and their service providers to optimize the use of available PSW resources (e.g., cancelling an appointment if they are not going to be available).
2. Increase enrollment into PSW training programs by marketing to high school students as a viable career option by:
 - Exploring best practices across school boards to increase access and opportunities for experiential learning;
 - Exploring opportunities to shadow a personal support worker; and
 - Exploring opportunities for high school students to complete volunteer hours in the community.
3. Explore opportunities to increase PSW supply through creative/innovative approaches to education including offering flexible college program formats that enable students to move into the workforce after completion of minimum required content (i.e., complete the first semester full-time and complete the second semester part-time while working as a PSW).
4. Enable more PSWs to complete their placement in community by exploring and addressing barriers.
5. Optimize scheduling of PSW services in complex patient situations through more direct communication between the care coordinator and SPO.

6. Optimize use of available PSW capacity by allowing the SPO to schedule patient visits based on need and discussion with the patient/family. (This is similar to the “Windows of Time” model.)
7. Improve efficiencies for LHIN and SPO staff by separating eligibility and wait list based on patient priority.

Major Projects

1. Appropriately utilize all existing PSW capacity to meet patient needs by:
 - Exploring opportunities to share human resources between agencies within a sub-region;
 - Clustering visits in buildings with flexibility to share care; and
 - Exploring options to utilize all PSW capacity in retirement homes to serve eligible patients, allowing redirect of service provider resources to community patients who are waiting for services; if this is not possible, explore opportunities to utilize a shift model in retirement homes.
2. Continue to strengthen respectful relationships between front line LHIN and service provider staff; build a sense of team and role clarity. Build trust between care coordinators and service provider staff so that recommendations to reduce or discharge services can be actioned without duplication of assessments and delays.
3. Optimize use of available PSW capacity by exploring opportunities to fill gaps mid-day, such as increasing duration of visits while decreasing frequency and/or increase funding to provide longer duration visits to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL).
4. Explore opportunity to increase the working age population by attracting newcomers to the region and to health care careers by working in partnership with the Simcoe County Immigrant Alliance Partnership and the District of Muskoka.
5. Collaborate with primary care to ensure appropriate utilization of PS services. Incorporate into primary care-care coordination integration and resource allocation projects.

Advice to the Ministry of Health and Long-Term Care

Forum participants identified a number of areas where legislative, regulatory and/or provincial policy changes would assist the LHIN, health service providers, service provider organizations and other partners to improve the match between personal support supply and demand in North Simcoe Muskoka. The following represents NSM LHIN's best advice to the Ministry of Health and Long-Term Care.

- 1. PSW Education and Training:** The educational standards for PSW training programs should be reviewed to ensure that they continue to support all of the competencies required to provide safe, high quality care to today's patients. Working in collaboration with the Ministry of Advanced Education and Skills Development (MAESD), explore opportunities to improve access to PSW education. Forum participants offered innovative change ideas such as earning a PSW certificate while in high school or a post-secondary apprenticeship-like model. Both options would address several identified barriers such as the cost of tuition and loss of income while attending a training program. Consider a modular program format with multiple exit points, allowing for an entry level into personal support work with opportunity to continue to full PSW certification. This would allow earlier entry into the workforce providing greater opportunity for the practical application of learning, better preparing students for the demands of the role. Extend eligibility for the Ontario Student Grant program (free tuition) to certificate programs.
- 2. Expand Options in the Delivery of Personal Support Services:** To support the delivery of personal support services consider offering patients more options including expanding self-directed and attendant care models. Opportunities to reduce administrative program requirements, such as a grant model similar to the Department of Veterans Affairs, should be explored. Restrictions on hiring family members should be re-examined in light of current and projected future health human resource shortages. Consider an exemption to allow LHINs to pilot contracting with retirement homes who meet established criteria. This would support determining whether this model improves consistency of care and efficiency in the utilization of available PSW capacity.
- 3. Modernize the Home Care Service Delivery Model:** Accelerate the work on modernizing the model of home care service delivery in Ontario. Continue to explore population based models that move the home care sector toward outcomes based service delivery and reimbursement. This type of model would offer service providers flexibility in meeting patient needs and should reduce the financial uncertainty

associated with the fee-for-service funding model enabling more positions that are full-time.

