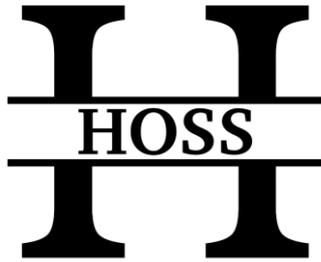


Systematic Strategic Workforce Planning for Long Term Care Community



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Executive summary

The Ontario North East Local Health Integration Network (NE-LHIN) is one of the largest of 14 LHINs in Ontario, responsible for planning, integrating and funding health care services for more than 565,000 people across 400,000 square kilometres (Ministry of Health and Long-Term Care, 2015)

In the past decade, NE-LHIN Long Term Care (LTC) Homes waiting list has grown exponentially as a result of significant progress towards improving the health of Ontarians, who are now living longer and with better access to a wide range of healthcare services (Patients first MOHLTC, 2015). According to Health Quality Ontario (2014); by 2030 seniors will number over 9.5 million and make up 23 percent of Canadians.

With a rapidly aging population, which means an increase in the number of people living with one or more chronic conditions and a growing need and demand for services provided in the LTC settings, NE-LHIN LTC Homes are facing drastic changes in their residents' population needs in terms of more complex physical and behavioral care that demands special clinical skills workforce.

NE-LHIN LTC homes are suffering from shortage of Personal Support Workers (PSW). With 30% of workforce above 50 years of age (Health Data Branch of the MOHLTC, 2012) and getting more physically demanding workload in the healthcare system (Health Quality Ontario 2016), NE-LHIN long term care homes are currently experiencing PSW shortage.

To meet the current and future Health Workforce needs of NE-LHIN LTC Homes the environmental scan highlighted that improvement measures are required within following themes: Training / Education; Promotion and Recruitment; Working conditions; and the Policy/Regulation environment.

Environmental scanning identified two priority areas that are impacting directly PSW workforce supply: Total Compensation, and Collaboration and Innovation.

A regional PSW Workforce Steering Committee needs to be established in comprised up of multiple partners – including frontline PSWs, public health care providers, service provider organizations, educational sector, employment organizations, advocacy agencies, and researchers to oversee the implementation of the plan.

The framework, as outlined in Table 1, assisted in cataloguing the problems and solutions in assessing the gaps to develop systematic strategic workforce plan.

Table 1: Organizing Framework for Environmental Scan

Themes Analysis	Training / education	Promotion and recruitment	Working conditions	Policy/regulation environment
Identified Problems	<ul style="list-style-type: none"> ➤ Difficulties accessing training / education ➤ High tuition costs ➤ Not enough reliance on international graduates already in Canada ➤ Lack of workplace training in general 	<ul style="list-style-type: none"> ➤ Less desirable compensation and working conditions ➤ Shrinking pool of qualified candidates ➤ Some PSWs work multiple jobs ➤ Perception of poorly valued profile of PSWs (promotion) ➤ Need for improved Human Resources practices (onboarding, support & supervision, team integration) 	<ul style="list-style-type: none"> ➤ Burnout, heavy workload and overtime, high absenteeism ➤ Early retirement for some groups (e.g. nurses). ➤ Insufficient recruitment and retention programs ➤ Lack of attention to health, safety and wellbeing of workers ➤ Inequitable distribution of personnel 	<ul style="list-style-type: none"> ➤ Scopes of practice differ across jurisdictions as do titles ➤ Few opportunities for bridging / upgrading to other occupations (e.g. Home Support Worker (HSW), Health Care Aide (HCA), etc.) ➤ A history of ‘turf wars’ is often acknowledged in Ontario, wherein scopes of practice are contested to protect professional interests, rather than to better align how care is delivered to patients
Proposed Solutions	<ul style="list-style-type: none"> ➤ Affordable and Accessible Training ➤ Refine and implement training solutions which are either facility-led or community-based initiatives 	<ul style="list-style-type: none"> ➤ Develop a value-based PSW recognition program ➤ Create a Multimedia Campaign to improve the image of PSW 	<ul style="list-style-type: none"> ➤ Foster or encourage mentorship and recognition programs (PSWs and Supervisors) ➤ Develop a regional 	<ul style="list-style-type: none"> ➤ changes to the capacity and mix of practising health professionals in the system ➤ changes in how organizations are funded, and how individual

