MAXIMIZING HEALTH HUMAN RESOURCES:

VALUING UNREGULATED HEALTH WORKERS

Highlights of the 2009 Pan-Canadian Symposium

Pan-Canadian Planning Committee

on Unregulated Health Workers

CANADIAN **NURSES** ASSOCIATION · ASSOCIATION DES **INFIRMIÈRES** ET **INFIRMIERS** DU CANADA

Canadian Physiotherapy Association · Association canadienne de physiothérapie

Canadian Home Care Association canadienne de soins et services à domicile

CANADIAN PHARMACISTS ASSOCIATION · ASSOCIATION DES PHARMACIENS DU CANADA

CCPNR Canadian Council for Practical Nurse Regulators

RPNC Registered Psychiatric Nurses of Canada

CANADIAN PSYCHOLOGICAL ASSOCIATION · SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE
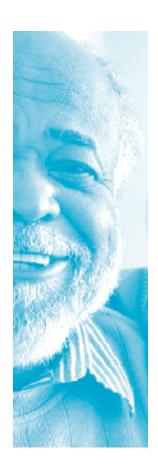
Canada

TABLE OF CONTENTS

INTRODUCTION

The continued availability and appropriate utilization of skilled health workers across disciplines and settings has never been more important. Shortages of professional health-care providers, a shift in care settings from acute to home and community, an aging population and the burgeoning costs of health care have led health-care teams to rely increasingly on unregulated health workers (UHWs).[1]

Research suggests that when health-care providers operate in teams, workloads, wait times and patient outcomes improve (Canadian Health Services Research Foundation, 2006). Until recently, little attention had been paid to the role of UHWs and how they can best contribute to health-care delivery teams. Issues sometimes arise about accountability, liability, role clarity and patient safety. To support the best possible outcomes for patients,[2] health-care providers and the broader health-care system, health-care teams need strategies for working together to address these issues.

In 2007, the Pan-Canadian Planning Committee on Unregulated Health Workers, comprising seven national health-care organizations and led by the Canadian Nurses Association, came together to explore trends and issues that shape the integration of UHWs into health-care teams (see the Appendix). To facilitate discussion across Canada, the Committee moved forward on three phases:

1. A study was undertaken to understand issues and trends related to the increasing numbers of UHWs in the health system. Published in March 2008, *Valuing Health-Care Team Members: Working with Unregulated Health Workers* (Pan-Canadian Planning Committee on Unregulated Health Workers, 2008) synthesizes published reports, identifies common issues of working with UHWs across disciplines and practice settings, and addresses components of working within a health-care team: mutual trust and respect, clear guidelines for responsibility and accountability, and effective communication and coordination.

---

[1] *In this report, the term "unregulated health worker" describes the variety of health-care providers who are not licensed or regulated by any professional, governmental or regulatory body. These workers assist health professionals in providing care to patients in various practice settings (acute, long-term, rehabilitation and home or community care) and regions across Canada. UHWs may include internationally educated health professionals who are awaiting licensure in their respective disciplines in Canada and therefore may be underemployed.*

[2] *In this report, "patient" refers to clients and residents, individuals and families.*

2. Three regional round tables (Atlantic Canada, Ontario and Quebec, Western and Northern Canada) involving a cross-section of stakeholder groups were held in 2008 to respond to the issues across disciplines and settings included in the synthesis report. Participants revised and validated these issues. Priorities and potential strategies for addressing those issues were also identified.

3. Based on the round table discussions, a pan-Canadian symposium was held in March 2009. It also had broad multi-stakeholder representation to exchange information and begin to identify recommendations for action on the identified priority issues.

This document highlights findings from the pan-Canadian symposium. It addresses five common priority issues identified by round table and symposium participants relating to the successful integration of UHWs into the health-care team across jurisdictions, disciplines and practice settings, and offers a framework for action with suggested next steps.

Pan-Canadian symposium

The Committee welcomed over 110 energetic and engaged participants to the symposium from a broad range of stakeholder groups. Participants included stakeholders from across disciplines and settings and representing every jurisdiction in Canada: regulated and unregulated health providers, employers, regulators, educators of UHWs, and consumers, as well as representatives from unions, health-care organizations and federal/provincial/territorial governments (see the Appendix for participant organizations).