4. **Re-Brand Personal Support:** Explore rebranding personal support services to be within the continuum of nursing (i.e., RPN Assistant). This would increase the professional image of PSWs, offer opportunities for growth and career path and support the goal of enhanced oversight and accountability. This may increase the flow of youth into the PSW role and offer patients, families and the public a measure of reassurance regarding PSW competencies and mechanisms for complaints and discipline.
5. **Continue PSW Wage Enhancements:** Continue to provide PSW wage enhancements to ensure that a material differential is maintained between the PSW minimum wage and the basic minimum wage. In addition, it is strongly encouraged that the PSW minimum wage apply to all hours worked (direct and indirect). Where relevant, require that work related travel be compensated at the PSW's regular hourly rate and mileage costs be reimbursed at a reasonable rate.

Next Steps

During the forum, participants had an opportunity to express interest in participating on working groups to implement the change ideas.

From the prioritized change ideas, NSM LHIN has drafted an outline of the resources required to implement each of the change ideas. Some of the 'Quick Wins' require few or in-house resources and can be easily accomplished. Others require a commitment of time and human resources to implement. NSM LHIN has developed a plan for Q4 2017-18 and 2018-19 to implement the priority change ideas outlined in this report. Focus group, forum participants and other subject matter experts will be asked to contribute to and/or participate on working groups implementing the change ideas.

Evaluating the Impact

Improving personal support capacity will remain a focus for the NSM LHIN as long as the imbalance between supply and demand exists.

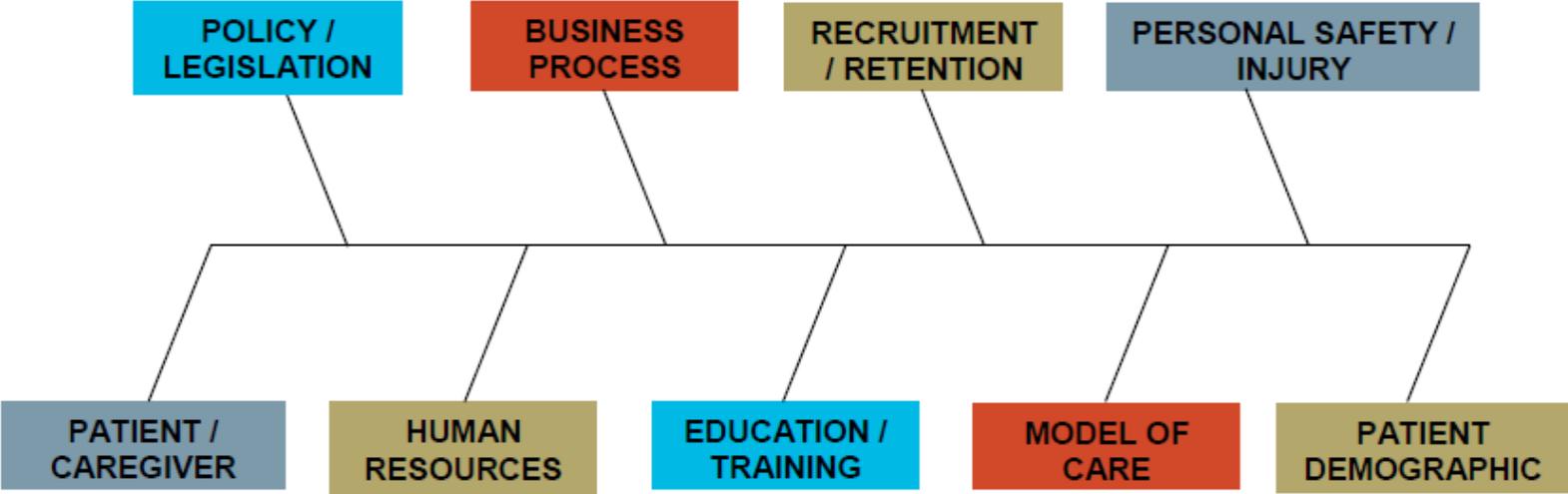
A dashboard will be used to monitor personal support capacity on a monthly basis. Dashboard indicators include:

- Referral acceptance;
- Missed care;
- Five day wait time for personal support for complex patients;
- Number of patients waiting for service or partial service due to the lack of capacity; and
- The volume of personal support services provided.

These five measures, supported with local intelligence and tribal knowledge, provide the best available information to support understanding personal support capacity and how it is changing over time.