	<ul style="list-style-type: none"> ➤ Leverage existing fast-track training capacity ➤ Facilitate access to / development of additional (specialized) training ➤ Review, optimize and leverage the Ministry of Health and Long Term Care's PSW Training Fund ➤ Collaboration on Workforce Development ➤ Outreach to Boards of Education to incorporate PSW curriculum in co-op / dual credit courses ➤ Facilitate collaborative relationships to integrate internationally trained / immigrant workforce. 	<p>and the value of this workforce</p> <ul style="list-style-type: none"> ➤ Develop a PSW Ambassadors' Program 	<p>employee satisfaction monitoring program</p> <ul style="list-style-type: none"> ➤ Create initiatives to assist with the reduction of employment related expenses and to promote recognition incentives for exceptional contributions (sector specific) ➤ Improve workload distribution and job stability (sector specific) incorporate other roles 	<p>health professionals are remunerated to influence where and how they practise</p> <ul style="list-style-type: none"> ➤ changes in the examination, licensure, certification and regulation processes to make it easier/harder for certain health professionals to practise changes to professional development and on-the-job training curricula ➤ changes to planning approaches and policies that affect the geographic distribution of health professionals
Gap Analysis	<ul style="list-style-type: none"> ➤ No agreement on balance between self-sufficiency of supply, recruitment of international graduates, and upgrading of international graduates already in Canada but not working in health Care Faculty and infrastructure requirements not factored into funding 	<ul style="list-style-type: none"> ➤ Develop and implement a multimedia campaign ➤ Counter the stigma associated with the occupation Highlight the impact of PSWs' contribution to the healthcare 	<ul style="list-style-type: none"> ➤ Lack of consensus on strategies, incentives and actions ➤ Identify where enhancements are required and feasible Develop business cases to inform policy and decision makers 	<ul style="list-style-type: none"> ➤ adjustments to professional school admission criteria, the size of entering classes or curriculum ➤ adjusting fee levels to increase the income of a specific type of provider such as a rural region

	<ul style="list-style-type: none"> ➤ Effects of increased tuition unknown ➤ Educational requirements and licensure criteria not consistent. ➤ Multidisciplinary education and training programs not widely available 	<p>system and describe their value</p> <ul style="list-style-type: none"> ➤ Make PSW a career of choice by increasing the value of these occupations 		<ul style="list-style-type: none"> ➤ removing licensure barriers to enable quicker transitions for foreign-trained professionals to practise in the region
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Source: developed by Hoss Notarkesh for this report inspired by Bleich, M, Hewlett P, Santos S et al. 2003

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1. Introduction

The health care sector is both labour intensive and labour reliant. As a result, the delivery and quality of health care is strongly dependent on having enough well-trained health care providers to meet patient needs. (The world health report 2006)

Effective management of health human resources requires a committed and sustained effort. Leaders responsible for educating, training, employing, regulating, and funding the health care workforce must work together, along with researchers and experts in the field of health human resources. (Dolea C, Stormont L, Braichet J. 2010)

NE-LHIN LTC Homes PSW Inventory: the PSW workforce is estimated to be at over 6,290 Full Time Employees (FTE), with over 588.8 FTEs vacancies, 30% of workforce is above 50 years of age (Health Data Branch of the MOHLTC, 2012). Almost 1/3 of workforce is or will be contemplating retirement over the next five to ten years.

PSWs are the only unregulated healthcare professionals in Ontario LTC system. The clinical team in LTC settings are: Registered Nurses (RN) Registered Practical Nurses (RPN) and PSW. LTC sector being heavily regulated by Ministry of Health and Long Term Care (MOHLTC) has created such constrain and intransigence dynamic for being creative in each healthcare discipline responsibilities and their scope of practices.

PSW's workload and daily routines are horrendous and unrealistic. In most LTC Homes the staff to residents' ratio is one to eleven. Working around the clock seven days a week availability, with an average of \$21 per hour wages (Ontario Long Term Care Home Association 2016) it makes it less appealing for new generation to join the workforce.

2. Environmental Scan

The environmental scan examined current mitigation efforts along with findings and recommendations stemming efforts from other regions as well as initiatives being facilitated within the provincial policy framework. PEST Analysis (Table 2) highlights that improvement measures are required within: Training / Education; Promotion and Recruitment; Working conditions; and the Policy/Regulation environment.