Goal

The goal of the symposium was to address the common priority issues and develop a practical action plan that creates solutions while respecting the following nine principles:

1. Learn from best practices in all jurisdictions (national and international).

2. Apply best practices to various regions and practice settings, and reflect the culture and values of the individual/community.

3. Build on existing strengths across the health-care system.

4. Focus on a continuum of care so that the role of UHWs is defined within the full health-care system and within each team's effectiveness.

5. Avoid replacing core members of the health-care team with advancing UHW roles.

6. Support UHW mobility so that health-care services are more easily deployed.

7. Focus on solutions that address the needs of patients.

8. Examine strategies that address education and training constraints.

9. Acknowledge those responsible for implementing solutions in the shared work of health care.

"When my unit manager asked me to participate and thought I had something to add, it made me feel good that I was asked. You welcomed me; I felt I was important. Being there was meaningful.

[An unregulated health worker]

Process

In advance of the symposium, participants received *Valuing Health-Care Team Members: Working with Unregulated Health Workers* (Pan-Canadian Planning Committee on UHWs, 2008) plus a summary document of the regional round table discussions. They were asked to complete an electronic survey prior to the symposium to prioritize the issues identified at the round tables. With a more than 50 per cent response rate, the resulting top issues were shared at the symposium:

- education and training
- clarity of roles and functions
- delegation, liability and accountability
- competencies
- work standards
- health human resources planning/health system capacity planning
- patient outcomes
- role clarification and transparency
- staff mix and outcomes

A summary of the process and content of the regional round tables was shared with symposium participants, as well as results of the survey.

An open discussion followed, allowing participants an opportunity to share their perspectives. The issues were then consolidated into five priorities:

1. clarity of roles and responsibilities
2. competencies and work standards
3. education
4. delegation, liability and accountability
5. staff mix and outcomes

" I think the forum provided an excellent opportunity to understand issues related to the utilization of unregulated health workers from both pan-Canadian perspectives and across sectors and disciplines. The forum highlighted the sense of urgency involved in addressing concerns and issues related to the effective utilization of unregulated workers, partly because of the looming shortage of health-care professionals, but also because it is the right thing to do.

[Jeanne Besner, Chair, Health Council of Canada]

Next, participants identified objectives that were to guide the small group discussions:

- patients are safe and satisfied with their care;

- patients' needs are met safely and effectively;

- patients have confidence in the care they receive;

- UHWs feel supported in their roles;

- communication is improved among health-care team members; and

- communication is improved between health-care team members and patients.

David Benton's keynote address followed, after which participants addressed each of the five priority issues by rotating through assigned small groups.

Keynote address: Task shifting, an international issue

David Benton, chief executive officer of the International Council of Nurses, and representing the World Health Professions Alliance (WHPA), opened the symposium. His talk, *Task shifting: Learning from the past and looking to the future*, took an international perspective. By task-shifting, Benton means "the rational redistribution of tasks among health workforce teams," (WHO, 2008b, p. 15), which is usually a reaction to limited access to services.

This tendency to substitute responsibility for tasks to a "new cadre" of health-care workers "who take on some of the functions and tasks normally reserved for internationally recognized health professionals but who usually receive shorter pre-service training and possess lower qualifications" has had a significant impact internationally, particularly because of the HIV/AIDS pandemic and other health systems challenges.

The World Health Organization has stated that "task shifting presents a viable solution for improving health care coverage by making more efficient use of the human resources already available and by quickly increasing capacity while training and retention programmes are expanded" (WHO, 2008). This is especially true in regions where there are not enough professionals to begin to do what is needed.

Benton noted that although task shifting has a place in addressing today's health human resource shortage, there are concerns that task shifting could result in fragmented and inefficient services. He highlighted the 12 principles in *Joint Health Professions Statement on Task Shifting* – developed by the WHPA in collaboration with the International Confederation of Midwives and the World Confederation for Physical Therapy – that should be addressed for task shifting to be effective. The statement on task shifting can be found at www.icn.ch/Statement_12_principles.pdf.

It is very important to realize the importance of UHWs in the community. It is thanks to them that I am able to live in my home. My quality of life is much better. I am able to remain with my wife and live a somewhat normal life. I am able to make my own choices and decisions. I can be a productive member of society.