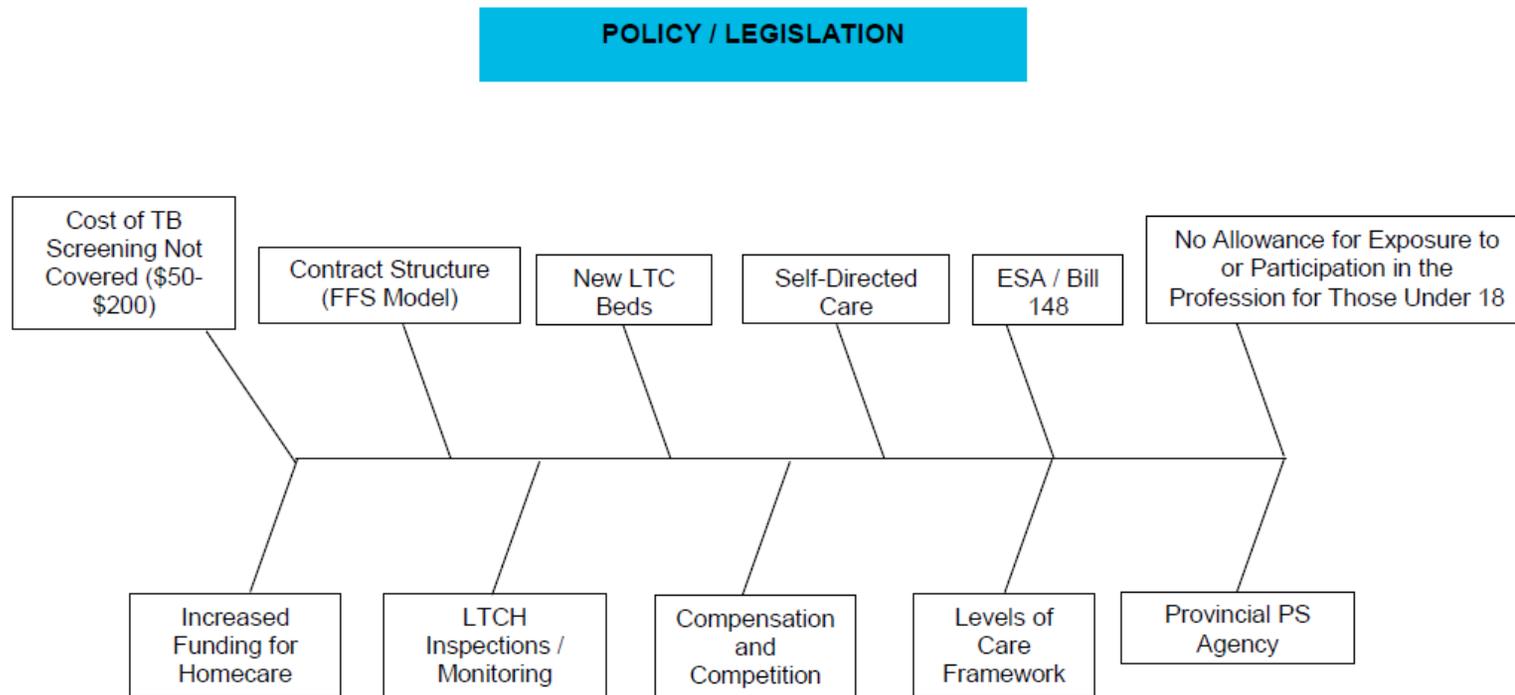
Additionally, each group working on implementing a change idea will generate process and/or outcome indicators specific to the change idea.

Appendix 1 Fishbone Diagrams



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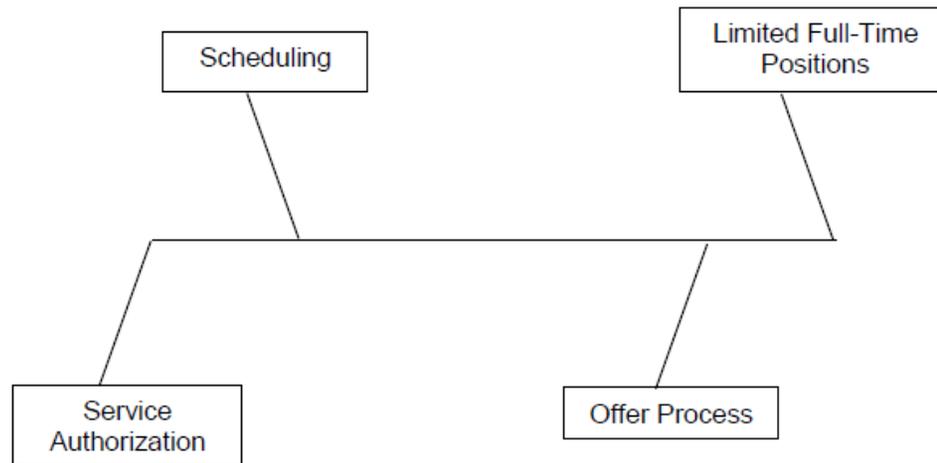
Factors Contributing to the Gap between Supply of Personal Support Workers and Demand for Personal Support Service



