



AdvantAge
Ontario

Advancing Senior Care

Submission on Leveraging the Role of Resident Support Personnel in Long-Term Care Homes

June 15, 2024

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Introduction

The Association appreciates the opportunity to share feedback on the proposed amendment to Regulation 246/22 under the *Fixing Long-Term Care Act, 2021*, to enable long-term care homes to continue to leverage resident support personnel once the transitional flexibility provision expires on July 1, 2025. We are in agreement with the extension of this provision from its original end date of July 1, 2024.

Resident support personnel (RSP) play an important role in operating long-term care homes and improving the day-to-day experience of both residents and staff. They have provided much-needed additional support in the face of chronic staffing shortages. RSP assist in many ways, including, but not limited to, feeding assistance; facilitating and participating in recreational activities, social engagement and one-on-one companionship; tidying rooms; and assisting with cleaning and disinfecting. As such, the Association is pleased to hear that, based on the recent consultation on the scope of their role, the Ministry is proposing to amend Regulation 246/22 to permanently permit RSP to assist with personal supports to low-risk residents.

While the Association supports leveraging RSP in long-term care, skilled PSWs play an integral role in the long-term care sector. As such, it is important to both note that RSP are not intended to replace PSW positions and ensure that this role will not result in the reduction of PSW positions. Rather, RSP are intended to complement the PSW workforce and provide additional support in the face of staffing shortages. Therefore, it is critical that the Ministry includes language in the guidance around the importance of RSP not replacing skilled PSW positions.

In this submission, we provide insights from the perspective of the not-for-profit seniors' care sector on the proposed approach to the future of the RSP role in long-term care settings. We outline considerations on the following:

1. The proposed issuance of guidance on the in- and out-of-scope tasks for RSP.
2. The importance of RSP training and education to foster the role being a gateway into the sector.
3. The capacity for RSP to move homes towards four hours of direct care with an appropriate funding structure in place.

Much of this feedback was part of our submission entitled *Scope of Resident Support Personnel in Long-Term Care Homes* from November 2023.

Commentary

1. Staffing Flexibility and Role Guidance

We understand that the Ministry would issue guidance for homes on how to appropriately leverage RSP, including the tasks that may be in- and out-of-scope for them to perform.

We have the following comments and concerns around in- and out-of-scope activities:

- > In some homes, RSP play a vital role in mealtime assistance and contribute to pleasurable dining experiences. The previously proposed list of out-of-scope tasks included monitoring and logging resident food intake and reporting on any challenges. The word “monitoring” was vague in what was being proposed as out-of-scope. With appropriate in-house training, RSP can act as dining room monitors and assist with mealtime set up. Moreover, there is an increased number of residents who require assistance during mealtimes and the Ministry guidelines state that staff may not support more than two residents eating at one time. With appropriate training that many homes provide for staff around safe feeding techniques, RSP should be able to assist residents in eating if they do not have swallowing concerns. Permitting this role to support residents during mealtime in line with Ministry guidelines, (i.e., not supporting more than two residents eating at one time), will enable homes to assist residents at mealtimes in a compliant and timely manner.

RSP, however, should not be responsible for selecting foods for residents as they may not be familiar with each resident’s dietary or textural needs. Though, this should not preclude this role from assisting with nourishment passes, which entail passing out food and drink after verifying the dietary or textural needs of residents from a Kardex. With proper instruction and oversight from PSWs and nurses, RSP can adeptly assist with nourishment passes to residents.

- > The Ministry is currently proposing that, depending on the risk level of the resident and the type of assistance the RSP is providing, RSP may be supervised by a nurse or PSW. As such, we assume that oral care and hair care would remain in scope for RSP. Regarding oral care specifically, RSP can certainly be adept in supporting this care. Though, because persons in this role may not know warning signs and concerns in oral health, there should always be oversight that sees more qualified staff regularly checking the work performed by RSP.
- > There was broad agreement among AdvantAge Ontario homes that directly assisting with bathing should remain out-of-scope for RSP. However, they can play an important role in assisting PSWs in bathing residents by dispensing soap, providing towels, among other similar tasks. As such, we again recommend that the prohibition of “directly assisting with bathing and toileting” be rephrased instead to prohibit RSP from “providing unsupervised assistance with bathing and toileting.”

- > Higher risk tasks like lifts and transfers need to remain out-of-scope for RSP. Though, this should not preclude RSP from being a spotter or assisting as the second person with lifts and transfers when directed to do so by qualified staff. Many homes provide in-house training to staff across departments to be able to provide this support. Again, the extra layer of precaution provided by RSP has a positive impact on both the resident and staff experience.