[Patient in the community]

Benton argued that the most important issue is skill mix – but to ensure safety, those who implement task shifting must consider quality, access, efficiency and improved effectiveness. He urged taking a global systems approach and working together to reach a shared understanding. Quoting one of the principles, Benton added, "Assistive workers should not be employed at the expense of unemployed and underemployed health professionals."

Priority issues, actions and activities

Benton's keynote address set the stage for symposium attendees to address the five priority issues regarding the successful integration of UHWs into health-care teams that had been identified by round table and symposium participants. During the discussions, a theme that emerged was the need for UHWs to be respected, valued and welcomed as partners in the continuum of health care.

Participants addressed each issue in terms of patient outcomes, provider outcomes and system outcomes.

PRIORITY ISSUE 1:

CLARITY OF ROLES AND RESPONSIBILITIES

There was broad recognition that further clarity and transparency of roles, functions and titles are fundamental requirements to the integration of UHWs into the health-care system. Inconsistent and unclear titles, roles and responsibilities across disciplines, practice settings and jurisdictions can lead to blurring of roles, impact patient safety and act as significant barriers to strong health-care delivery teams.

KEY ACTION:

Develop and implement standardized job descriptions and titles for UHWs.

Suggested activities:

- Ask patients to define needs in order to clarify roles.

- Support mobility of workers with clear job descriptions.

- Develop a national inventory of UHW position categories or titles, including job descriptions, and make this available to health-care providers.

- Through collaboration of stakeholders, and based on the inventory, define roles, with suggested titles and functions, to respond to the needs of patients in different settings.

- Promote the use of standardized roles and titles most commonly needed.

PRIORITY ISSUE 2:

COMPETENCIES AND WORK STANDARDS

Defining core competencies and work standards were identified as very important issues. The competencies and work standards required of UHWs in many settings are unclear, inconsistent, not related to educational programs, or simply undocumented. Effective teamwork is based on mutual trust, respect and knowledge of competencies and work standards to which people are held.

2

KEY ACTION:

Develop common core and discipline-specific competencies for UHWs that can be used across jurisdictions and practice settings.

Suggested activities:

- Collect, analyze and exchange data from all jurisdictions and disciplines on existing competencies and work standards for UHWs.

- Engage employers and UHWs in developing competencies and work standards.

- Develop core competencies across jurisdictions, disciplines and practice settings that respond to patient needs.

- Include cultural competency.

PRIORITY ISSUE 3:

EDUCATION

At present, UHWs learn about their varied assistive roles through a variety of methods that include formal education and on-the-job experience. Clarifying educational requirements and mapping them to job expectations are critical to successful teamwork.

KEY ACTION:

Develop educational programs based on established/identified competencies.

3

Suggested activities:

- Engage employees, employers and educators in curriculum development for UHWs.

- Standardize entrance criteria for public and private sector positions.

- Develop mentorship and "train-the-trainer" programs.

- Develop patient-centred, team-based learning opportunities.

- Provide ongoing educational opportunities for UHWs based on best practices.

" *UHWs are key player in care teams. We need to ensure that education and training are adequate to fulfill the job description.*

[An employer]

PRIORITY ISSUE 4:

DELEGATION, LIABILITY AND ACCOUNTABILITY

Delegation is recognized as a critical requirement to effective teamwork in a health-care setting. Establishing teams that integrate UHWs raises questions about delegation, accountability and legal liability.

4

KEY ACTION:

Develop common definitions for delegation, assignment and supervision, addressing liability and accountability across jurisdictions, disciplines and practice settings.

Suggested activities:

- Provide succinct and accurate information on the law related to liability (e.g., direct and vicarious liability, negligence and its defence, professional discipline for regulated health professionals) during entry-level education and employer orientation and training.

- Develop patient advocacy models to improve accountability and ensure that patients are aware of relevant rights and responsibilities.

- Encourage governments to ensure whistleblower protection (legislation) is in place in all jurisdictions.

- Support accrediting bodies for organizations to ensure patients receive quality care.