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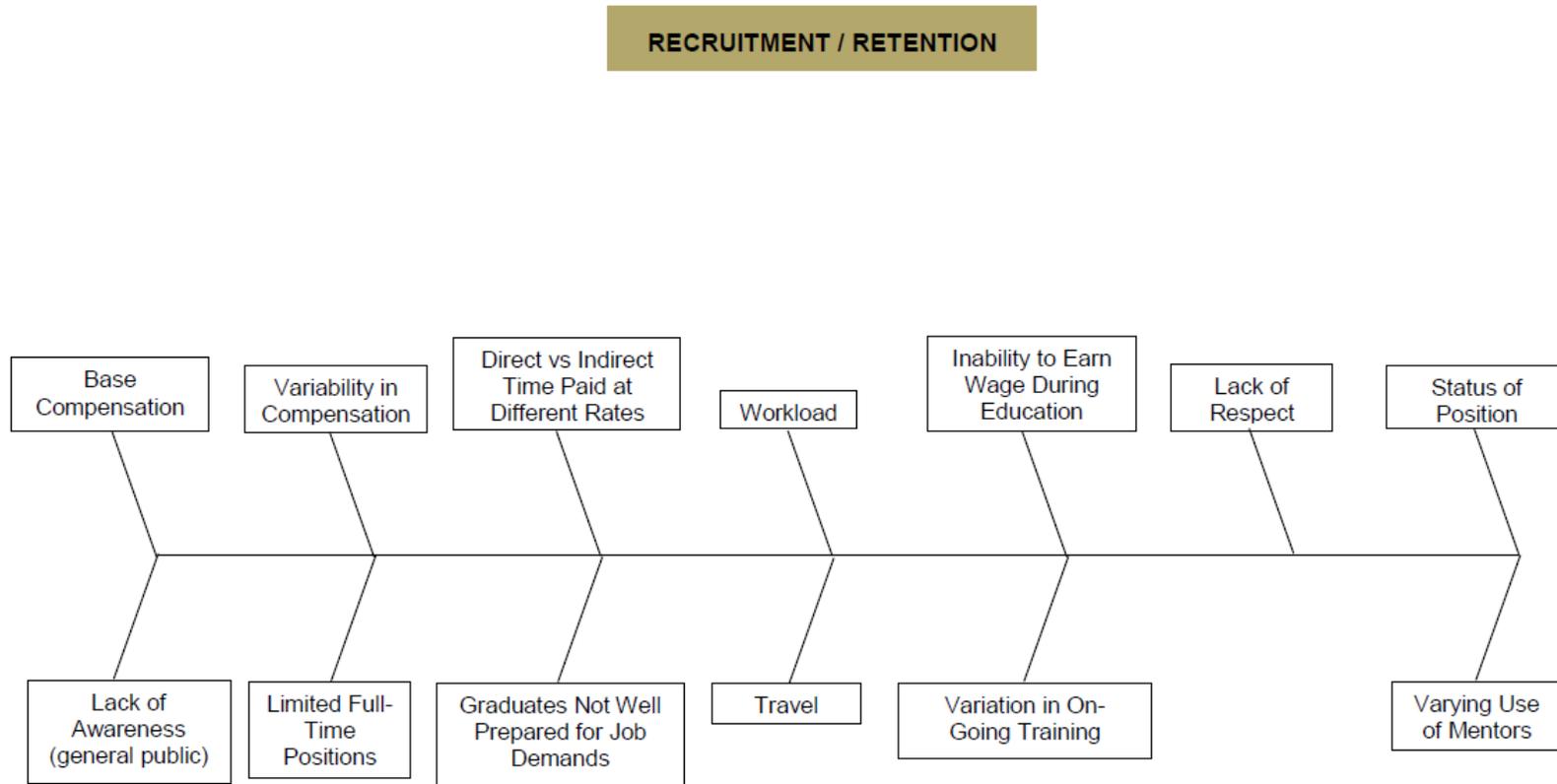
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BUSINESS PROCESS



