

ONTARIO NURSES' ASSOCIATION

SUBMISSION

ON

Consultation on the Scope of the Resident Support Personnel Role in Long-Term Care, Ontario Regulation Number: 246/22 made Under the Fixing Long-Term Care Act, 2021.

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The Ontario Nurses Association (ONA) is the union representing 68,000 registered nurses (RNs), health-care professionals, and more than 18,000 nursing student affiliates, providing care in hospitals, long-term care facilities, public health, community, industry, and clinics. ONA represents 60,000 registered nurses and health-care professionals working in publicly funded and publicly operated hospitals across Ontario. ONA also represents registered nurses and health-care professionals working in privately-operated health care settings such as long-term care homes and primary care facilities.

ONA appreciates the opportunity to provide feedback on whether resident support personnel should be permanently permitted to assist with personal support in the future and what supports should be considered in versus out-of-scope without impacting resident safety or quality of care.

Role of Support Personnel:

The resident support role is helpful in long-term care facilities to offload tasks that are not relied on to assess resident wellness or to ensure resident mobility. This would limit the role to assisting with resident transfers, feeding, scheduling activities and bedmaking. All other duties are utilized to assess skin integrity, bladder and bowel regulation, mobility, effectiveness of medication regimes, mental acuity, and behaviours. The resident support personnel should be working with personal support workers (PSWs), registered practical nurses (RPNs) and registered nurses (RNs) in all direct resident care to ensure that the appropriate level of care provider completes all required assessments. There are no duties that resident support workers should undertake in isolation from other trained personnel.

Role of Resident Support Personnel in Staffing Adequacy:

There is a role for resident support personnel to ensure adequate staffing is available for all duties within a long-term care facility– only in an assistance role, not leading any direct resident interactions. This would assist homes with ongoing difficulties obtaining adequate PSW support within homes. It should be continued as a funded, supported role with limited use within long-term care facilities. Given the vulnerable residents housed in long-term care facilities, there are no duties that resident support aides can perform without orientation, appropriate training, and supervision.

Note that Fixing Long-Term Care Act, 2021 requires specific orientation and training for everyone working with residents, which is prescribed within the Act. At the very least, there should be education/training on working with the elderly, managing behaviours and Infection and prevention Control.

Addressing Vulnerabilities and Risks in Long-Term Care Facilities:

Many interactions with residents include basic mobility assessment, skin integrity, behaviours, and communication. PSWs perform basic assessments in every interaction and report changes and the potential needs for further assessment to the registered health-care professional. All tasks have a level of risk when collaborating with residents. For example, the ability to swallow can become inhibited with some medication regimes and/or the occurrence of an unwitnessed stroke – these can lead to choking while feeding. In addition, these examples can lead to

mobility and communication issues. They can also lead to increased behaviours that require adjustment to the Care Plan and a report to the physician or a nurse practitioner for management.

Another example is the task of toileting – assessment of mobility and elimination are performed with each occurrence in addition to an assessment of skin integrity. A resident support aide can assist a PSW or another health-care professional but should not be performing this task alone – doing so without training is a missed opportunity to assess a resident. No transfers should be completed without at least two workers due to the risk of resident and worker injury. This is also an example of training that would be required before working in a long-term care facility.

Other tasks that may have added risk based on the resident's health concerns are behaviorally related. Some residents who become non-verbal due to dementia, strokes, or other events are frustrated easily with their inability to communicate and can become violent or fight back when transferring or interacting with them. A resident support aide can assist a PSW or registered staff member but should never be left alone with such a resident as injury to the resident or worker can occur.

Resident support aides are not regulated and thus do not have a “scope” – however, in the hierarchy of workers within a home, this role should be supported only in conjunction with another worker, except for duties not related to direct resident care. They can assist with setting up meals, feeding residents without swallowing concerns (with PSWs or registered staff in the dining room area to help if conditions change), bed making and setting up for activities, unsupervised. All other functions or roles should be in an assistance capacity only – an extra set of hands trained to collaborate with other members of the health-care team (not just other resident support aides).

Complementary Role of Resident Support Personnel in Care Provision

Some homes are implementing programs that reduce medical interaction with residents, such as the Butterfly or Memory-based programs. Resident support roles would be able to assist with the “hands-off” models these programs utilize – more focus on memory through conversation, limited physical assistance and increased environmental stimulation. The role in these facilities is more organic, with assistance from personnel only if requested or medically indicated.

Conclusion:

Resident support personnel should be additional to the four hours of nursing and personal care as a role that would allow for the required nursing care to be conducted with support as needed. They should not replace any current PSW, RPN, RN, Physiotherapists, Occupational Therapists, or Registered Dietician roles already mandated by legislation. Instead of shifting one health-care professional's existing roles and responsibilities to other health-care providers, the government should implement policies addressing the root causes of the nursing and health-care personnel shortage – namely, uncompetitive wages and untenable working conditions that deplete the workforce.