Maximizing Health Human Resources: Valuing Unregulated Health Workers

PRIORITY ISSUE 5:

STAFF MIX AND OUTCOMES

Effective staff mix should be determined by patient need: the right provider at the right time. Staff mix decisions must be made deliberately and carefully to ensure positive outcomes for patients (safety, quality care, satisfaction), providers (regulated, unregulated), employers and the health-care system.

KEY ACTION:

Examine existing models and best practices across disciplines and practice settings that support appropriate staff mix decisions and evaluation of outcomes.

5

Suggested activities:

- Identify existing health service models in terms of staff mix.

- Evaluate staff mix based on patient, provider and system outcomes. Focus on patient needs by exploring outcomes in relation to patient satisfaction and provider workload.

- Develop new staff mix models that make sense across settings, based on best practices.

- Identify an external patient advocate to monitor outcomes.

- Provide information on the roles of health-care teams to patients and the public.

- Address power imbalance of UHWs regarding personal safety, violence and workload.

Due to time constraints, participants did not have an opportunity to reach consensus on proposed solutions to create an action plan. However, their work created a clear sense of strategic directions based on collaborative work by stakeholders, UHWs, patients and families that had taken place over the previous two years.

Valuing UHWs: Next steps

The Committee brought together people from a number of disciplines. Over the two-year process, many needs and issues were discussed with numerous stakeholders involved with UHWs, such as patients, families and care providers. A variety of experiences and stories were brought to light – some distressing and some encouraging.

It became increasingly clear that there is a continued need for care from this growing group of UHWs – but in safe conditions that produce positive outcomes. Of particular interest to employers and governments is that unregulated workers have mobility across jurisdictions. If their education were coordinated and recognized, UHWs, the health-care system and the people it serves would all benefit. Patients and families, health-care providers and health-care administrators all need the work of unregulated health workers to be clarified and supported to optimize UHWs' contribution to safe health care in Canada.

The need to address these issues was broadly supported in the belief that a pan-Canadian coordinated approach makes the most sense for the health-care system and the changing population health needs in Canada. What has been accomplished so far can inform further work across jurisdictions, disciplines and practice settings. Leadership is needed by HHR planners and health service delivery organizations to make this coordination happen. If acted upon, each of these priority issues will contribute to an improved, safe and effective health-care system for all Canadians.

Since 2007, substantial progress has been made to understand priority issues related to UHWs and to explore activities that can lead to the successful integration of these valued workers into health-care teams. We need to build on this momentum and seek solutions that will move us forward.

While context remains important, it is also crucial to address patient safety, the need for role clarity, HHR issues and mobility. The need for harmonization of competencies and work standards within and across jurisdictions is the most frequently identified issue that comes out of every meeting on this topic. Cross-jurisdictional collaboration will build an effective foundation.

Provincial and territorial policy-makers and health service organization leaders must take on the challenge of spearheading and coordinating the work that lies ahead. All stakeholders must remain engaged to address specific issues so as to build a network for sharing best practices and lessons learned.

Leadership, the sharing of best practices and collaboration among stakeholders will bring improvements to the many health-care teams that include valuable, skilled, motivated and diverse individuals working in Canada as unregulated health workers.

REFERENCES

Canadian Health Services Research Foundation. (2006). *Teamwork in healthcare: Promoting effective teamwork in healthcare in Canada*. Ottawa: Author. Retrieved May 7, 2009, from http://www.chsrf.ca/research_themes/pdf/teamwork-synthesis-report_e.pdf

Pan-Canadian Planning Committee on Unregulated Health Workers. (2008). *Valuing Health-Care Team Members: Working With Unregulated Health Workers*. Ottawa: CNA. Retrieved July 7, 2009, from http://www.cna-nurses.ca/CNA/documents/pdf/publications/UHW_Valuing_2008_e.pdf

WHO. (2008). Press release for the *First global conference on task shifting*. Retrieved May 13, 2009, from http://www.who.int/mediacentre/events/meetings/task_shifting/en/print.html

WHO. (2008b). *Task shifting: Global recommendations and guidelines*. Geneva: Author. Retrieved May 7, 2009, from http://www.who.int/healthsystems/TTR-TaskShifting.pdf