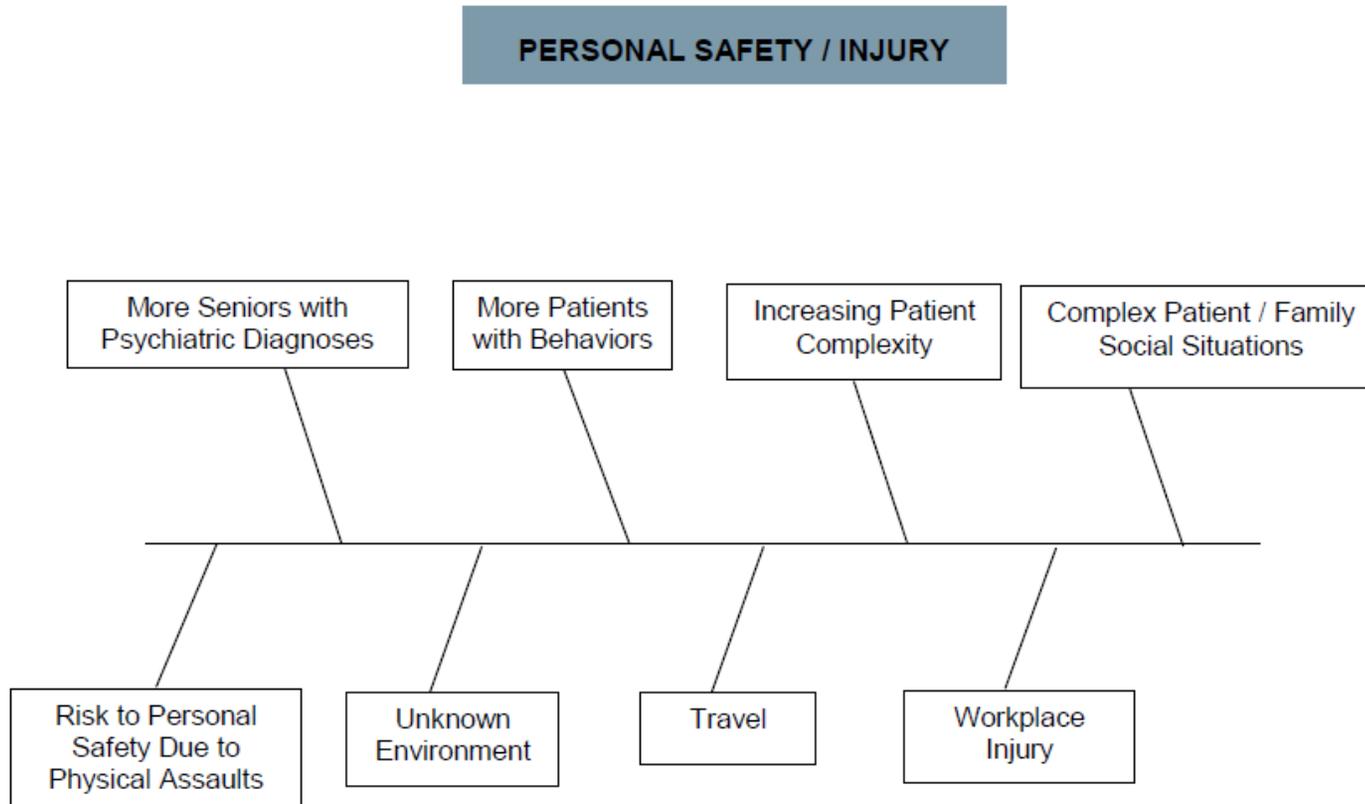
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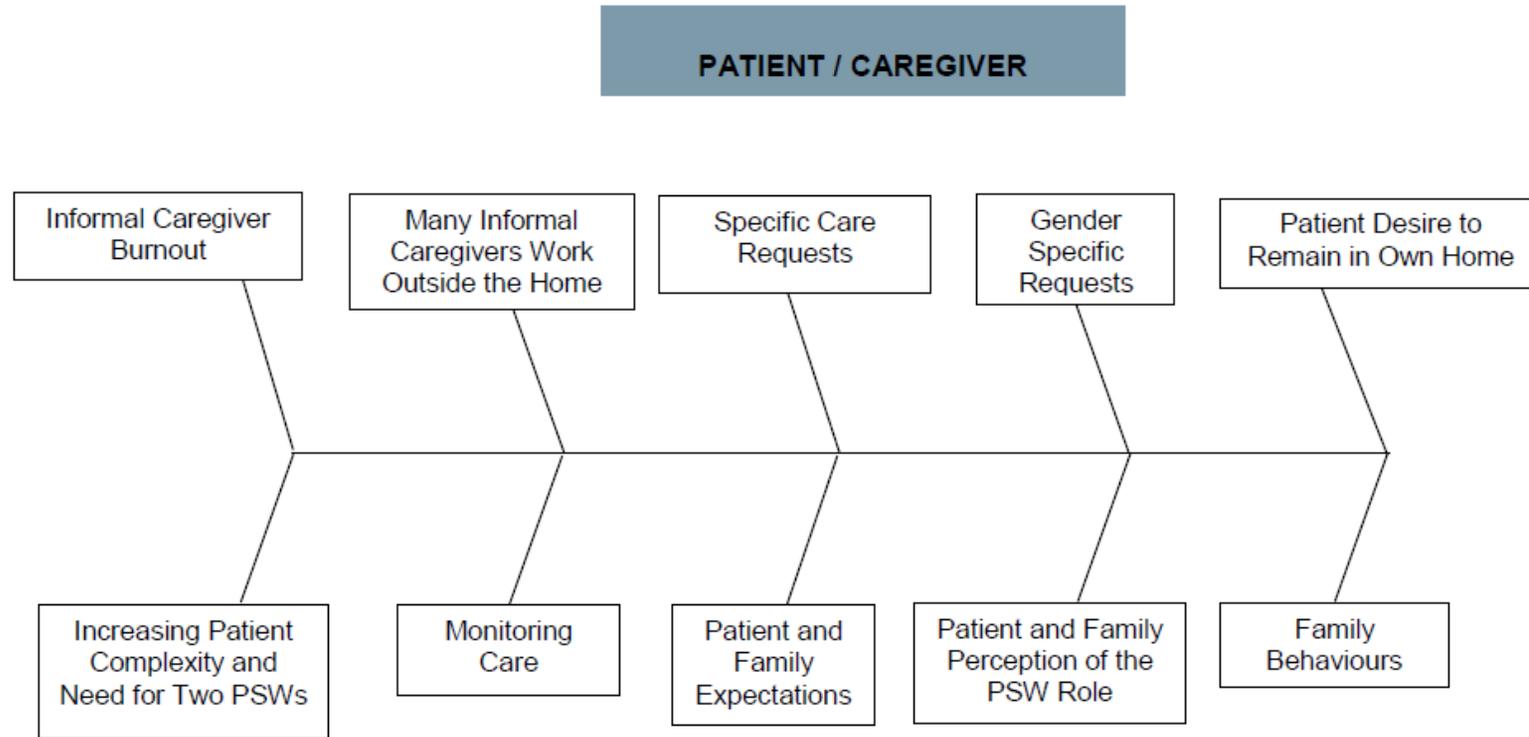
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