Outdated: Personal Assistance Guidelines (2008)

The 2008* Personal Assistance Guidelines (PAGs) document and all earlier versions **should not be relied on for the purpose of developing new policy or guidance.** These PAGs are outdated and do not align in key areas with current legislation or regulations in BC.

The *Health Professions Act* (HPA) guides the delivery of health services in BC. It forms the basis of the legislative framework for the delivery of health care services by regulated health professionals and unregulated care providers. The HPA has been updated several times since the 2008 PAGs were created; therefore, the PAGs do not align with the HPA in some key areas.

The Ministry of Health (Ministry), in conjunction with health authority and regulatory partners, is developing a new guidance document that will replace the PAGs. Until this guidance is developed, please continue to follow your organization's service delivery practices. The Ministry is committed to a gradual process to bring health service delivery guidance into alignment with legislation so there is no disruption in health service delivery to British Columbians.

Because of the current misalignment, it is very important that the PAGs NOT be used for the development of any new policy or guidance. Please continue to follow your organization's existing service delivery policies during this interim period.

If you have any questions related to the above information, please contact the professional practice team of your health authority. If you have questions related to the HPA or the 2008 PAGs document in relation to health service delivery in BC, please email proregadmin@gov.bc.ca.

*This also applies to all other versions, including 2007.

PERSONAL ASSISTANCE GUIDELINES

MINISTRY OF HEALTH SERVICES

BRITISH COLUMBIA
The Best Place on Earth

November, 2008

Prepared By

Home and Community Care Branch

Health Authorities Division

Ministry of Health Services

November, 2008

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Purpose

The Personal Assistance Guidelines (PAGs) document provides direction to clarify the boundaries of practice, roles and responsibilities for the Unregulated Care Provider (UCP), the Health Authority (HA), Home and Community Care (HCC) staff and service provider staff.

The PAGs document:

- Provides a set of decision making tools to assist the HA/HCC staff to determine whether a task is assignable or delegable.
- Identifies the process involved in an Assignment or Delegation of Task.
- Defines the responsibilities of all parties involved in an Assignment or Delegation of Task.

Overview

Personal Assistance Guidelines

This document is a revision to and replaces the Ministry of Health Services (The Ministry) 1997 PAGs. The updated content reflects current language and models of service delivery associated with Home and Community Care services. These guidelines should be used in conjunction with health authority and organization specific policy and procedures. This document will continue to be revised based on changes in legislation, policy and/or delivery of care services.

Much has changed since 1997, with a shift in the nature and type of assignable and delegable tasks performed by UCPs in response to several factors, including the increasing complexity of client care needs, client desires to remain at home for as long as possible, and demands from the acute sector for faster response time to move clients home.

As a result, health authorities have responded by developing and providing their own training over and above the curriculum for UCPs. Simultaneously, the Ministry has developed a *Framework of Practice for Community Health Workers and Resident Care Attendants (2007)*, which includes a set of occupational standards and competencies and reflects the change in current practice. Based on this *Framework,* the Ministry of Advanced Education has developed a new updated curriculum that reflects the expanded role UCPs play in the HCC sector. The curriculum is expected to be introduced across the province this year.

The new format for the PAGs document recognizes that as UCPs' competencies increase in certain areas and the practice environment evolves over time, certain tasks that were thought of as commonly delegable may become assignable, and tasks that have never been delegable previously may become delegable. The Personal Assistance Guidelines is an evolving document. Revisions may occur from time to time in response to client need and the challenges of service provision.

Unregulated Care Providers (UCPs) provide care to clients who require personal assistance with activities of daily living. UCPs are defined as paid care providers who are neither registered nor licensed by a regulatory body and who have no legally defined scope of practice (CRNBC, 2000). UCPs include, but are not limited to: resident care aides, home support workers, community health workers, health care assistants, assisted living workers, rehabilitation assistants and special education assistants. Their work setting includes client homes, group homes, assisted living residences, residential care facilities and schools.

The tasks performed by UCP's fall into two general areas:

1. **Assignable Tasks**

2. **Delegable Tasks** (or delegation of a professional task)

Assignable Tasks are tasks that are within the UCP's role description and training as defined by the employer/supervisor. These tasks are not considered to be client specific and do not require ongoing professional judgement or monitoring.

The Service Provider is responsible and accountable to develop role descriptions that clearly outline the tasks that can be assigned to a UCP in that agency/health authority. Service Providers should ensure the UCP has completed an appropriate training program and supplement this training if needed, with on-the-job training.

The UCP's supervisor, usually a health care professional, is responsible and accountable for providing ongoing supervision to assess the UCP's ability to perform tasks within the role description.

UCPs are accountable to their supervisor for the satisfactory performance of these tasks.