APPENDIX

Pan-Canadian Symposium Participant Organizations

PAN-CANADIAN PLANNING COMMITTEE ON UNREGULATED HEALTH WORKERS

Canadian Council for Practical Nurse Regulators

Canadian Home Care Association

Canadian Nurses Association

Canadian Pharmacists Association

Canadian Physiotherapy Association

Canadian Psychological Association

Registered Psychiatric Nurses of Canada

SYMPOSIUM PARTICIPANT LIST – BY ORGANIZATION

Accreditation Canada

Alberta Advanced Education and Technology, AB

Alberta Network of Immigrant Women, AB

AON Corporation, ON

Association of Canadian Academic Healthcare Organizations

Bruyère Continuing Care, ON

Canadian Alliance of Physiotherapy Regulators

Canadian Association of Chain Drug Stores

Canadian Association of Nurses in AIDS Care

Canadian Association of Occupational Therapists

Canadian Association of Pharmacy Technicians

Canadian Association of Rehabilitation Nurses

Canadian Association of Schools of Nursing

Canadian Council for Practical Nurse Regulators

Canadian Family Advisory Network

Canadian Federation of Mental Health Nurses

Canadian Federation of Nurses Unions

Canadian Gerontological Nursing
Association

Canadian Healthcare Association

Canadian Hospice Palliative Care
Association

Canadian Institute for Health Information

Canadian Interprofessional Health
Collaborative

Canadian Medical Association

Canadian Nurses Association

Canadian Nurses Protective Society

Canadian Nursing Students' Association

Canadian Orthopaedic Nurses Association

Canadian Patient Safety Institute

Canadian Pharmacists Association

Canadian Pharmacy Technician
Educators Association

Canadian Physiotherapy Association

Canadian Society of Hospital Pharmacists

Canadian Union of Public Employees

CBR Consulting, LLC, ON

Citizenship and Immigration Canada,
Referral Office

College & Association of Registered
Nurses of Alberta, AB

College of Nurses of Ontario, ON

College of Registered Nurses of British
Columbia, BC

College of Registered Psychiatric Nurses
of Manitoba, MB

Consortium national de formation
en santé

Consumer Advocates, NB and ON

Consumers' Association of Canada

Covenant Health, AB

Eastern Health, NL

Eskasoni First Nations Home and
Community Centre, NS

Fédération interprofessionnelle de la
santé du Québec, QC

Federation of Medical Regulatory
Authorities of Canada

Health Canada, First Nations and
Inuit Health Branch

Health Canada, Health Human
Resource Strategy

Health Canada, Office of Nursing Policy

Health Canada, Office of Nursing Services

Health Council of Canada

Health Professions Regulatory Advisory
Council, ON

Hospital Employees' Union, BC

Human Resources and Skills Development
Canada, Foreign Credential Recognition
Program

Human Resources and Skills Development
Canada, Labour Mobility Division

International Council of Nurses

Manitoba Health and Healthy Living, Workforce Policy and Planning, MB

Maritime Data Centre for Aging Research & Policy Analysis, NS

Ministry of Education, Recreation and Sports, QC

Mount St. Vincent University, NS

National Association of Certified Caregivers/Personal Support Workers

National Association of Pharmacy Regulatory Authorities

Newfoundland and Labrador Health Boards Association, NL

Nova Scotia Association of Health Organizations, NS

Nunavut Department of Health and Social Services, NU

Nurses Association of New Brunswick, NB

NWT Department of Health and Social Services, NT

Ontario Ministry of Health and Long-Term Care, ON

ParaMed Home Health Care, ON

Personal Choice Independent Living, ON

Public Health Agency of Canada

Quality Worklife – Quality Healthcare Collaborative

Registered Nurses' Association of Ontario, ON

Registered Psychiatric Nurses of Canada

Resourceful Futures Community Support Ltd., AB

Revera, ON

Royal Ottawa Health Care Group, ON

Royal Ottawa Mental Health Centre, ON

Saint Elizabeth Health Care, ON

TELUS Health Solutions

The Ottawa Hospital, ON

The Royal College of Physicians and Surgeons of Canada

United Food and Commercial Workers Union

University of British Columbia, BC

University of Toronto, Lawrence S. Bloomberg Faculty of Nursing, ON

University of Western Ontario, ON

Veterans Affairs Canada, Case Management and Program Performance

Victorian Order of Nurses Canada

York University, ON

Yukon Registered Nurses Association, YK