

9.1 Personal Assistance

Reference: This policy was developed in 2014 in support of new CLBC guidelines – see Thriving in Community: Delegating Health Care Tasks in the Community Living Sector.

Definition of terms:

Personal Assistance Guidelines: The 2008 Personal Assistance Guidelines (PAGs) is a set of guidelines prepared by Home and Community Care Branch, Health Authorities Division, Ministry of Health, to provide direction and to clarify the boundaries of practice, roles and responsibilities for the an unregulated care provider, the health authority, Home and Community Care staff, and service provider personnel.

Unregulated care provider: refers to a paid care provider who is neither registered nor licensed by a regulatory body and who has no legally defined scope of practice. Spectrum personnel are considered unregulated care providers and are expected to follow the guidelines in this policy at all times.

Health care professionals: refers to professionals who are registered with a regulatory body, ie. Registered Nurses (RN), Registered Psychiatric Nurses (RPN), Physical Therapists (PT), and Occupational Therapists (OT).

Health care plan: a plan written by one or more health care professionals that guides the individual, direct support personnel, and other professionals in care and treatment of significant health care needs of the individual. It identifies expected health outcomes, strategies to meet the needs and health goals of the individual, staff training requirements, critical points when a health care professional must be informed, emergency protocols, and a back-up plan. An evaluation process of the health care interventions and outcomes is also identified.

Assignable tasks: are those tasks that are within the typical role of direct support personnel, as defined and trained by the employer/supervisor. These tasks are not considered to be individual-specific and do not require ongoing assessment, judgment or evaluating by a health care professional. These tasks do, however, require ongoing monitoring by the supervisor. Examples: assistance with bathing, personal grooming.

Delegable tasks: are those tasks that are individual-specific, are typically performed by a health care professional, fall outside the typical staff role, and require ongoing professional involvement of the health care professional. The task can be delegated to direct support personnel if it is in the best interest of the individual and when the conditions defined in this policy are met. Examples: gastrostomy-tube feeding and management, medication administration through a gastrostomy tube, wound care, catheterization. **NOTE:** It is only the health care task that is delegated by the health care professional and not the professional functions of ongoing assessment, planning, implementation, and evaluation.

Complex care tasks delegated by exception: are complex care tasks that may be delegated to direct support personnel with extra provisions. The same conditions that apply to a delegable

task also apply to a complex care task, but because the risk to the individual may be higher than for a regular delegable task, there is likely to be a more in-depth review involving senior levels of staff and consultation with clinical experts.

Delegation of task agreement: a written document that formally acknowledges the responsibilities of the health care professional, the service provider and personnel, including staff training and renewal plan. A sample is included in the “Thriving in Community” resource guide.

Policy:

(a) Consent to treatment: Adults can only be provided with health care treatment or interventions with their informed consent (*Health Care (Consent) and Care Facility (Admission) Act (1996) Sections 15-18*). In the event that the individual is not able to give informed consent, the law sets out procedures that health care providers are required to follow, including obtaining consent from a ranked list of substitute decision-makers where necessary.

Spectrum will maintain an accurate list of contacts for each person served, including any substitute decision-makers.

(b) Training: Personnel will be fully trained on the process involved when a health care professional determines that a health care task is delegable.

Delegation of Task Training: A senior staff member (typically the supervisor) will be trained in the delegable task to the level that he/she is able to monitor compliance under the health care plan and the delegation of task protocols.

Documentation of Training: The supervisor will maintain an up-to-date record of the training status of all personnel who perform or may be required to perform a delegable task. The health care professional may supply a template for this purpose.

Retraining to maintain competency: Competencies may diminish over time, particularly with skills that are used infrequently. A retraining plan should be identified in the health care plan or the delegation of task protocols. If, at any time, the health care professional or the service provider believes that the competency of one or more team members is in question, or if there are significant changes in the individual’s health or the delivery of the delegable task, then the supervisor is responsible for initiating retraining to ensure that personnel competencies are maintained.

