

Ontario Home Care Association

Commentary to Questions Related to the Review of
Staffing and Care Standards for LTC Homes

January 11, 2008



Introduction

Members of the Ontario Home Care Association (OHCA) provide a wide range of home and community health care services addressing a variety of needs within the health care continuum. Many members support long term care facilities by providing temporary staffing support – including nurses, therapists and personal support workers. It is in the capacity of a provider of temporary staffing support that OHCA submits this brief paper in response to the questions posed by the Long Term Care Home Staffing and Standards Assessment Review Team.

OHCA believes that:

- long-term care homes are well served by members who provide temporary staffing support and that staffing strategies should continue to include this level of support
- there should be remuneration parity between the long-term care and home and community care sectors
- a formalized procurement practice for securing staffing support services should be in place for all long-term care homes
- the recruitment of staff for long-term care homes should reflect that the skills and knowledge requirements of staff in long-term homes is distinct to those of the community workforce.

The responses to the questions that follow are intended to form the basis of discussion for a teleconference call with several OHCA members and the Review Team. It is anticipated that subsequent to the call more detail may be required and will be instructive to the work of the Team.

Responses

1 a) What are the key factors that affect human resources/staffing requirements and standards related to quality of care and quality of life of residents of LTC homes?

Long-term care homes provide 24 x 7 services to residents who have physical and/or mental disabilities such that they are not able to live in the community. Determining the level of staffing required to ensure safe quality care within LTC facilities is dependent upon a variety of factors; and research indicates that a single resident-staff ratio cannot be universally applied to all care settings.

Factors affecting the staffing requirements include:

- **Needs of the residents** – overall the acuity of residents’ mental and physical needs has increased suggesting a more dependent population with more complex needs necessitating more hours of care and higher levels of clinical expertise and supervision.¹
- **Contributions and expectations of families** regarding the level of care and support that they are able to provide and their expectations of the facility.
- **Mix of residents** within the home – typically, residents within LTC homes will experience a decline in their clinical and functional status; however there will be a mix of individuals with varying levels of need (e.g. short stay rehabilitation, Alzheimer / dementia care, respite). Where the mix is more heavily weighted toward higher acuity and lower functional ability the staffing requirement will be higher in number and expertise.
- **Fluctuation in need** – additional support may be required within the home at certain times of the day and/or week.

¹ Ontario’s Complex Continuing Care Population: Five Year Trends in Selected Clinical Characteristics 1999-2000 to 2003-2004, CIHI, May 2005

- **Staff expertise and mix** – the existence of support staff (administrative staff, maintenance, security) and professional staff (nurses, nurse practitioners, dietary personnel, physicians, therapists (OT/PT/SLP) recreation staff) , and the experience and education of staff, contribute to the determination of appropriate staffing levels to support the delivery of quality client care. Where there is recent and/or frequent turnover of staff and/or absenteeism there may be a need for more personnel to provide the care as experience is acquired.

Two of the fundamental causes of problems with the quality of care in US nursing homes are inadequate staffing and a poor mix of skills.²

- **Regulation** – and standards within the sector. These may specifically relate to clinical care and/or professional practice.
- **Quality standards** – research in the United States and Australia has shown that having low numbers of staff is associated with poor quality care.^{3,4} Quality care is aimed at providing residents with highest clinical care and as normalized a home like experience as possible. For example, decisions by facilities to avoid practices such as using restraints drive the need for greater staff ratios to oversee care.

Resident outcome is another important indicator of quality. In a study published in 1977, the one variable consistently related to patient outcome was RN hours. Homes with more RN hours per patient were associated with patient survival, patient improvement, and patient discharge from the nursing home. Better records and meal services were also related to survival and improvement.⁵

² Harrington C. Residential nursing facilities in the United States. *BMJ* 2001; 323: 507-510

³ Ibid

⁴ Braithwaite J. The challenge of regulating care for older people in Australia. *BMJ* 2001; 323: 443-446

⁵ Linn, Margaret W.,PHD, Gurel, Lee, PHD, Linn, Bernard S., MD. Patient Outcome as a Measure of Quality Of Nursing Home Care, *AJPH* April, 1977, Vol. 67, No. 4