Certainly, homes need flexibility in how they staff each unit, and in the proposed approach to enable homes to continue leveraging RSP there is flexibility for homes to assign tasks to this role. It is important to note that under the direction of the Director of Nursing and Personal Care, RSP could complete a range of tasks that support other roles, such as PSWs, recreation aides, dietary care aides, and housekeeping. This role, in part, is intended to alleviate the burden on other roles by assisting in low-risk tasks that may fall under or close to their scope. Therefore, to negate potential intraprofessional tensions or confusion on the scope of this role in relation to others, it is important that the Ministry be comprehensive and clear in their guidance on both the in- and out-of-scope tasks. Furthermore, clear and comprehensive guidance is critical to ensure high quality of care for residents.

2. Training and Education

The Ministry is proposing that the Director of Nursing and Personal Care be responsible for ensuring tasks are assigned to the RSP based on both the resident's care needs and risk-level, and in consideration of the staff member's training and knowledge. AdvantAge Ontario homes have raised that the Ministry could do more to support the training of RSP.

In our fall 2023 submission *Scope of Resident Support Personnel in Long-Term Care Homes*, we outlined that there are presently some courses available for RSP, though they are not yet widespread. The Ministry promoting a short training program for this role can encourage more people to enter and remain in the sector, which would positively impact the chronic staffing shortages in long-term care. We recognize that the Ministry currently supports RSP to upskill to PSWs through the Learn and Earn Accelerated Program, which is an important step in encouraging people to enter and remain in the sector. However, many people may not have previously considered a career in long-term care and may be apprehensive about whether the career is for them. Supporting a short training program for RSP could provide these individuals with the confidence to take up these roles and enter the sector, and encourage exploration and transition into other careers, like PSW. In fact, some colleges offer RSP micro-credentials that provide credit towards PSW programs.

The *Fixing Long-Term Care Act, 2021*, states that homes must ensure everyone working in the home receive training and orientation, which is prescribed in the Act, and this training will certainly support RSP in understanding the operations and policies of the home. However, there are additional areas that RSP would benefit from specific training to work with seniors safely and appropriately in long-term care settings. For example, estimates show that nearly 90% of long-term care residents in Ontario have some form of cognitive decline, and this prevalence is increasing. As such, it is unlikely that anyone working in long-term care will not engage with a person with cognitive decline or dementia in some capacity.

Many RSP may have never worked in these care settings before and would require appropriate training to engage with persons with dementia safely and meaningfully. The long-term care sector is increasingly complex, even for roles not providing direct care to residents, and it has a stringent compliance system. To ensure RSP are equipped and supported to work and remain in the sector, specific training beyond the standard would be beneficial. Many homes have implemented in-house training, and Ministry support for a short training program would both complement in-house training and provide a high-quality standard that homes can leverage.

Additional important areas of training for this role on working with seniors in long-term care include the fundamentals of person-centred care, the *Fixing Long-Term Care Act*, family engagement, feeding assistance, mental health, diversity and inclusion, and palliative and end-of-life care.

3. Four Hours of Care

To sustain the RSP role in long-term care, there needs to be an appropriate funding structure in place. As a reminder from the Association's fall submission noted above, we believe that RSP should be eligible for funding as direct care staff.

RSP should be included in the government's supplemental funding to RNs, RPNs, and PSWs and should count toward a home's hours of direct care per resident to support the government's four hours of direct care commitment.

At present, RSP are funded through the Allied Health Professional Staffing Supplement Funding. RSP being eligible for the supplementary funding for RNs, RPNs, and PSWs would support homes in moving more quickly towards the four-hour of care goal and would recognize the challenges many continue to have in finding PSWs.

Further, this shift would help ensure there is funding for the continued use of RSP to enhance the quality of life of residents and allow PSWs and nurses more time to provide direct care to residents.

Conclusion

For the RSP role to be sustainable and successful, appropriate guidance on in- and out-of-scope tasks, proper training and education, and more funding avenues are essential.

As outlined above, the RSP role has proven to be a positive addition to long-term care homes' staffing complement, and we are confident that, with clear Ministry guidance, homes have the expertise and sector knowledge to use this role effectively and safely, all for the betterment of resident care.

We appreciate the opportunity to provide feedback on the proposed amendment to the Regulation and applaud the Ministry in proposing the continued flexibility to homes on leveraging this role given the health human resources crisis in the sector.

Background

For more than 100 years, AdvantAge Ontario has been the voice of not-for-profit seniors' care in Ontario. We represent more than 500 providers of long-term care, seniors' housing, supportive housing and community service agencies, including 98 per cent of all municipal long-term care homes and 86 per cent of all not-for-profit long-term care homes. We are the only association representing the full continuum of seniors' care in the province.

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