Delegable Tasks are tasks that are client-specific and are outside the role description and basic training of the UCP. Registered Nurses (RN), Registered Psychiatric Nurses (RPN), Physical Therapists (PT), or Occupational Therapists (OT) are responsible for delegating a professional task to a Service Provider. Delegable tasks are normally performed by a RN, RPN, PT, OT, but under certain circumstances it may be in the best interest of the client to delegate the task to a UCP.

Although not able to delegate tasks to UCPs, Registered Dietitians (RD), Registered Respiratory Therapists (RRT), and Licensed Practical Nurses (LPNs) are able to provide consultation and training to UCPs for the delegable tasks. These professionals are usually health authority (HA) staff but may be contracted by the HA or employed by the service provider.

The UCP must receive training and demonstrate competence in the performance of the task. It is the task, not the function that is delegated to the UCP. The UCP's supervisor is responsible to ensure the UCP has been trained in the specific task and for ongoing assessment of the UCP's ability to perform the task as taught.

The health care professional who delegates the task remains responsible for the determination of client status, care planning, interventions and evaluation of care until the client no longer requires the task.

Since not all Service Providers employ a RN/RPN as a supervisor, the term "Service Provider Supervisor" will be used throughout this document.

General Guiding Principles

A number of factors must be considered in providing care and support to clients and their families or significant others who need assistance in managing their daily health care.

- The right of the client to receive safe, appropriate cost-effective care.
- The right of the client, their family and informal caregiver to be given all information necessary to make informed, voluntary decisions and to share responsibility in the planning and delivery of care.
- HA/HCC Professionals ensure that appropriate consent for the health care treatment or procedure has been obtained from the client or the client's substitute decision maker.
- The responsibility of the client to maintain optimal personal and functional independence wherever possible.
- The right of the client to live at risk without putting others at risk.
- The right of Service Providers to refuse a Delegation of Task from the HA/HCC professional without prejudice when they are unable to meet conditions of insurance liability and risk.
- The right of the UCP to refuse to perform a task not authorized by the Service Provider without prejudice.
- The right of the UCP to refuse to perform a task they do not feel competent to perform.
- The responsibility of health care professionals to maintain their practice competencies and abide by their standards of practice.
- Service to the client will be delivered as a result of a collaborative team approach and with the assurance of effective communication among all parties.
- Routine Practices will be followed at all times.

Assignable Tasks

Assignable Tasks

- Assignable Tasks are tasks that may be performed routinely by a UCP, who has the training, knowledge, and skills based on provincial core competencies.
- Employers may provide additional training to their UCPs as needed. HAs and Service Providers may develop training modules to teach UCPs specific tasks that then become part of the core competencies for that group of UCPs.
- Assignable Tasks must have a written service plan developed by the HA in collaboration with the client/caregiver and Service Provider.
- Adequate supervision of the UCP must be available from the Service Provider.
- Assignable Tasks may have additional complex practice components and therefore may require a Community Rehabilitation Therapist (OT, PT), Registered Respiratory Therapist (RRT) or Registered Dietitian (RD) consultation to assist the Service Provider to develop a written service plan (e.g. feeding issues when there are swallowing difficulties, prosthetics/orthotics where there is circulatory impairment, a client lift, or complex transfer).
- Even if a task is categorized as assignable, falls under the role of the UCP, and the UCP is competent in the performance of the task, it must not be assumed that it is safe or appropriate to assign the task in all situations. An example is the application of a non-prescription skin cream labelled “not to be ingested” for a client who has dementia with the obsessive habit of licking their skin. In this case, the task could not be assigned as safety controls would need to be put in place, making the task client-specific, and therefore delegable.
- See Table 3 (page 12) Roles and Responsibilities for information on roles and responsibilities for all involved parties regarding assignment and delegation of tasks.
- See Appendix I (page 13) for Agency and Community Collaboration for assignment and delegation.

Delegable Tasks

Professional staff (RN/RPN/OT/PT)* are responsible for the decision to delegate a professional task to a Service Provider. The Service Provider is responsible for the decision to accept the task. HA/HCC staff requesting a delegation must make the request directly to the Service Provider.

Delegation of responsibility for a specific task is not a transfer of professional responsibility and liability. Delegated tasks are client specific and therefore are not transferable between clients.

All delegable tasks require an individualized written service plan developed by the HA in collaboration with the client/caregiver and Service Provider. The client's ability to direct care is one of the key factors in determining whether a task may be delegated.

*****In most cases, the Professional Staff are employees of the HA, but in some situations it will be an employee of the Service Provider.

Professional Staff Responsibilities

When Professional Staff delegate a task to the UCP, the Professional Staff is accountable for:

- the decision to delegate the professional task to the UCP;
- assessing the client's ability to direct own care;
- educating the UCP in situations where the Service Provider does not employ the appropriate professional or where the Service Provider supervisor seeks direction;
- reviewing and/or developing the client's service plan;
- consulting with Choice in Supports for Independent Living (CSIL) Program client or Client Support Group (CSG) as employer on complex tasks, where appropriate;
- monitoring to evaluate client outcomes and effectiveness of interventions related to the delegated task until the client no longer requires the task.