The number of RNs declined by 3% from 2012 to 2014, and RPNs increased by 3% (College of Nurses of Ontario. 2014 Annual report). Non-regulated PSW in long-term care settings are an important component the health workforce in Ontario, and their role is becoming more

formalized, with nearly 100,000 personal support workers currently employed in Ontario (Ontario Ministry of Health and Long-Term Care, 2015)

Table 2: PEST Analysis

Political	Economical
<ul style="list-style-type: none"> - Legislations/ Act / Policy - Decisions about the health system (and the health workforce) are often made by politicians operating with short time horizons (i.e., four-year election cycles) and under significant pressure from provider (i.e., interest) groups - A history of ‘turf wars’ is often acknowledged in Ontario,(HealthForceOntario2012) wherein scopes of practice are contested to protect professional interests, rather than to better align how care is delivered to patients. 	<ul style="list-style-type: none"> - Increased Market competition - Child support increase(less tendency to work for single parent) - Expensive tuition - Capped government funding - Inadequate compensation (wages, benefits) - Inconsistent scheduling practices and work hours - Wage disparity / working conditions between sectors - Few opportunities for bridging / upgrading to other occupations (e.g. Home Support Worker (HSW), Health Care Aide (HCA), etc.)
Social	Technological
<ul style="list-style-type: none"> - Aging workforce - Shrinking pool of qualified candidates - Perception of poorly valued profile of PSWs (promotion) - Stigma associated with the occupation 	<ul style="list-style-type: none"> - Lack of technology integration which leads to challenging workload - Adapting staffing software - Healthcare communication technology advancement - Data sharing within healthcare communities - Available tech savvy occupations are making PSW job less appealing

Source: developed by Hoss Notarkesh for this report

3. Labour Demand Forecast

Labour Demand Forecast is a way of estimating future labour demand and can be performed with the use of quantitative and qualitative methods. Qualitative methods refer to mathematically based statistical data and assessments, whereas quantitative practice managerial and expertise evaluation and judgment (Nankervis et al.2017).

The environmental scan, using the PEST analysis, sets the stage for the demand forecast and the supply analysis. The demand forecast examines future activities, workloads, and the competencies the health workforce of the future will need. In demand forecast, workforce shifts driven by changing work tasks, workload, and technology needs to be taken to consideration. Even if none of those factors change, the healthcare sector will still have demand for more workers because of turnover in the current workforce.

Based on the demand analysis done by Health Data Branch Ontario (2016) NE-LHIN LTC Homes collectively straggling with over 588.8 FTEs vacancies, in addition by taking the 30% of workforce above 50 years of age to account, which will be contemplating retirement in near future there will be a huge vacuum of health workforce in the system in five to ten years.

To project the demand workforce using available data and not considering rapidly increasing needs of LTC beds (external factors): 6'290 FTE available positions in LTC Homes with current 588.8 FTE vacancy, plus 30% workforce defecate rate, it translates to 2'316 FTE PSW vacancies in less than a decade which means regional health system catastrophe.

4. Labour Supply Analysis

Labour Supply Analysis takes place after the organization has completed a labour demand forecast (Nankervis et al. 2017)

Labour Supply Analysis involves: (1) developing the present workforce profile and, (2) projecting that profile into the future as if either no management action were taken to replace attrition or develop existing staff, or if only the normal course of action continues. (Moat KA, Ciurea I, Waddell K, Lavis JN. 2015)

The result, at a minimum, should show the projected workforce supply in terms of staff numbers and competencies. There are a host of factors that can be included in the present

workforce profile, including: • Number of employees/• Skill assessment of employees/• Job classification/occupation/• Salary level/• Age, gender, race/• Location/• Educational level/ • Appointment status (permanent, temporary, etc.)/• Retirement eligibility statistics.

It will also help to apply assumptions about how the variables listed above will influence the future workforce. Trend information combined with the current workforce profile is an essential building block for forecasting workforce supply.

Necessary baseline data needs to be obtain by reviewing changes in workforce demographics by job class, range, department, race/national origin, gender, age, length of service, and retirement eligibility.