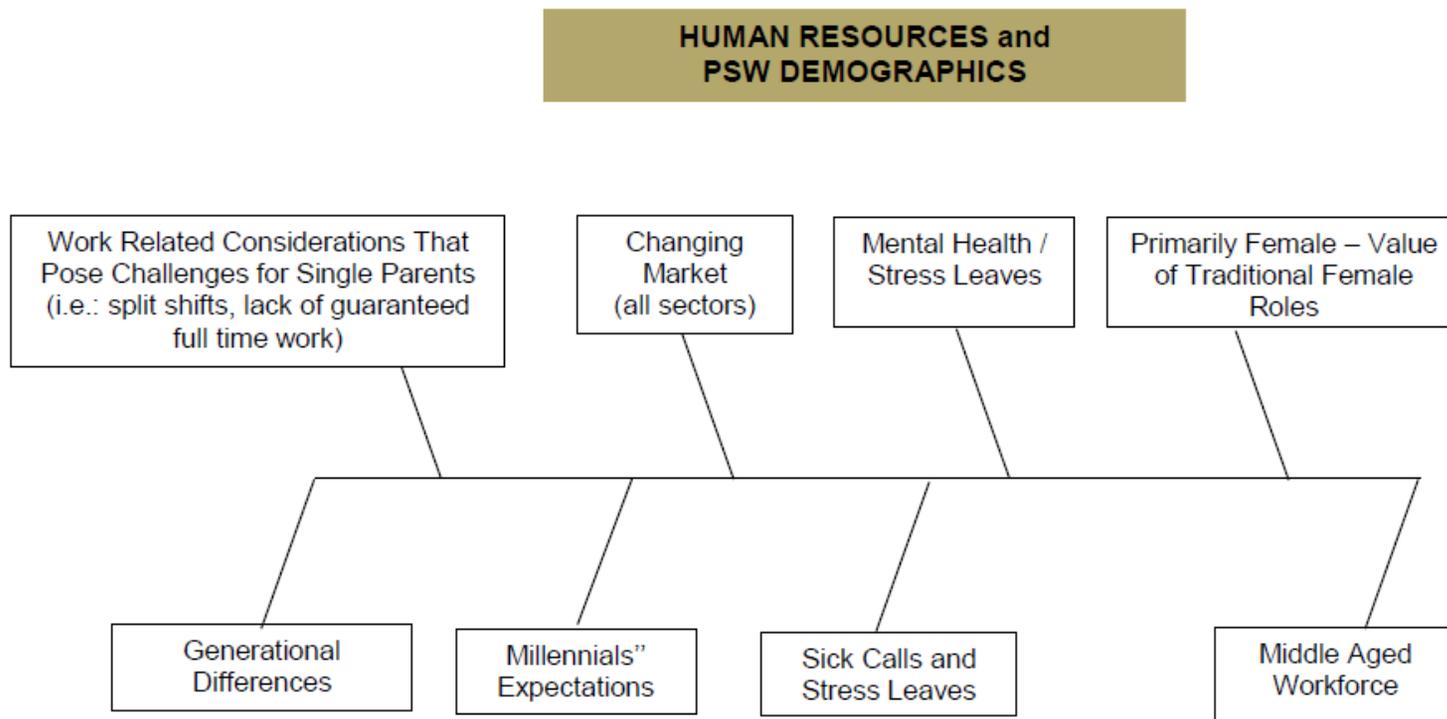
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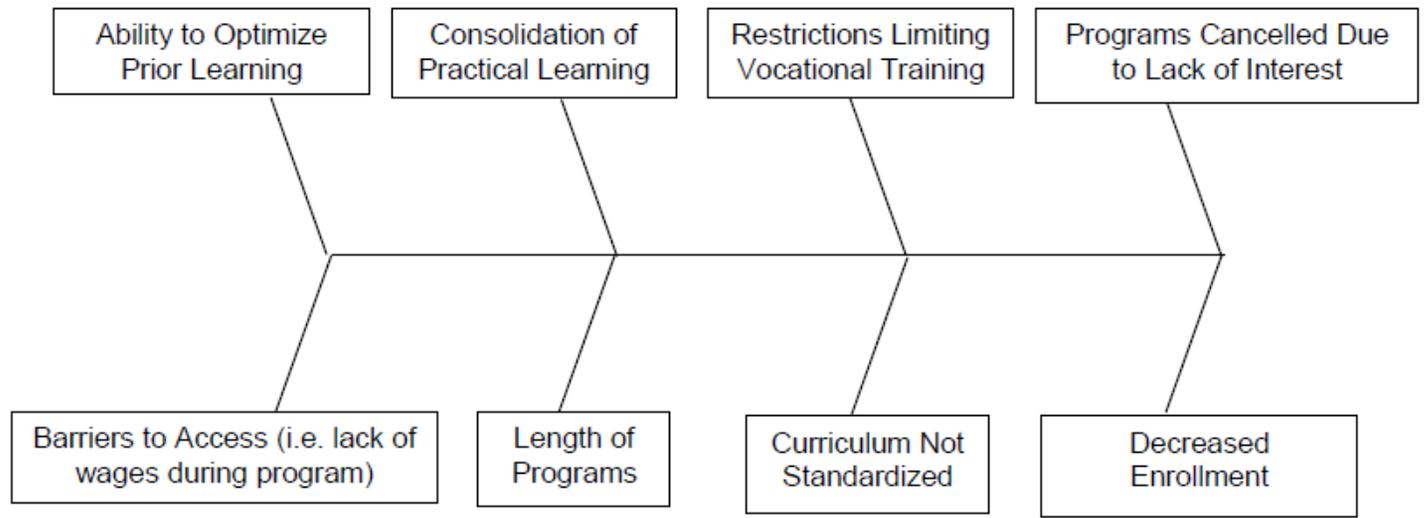