(c) Strict prohibitions: Spectrum personnel are prohibited from training each other or new staff / caregivers on a delegable task. Further, personnel may not perform the same health care task on another individual without first being trained by the delegating health care professional on that specific individual.

(d) Responsibilities: Cooperation and collaboration among all stakeholders is critical to ensuring the safety and well-being of the individual, and of those providing care.

The supervisor is responsible for:

- i. ensuring that the person's health and personal care guidelines as defined in the Service Plan, Support Plan and any health care plans are implemented and documented appropriately;
- ii. in collaboration with the individual and his or her support network, initiating a referral to Health Services for Community Living if a new health care task is identified or if the individual's health care status changes and a new health care plan (or review of existing plan) is warranted;
- iii. informing the coordinator or director of any new delegation of task requests, and obtaining approval prior to accepting the request;
- iv. informing the coordinator or director of any changes to the person's health care that could affect the staffing arrangement, prior to approving any such changes;
- v. documenting any changes to the person's health or personal care on the Support Plan and ensuring that all team members are aware of the changes;
- vi. uploading applicable care plans and protocols to the person's Sharevision site;
- vii. monitoring compliance with health care plans;
- viii. monitoring documentation for completeness and accuracy (daily recording, record of medical appointments);
- ix. ensuring that all team members are appropriately trained to carry out a delegable task, and that training is documented;
- x. liaising with health care professionals, families and other stakeholders to ensure timely and effective resolution of health care concerns.

The coordinator or director is responsible for:

- i. reviewing any new requests for a delegation of task and assessing Spectrum's capacity to accept and maintain the delegation of task. The review will include consideration of:
 - the health stability of the individual receiving support;
 - the right of the individual to have safe, appropriate, and cost-effective care;
 - the ability of the individual to direct or perform the task;
 - the input of the individual and his or her family / support network;
 - the capacity of the team supporting the individual, and of the service arrangement;
 - the availability of a health care professional to delegate the task and to work collaboratively with the service provider to provide training;
 - the internal monitoring requirements;
 - the policies, procedures, and systems that must be in place for the acceptance, maintenance, or decline of the delegation of task.
- ii. the decision to accept or decline the delegation of task;
- iii. assigning a senior staff person (typically the supervisor) to collaborate with all parties in developing the delegation of task agreement and learning the task to a standard that enables him / her to monitor the performance of other personnel;
- iv. informing the CLBC analyst as soon as possible about any changes to the individual's care that may impact the contractual relationship or service provision. Changes could include hours of service, minimum staffing requirements, competency requirements, and potential restrictions to the individual's routine or activities.

The health care professional is responsible for making the decision to delegate a task and will be accountable for:

- i. assessing the ability of the individual to direct his or her own care;
- ii. the formal decision to delegate the professional task to Spectrum personnel which may include complex care tasks delegated by exception;
- iii. developing and writing the health care plan which will include, among other things, the procedures to be followed, and the circumstances under which Spectrum personnel must initiate contact with the health care professional;
- iv. in collaboration with all parties, developing the delegation of task agreement;
- v. consulting with the supervisor and other personnel on the delegable task and ensuring that Spectrum can support the delegation with clearly written internal policies, procedures, documentation systems, and monitoring plans;
- vi. ensuring that the related physician's orders, if required, have been signed and correspond to the health care plan;
- vii. ensuring that informed consent to the health care plan and delegation of task protocols has been obtained from the individual;
- viii. training and retraining personnel as required;
- ix. ongoing evaluation and reviewing the delegable task annually, or as specifically identified in the health care plan;
- x. fulfilling the professional functions of ongoing assessment, planning, implementation, and evaluation.

If the health care professional determines that the health and safety of the individual receiving service is compromised, then he or she is responsible to mitigate any risks or take other actions so that the care provided is safe.

The CLBC analyst has a responsibility to collaborate with Spectrum to determine the optimal method of service delivery and explore options so the individual is able to remain in a community-based placement. This may include consideration of additional contract funds.