Supply Analysis involves analyzing, evaluating and forecasting for the right supply, mix and distribution of health workers that meet current and future of a healthcare system. Workforce supply planning includes “short- and long-term targets and cost estimates for scaling up education and training for health workers, reducing workforce imbalances, strengthening the performance of staff, improving staff retention and adapting to any major health sector reforms, while also being harmonized with broader strategies for social and economic development.”(World Health Organization. Models and tools for health workforce planning and projections. *Human Resources for Health Observer* 2010; (3): 1-19)

PSWs are the entry level of healthcare professional in LTC therefore the internal supply analysis which focuses on identifying the skill set of current staff and what skills are required in job vacancies pool to promote within is not a practicable direction. External supply plays an important role in PSW workforce supply, in fact that’s the only avenue to overcome the workforce supply crisis.

PEST analysis is a valuable tool as political, economic, social, and technology impact directly on external workforce factors.

Environmental scanning identified two priority areas that are impacting PSW workforce supply:

Total Compensation | which includes the following elements:

- Pay, wage
- Working conditions

- Employment stability / consistency
- Manageable workload
- Support and recognition
- Retention
- Advocacy

Collaboration and Innovation | which includes the following concepts:

- Shared Human Resources, aiming to increase stability
- Access to Training & Education
- “Growing Your Own” workforce
- Awareness building, promoting the occupation
- Collaboration on recruitment efforts
- Client education (managing expectations)

5. Balancing Supply and Demand Action Plan

Balancing Supply and Demand Action Plan highlights a need for action through Collaboration and Innovation initiatives, along with a focus on improving Working Conditions and Compensation. These are the two main priority areas that identify tactics to help mitigate challenges within the retention, recruitment, and overall sustainability of the PSW workforce in the NE-LHIN LTC Homes.

The need for a formal oversight and coordination structure is to be highlighted as priority, in order to support the implementation of the Action Plan.

5.1 Program Oversight and Coordination

Action | Regional PSW Workforce Steering Committee

A regional structure representing key stakeholders is required to ensure coordination and leadership on the implementation of the measures identified in this Action Plan.

5.2 Collaboration and Innovation

Action | Workforce Training and Development

- 1) Affordable and Accessible Training
 - a. Refine and implement training solutions which are either facility-led or community-based initiatives

- b. Leverage existing fast-track training capacity
 - c. Facilitate access to / development of additional (specialized) training
- 2) Review, optimize and leverage the Ministry of Health and Long Term Care's PSW Training Fund
- 3) Collaboration on Workforce Development
 - a. Outreach to Boards of Education to incorporate PSW curriculum in co-op / dual credit courses
 - b. Facilitate collaborative relationships to integrate internationally trained / immigrant workforce

Action | Workforce Capacity

- 1) Initiate formal capacity planning and establish a supply / demand monitoring approach
- 2) Establish collaborative agreements for emergency coverage, and partnerships to ensure care delivery to residents.

Action | PSW Career Awareness and Promotion Strategy

- 1) Develop a value-based PSW recognition program
- 2) Create a Multimedia Campaign to improve the image of PSW and the value of this workforce
- 3) Develop a PSW Ambassadors' Program

5.3 Working Conditions and Compensation

Action | Improving Working Conditions

- 1) Foster or encourage mentorship and recognition programs (PSWs and Supervisors)
- 2) Develop a regional employee satisfaction monitoring program
- 3) Create initiatives to assist with the reduction of employment related expenses and to promote recognition incentives for exceptional contributions
- 4) Improve workload distribution, job stability and incorporate other roles

Action | Compensation

- 1) Identify where enhancements are required and feasible, involve staff and Union
- 2) Develop business cases to inform policy and decision makers

6. Conclusion

In conclusion of discussed identified priority areas, the following broad insights are offered:

- Remuneration plays an important role in influencing health professionals' behaviour, but it is only one factor among many (e.g., personal and lifestyle factors) that matter in decisions about where to practise, both in terms of healthcare setting (e.g. acute care versus community care) and geographic location (e.g., rural versus urban) ;(Keefe J, Knight L, Martin-Matthews A, Légaré J-2011)
- Training health professionals from rural backgrounds in rural settings is a promising approach for attracting and retaining the health workforce in rural areas ;(Dolea C, Stormont L, Braichet J-2010) and
- It is important to keep health professionals engaged to ensure they are appropriately acknowledged, supervised, involved in governance and decision-making, and involved in education and training. (Dieleman M, Shaw DM, Zwanikken P-2011)

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