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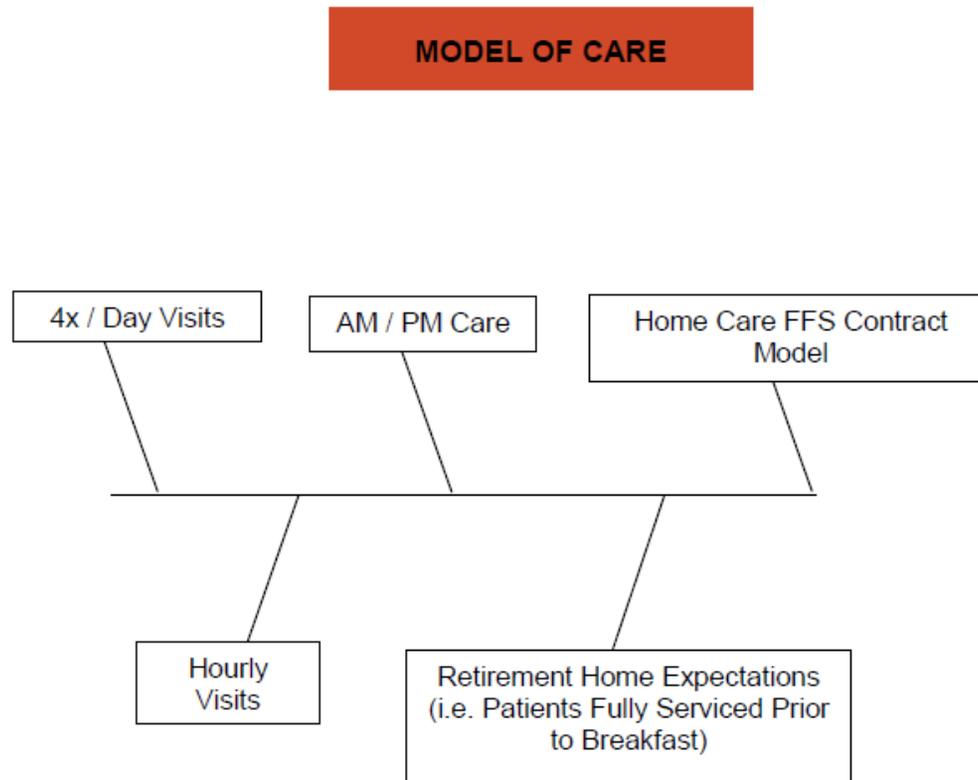
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EDUCATION / TRAINING