- **Size and architectural design** of the home – the ability to observe and respond promptly to resident need can be driven by the size, design and layout of the home.
- **Health human resource shortages** – the limited pool of health care staff makes recruiting and retention of staff difficult. Within LTC facilities, issues that directly impact recruitment include:
 - compensation
 - access to peer support and other members of the team
 - necessity for rehab staff to have ADP authorizer status
 - availability and appropriate use of PT/OT Assistants
 - availability of tools of the trade and assessment and ambulation equipment
 - availability of appropriate treatment space
 - access to continuing education
 - ability to effectively care for long term care residents with difficult behaviours (i.e. dementia, aggression)
 - related experience within the long term care environment.
- **The purpose of the facility** and/or units within the home – such as short stay rehabilitation, Alzheimer/dementia care. There are for example, great discrepancies and differences in LTC facility approach to inter professional collaboration and care and implementation of rehabilitation (physiotherapy, occupational therapy, speech language pathology and rehab support) recreation and activation programs. In those facilities where rehab goals for residents are embraced and supported by staff there is a positive difference in general atmosphere and, research suggests, resident quality of life.
- **Philosophy of care** – client-centred as opposed to provider-centred care approaches impact the approach to staffing.

- **Safety** – for both staff and clients. Numbers of incidents and accidents may be a reflection of inadequate staffing ratios. Staff at risk of injury.

1 b) What are the implications of these factors on human resources/staffing requirements and standards?

The implications of the factors outlined above are as follows:

- There is a need for flexible staffing models to respond to the unique needs and circumstances within individual facilities. As noted above, the outcomes for residents are better when staffing levels are appropriate.
- Outcome based funding would allow homes to establish a mix of staffing (trans-disciplinary and within disciplines, such as the use of aides, assistants, nurse practitioners etc) that best meets their unique needs.
- The importance of adequate staffing cannot be under-estimated in order to have the time to provide quality resident-centred and driven care. When staff must hurry, they inevitably find it easier to "do for" rather than allow the resident to do it themselves, or spend the time to help the resident do it themselves.
- Additional costs to the operation of the long-term care home may occur:: i.e. the need for attractive recruitment and retention packages, the need for facility upgrades and renovations and from an increase in staff injuries etc.
- A staffing pool is necessary in order to respond to short term and/or periodic intense need.
- Education and expertise in care of the elderly is essential.
- Availability of clinical expertise and supervision 24 x 7 is required.

1 c) What are the components that would go into establishing a staffing standard and what is the evidence to support this?

Key components of an effective staffing standard include:

- Ensuring resident safety
- Standards and philosophy of care
- Defining the quality of care to be delivered within LTC homes – using process and outcome indicators
- Determining resident acuity and functional ability regularly and with sufficient frequency to capture changes in the intensity of care required.
- Using workload measurement tools as a means for determining service intensity requirements
- Determining the number and nature of staff required to provide care within the facility
- Resident and family satisfaction
- Inter-professional collaboration philosophy and focus on teamwork
- Addressing contextual factors. These have been prioritized as:
 - Availability of personnel for activities such as transporting and feeding residents
 - Design and size of the facility
 - Human resource practices – including job descriptions; orientation and training standards; relationships with third parties representing staff
 - Health promotion and health and safety programs
 - External mandates for facilities
 - Facility routines

- Availability of specialty units i.e. dementia, palliative, short term rehab
- Established care protocols
- Staffing policies
- Staff absenteeism and turnover
- Availability of nursing personnel in the market⁶.

2.a) What are the key priority areas that directly impact on resident outcomes related to human resources/staffing requirements and standards?

- **Effective communication** – frequent respectful interaction and skilled communication amongst an integrated team of professionals is essential to achieving quality care.