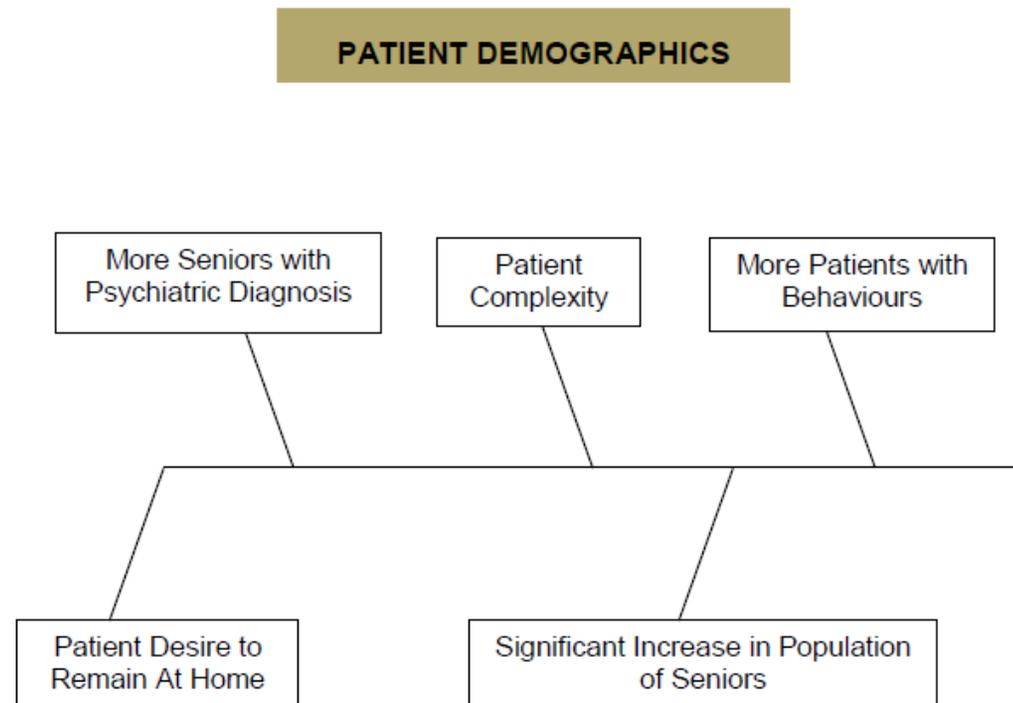
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