Nearly three in four errors are caused by human factors associated with interpersonal interactions.⁷ In addition, according to data from the Joint Commission on Accreditation of Healthcare Organizations, breakdown in team communication is a top contributor to sentinel events.⁸

- **Interprofessional collaboration** – such that the knowledge and abilities of the team within the home and across organizations are valued in order to achieve safe quality care for residents. Poor collaboration has been shown to have a negative impact on patient and family satisfaction, patient safety and outcomes, professional staff satisfaction, nurse retention and cost.⁹ Failure to recognize and value the contributions

⁶ Mueller, Chrisine, PhD, RN. A Framework for Nurse Staffing in Long-term Care Facilities, *Geriatric Nursing* 2000, Vol 21, Number 5 , 262-267

⁷ HG, Helmreich RL, Scheidegger D. Human factors and safety in emergency medicine. *Resuscitation*. 1994;28:221-225.

⁸ Joint Commission on Accreditation of Healthcare Organizations. Root Causes of Sentinel Events 1995-2003
<http://www.jcaho.com/accredited+organizations/ambulatory+care/sentinel+events/root+causes+of+sentinel+event.htm>. Accessed December 17, 2004.

⁹ Page A, ed. *Keeping Patients Safe: Transforming the Work Environment of Nurses*. Washington, DC: Institute of Medicine Committee on the Work Environment for Nurses and Patient Safety; 2003.

of the team has also been shown to contribute to poor morale, and decreased satisfaction.

- **Effective decision-making** across the health care team.
- **Access to appropriate staffing** through a process that positions LTC homes to select providers who demonstrate expert knowledge and ability; flexibility; and responsiveness to the long-term care facility.
- **Outcomes based funding models** that position facilities to create the mix of staff that best meets their needs.
- **Continuing education** and the establishment of a learning environment where staff are encouraged to develop their skills and potential.
- **Strong leadership** from which the team can draw inspiration and feel supported to provide quality care for residents.
- **Integration** with the community and broader health care team.

2.b) How should these priorities be determined?

The priorities should be assessed in the context of human resource strategies (staff satisfaction), risk management and resident care.

3. What are innovative approaches, research, performance indicators and best practices that we should consider?

Approaches to care in long term care facilities should be holistic and based on the determination of the resident's goals. The quality of life expectations for the frail elderly serve as the framework so that individualized approaches to functional outcomes desired by the client and family can be articulated and achieved.

Procurement of temporary staff services through a rigorous process is an effective means of ensuring best quality at best value is achieved in home care and can be equally effective within the long term care sector.

Performance Indicators that are particularly relevant to staffing long-term care facilities include:

Residents

- # hospitalizations and days in hospital
- # falls
- # other incidents
- # pressure and other wounds
- Ratio of ambulatory to wheelchair-dependent or bed-dependent residents
- Resident/family satisfaction levels (approachability of management, hygiene of the home and residents, etc)
- # infection related issues

Staff

- Existence of high standards of care, policies and procedures
- Quality of human resources practices, including orientation, training, mentoring, performance reviews, health and safety and health promotion programs
- # new hires
- staff retention
- staff satisfaction levels
- absenteeism rates
- injury rates
- turnover
- consistency

Conclusion

Essential to the establishment of Long Term Care home staffing standards is the achievement of high quality care for the resident. This needs to be achieved in an environment of continuous quality improvement, consistency and best practice.

OHCA members believe that the right to serve residents must be earned.

Organizations should be regularly evaluated, recognized and incented to develop innovative approaches to care delivery. The opportunity through this review is to establish a framework for excellence while enabling the unique and defining characteristics of each home to be appropriately supported.

The Ontario Home Care Association (OHCA), *the voice of home care in Ontario*, is an organization of home health and social care service providers. Association members deliver nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, speech language therapy and medical equipment and supplies in the home.

Ontario Home Care Association members are contracted by all three levels of government, Community Care Access Centres, insurance companies, institutions, corporations and private individuals. OHCA members are accredited through the Canadian Council on Health Services Accreditation (CCHSA) and/or the International Standards Association (ISO).

For more information, contact:

Susan D. VanderBent, BA, BSW, MSW, MHSc, CHE

Executive Director, Ontario Home Care Association

Phone: 905-543-9474 Fax: 905-545-1568

e-mail: suevan@homecareontario.ca

For the latest in news and information about the home care sector in Ontario, subscribe to the Ontario Home Care Association's "House Call" at www.homecareontario.ca.