See Appendix II (Assignment and Delegation Decision Tree).

Service Provider Responsibilities:

- accepting or declining the delegated task;
- determining that the UCP has the necessary knowledge and skills to perform the task safely either through Direct or Indirect Supervision (see Glossary of Terms);
- teaching the task to the UCP if the Service Provider has the appropriate Professional employed;
- supervising the UCP in the performance of the task;
- reporting any change in client condition to the delegating Professional Staff.

See *Table 5 (page 12): Roles and Responsibilities of Health Care Parties* for further information about both assignment and delegation of tasks to UCPs.

Note:

In areas where HA Community Rehabilitation Therapists are not available, or when the client is receiving therapy from a private therapist, private practice therapists may delegate tasks. The same procedures with regard to referral, training and care development are used.

User fees are the responsibility of the client.

A CSIL client or CSG, as employer, is responsible for teaching tasks to their employees. The Community Rehabilitation Therapist may be consulted for complex tasks.

Criteria for the Delegation of a Professional Task

A UCP may be requested to perform a delegable task when:

- A HA/HCC professional, and the client (where the client is able to direct their own care*) have determined that the task needs to be done.
- The delegation of task is considered after other alternative care options have been explored.
- The task cannot be managed by the client and there is no other person in the client's support system to do the task, or the regular caregiver needs respite.
- It is in the best interest of the client, and the client (or responsible family member) consents to the Delegation of the Task to a UCP.
- The client's health status is stable and/or the client's response to the proposed task or procedure is predictable.
- There is adequate supervision and monitoring of the UCP by the Service Provider or other Professional (i.e. Community Rehabilitation Therapist).
- The Service Provider accepts the Delegation of the Task.
- A UCP is available and demonstrates the competency (or has been previously trained or has equivalent competencies – see Glossary of Terms, Indirect Supervision) to do the specific task.
- An HCC professional is available from the HA for assistance with training, monitoring and back-up as needed.
- HAs and Service Providers have policies and procedures in place to implement task delegations.

*See definition of "Client Able to Direct Own Care" in Glossary of Terms

The following Tables (1 through 4) are meant to assist the delegating Professional to determine whether it is safe and suitable to delegate a task to a UCP, or to support a decision to not delegate the task. Mitigating strategies must be put in place to reduce the risk in situations deemed to be high risk.

Appendix III, Sample "Decision to Delegate Tool", is based on the four types of factors to be considered and may be used as a decision tool in determining if it is safe and suitable to delegate a task to a UCP or not. A decision may be made to assign the task instead.

Factors to be Considered Prior to Delegating a Task

(adapted from *Assigning and Delegating to Unregulated Care Providers*, CRNBC, 2000)

TABLE 1: CLIENT/FAMILY FACTORS - CONSIDER CARE NEEDS AND INFORMAL SUPPORTS

Lower Risk		Higher Risk
Client with a stable condition (physical and psychosocial). No changes anticipated	⟷	Client with unstable condition (physical and psychosocial). Changes anticipated
Well defined, straightforward care needs	⟷	Complex care needs
Client is willing and able to direct own care	⟷	Client unwilling or unable to direct care.
Family willing and able to direct care.	⟷	Family unwilling or unable to direct care.
Client environment conducive to task.	⟷	Environmental barriers to performing task.

TABLE 2: TASK FACTORS

Lower Risk		Higher Risk
Low risk for harm	⟷	High Risk for harm
High predictability; no/limited judgment required: • stable need for task • stable response to task • predictable outcome of the task	⟷	Low predictability; judgment required: • varying need for task • unpredictable or changeable response to task • unpredictable outcomes of task
Task has few steps and requires minimal technical/psychomotor skill	⟷	Task has numerous steps and requires a high degree of technical/psychomotor skill
Task done frequently to maintain skills and knowledge of UCP	⟷	Task done infrequently
Task is not altered in different settings	⟷	Task must be altered in different settings

TABLE 3: PROFESSIONAL SUPPORT FACTORS

Lower Risk		Higher Risk
Ongoing assessment, care planning and evaluation by health professional is available as needed.	⟷	Ongoing assessment, care planning and evaluation by health professional is limited or unavailable.
Adequate time for UCP training; clear written procedures available to UCPs.	⟷	Limited time for UCP training; no written procedures available to UCPs.
Appropriate supervision and support of UCP by health care professional. Available organizational support for delegation: • clear policies and procedures • clear responsibility and authority for delegation • Expert clinical consultation for health professional available	⟷	Limited supervision and support of UCP by health professional. Limited organizational support for delegation: • policies and procedures are unclear or unavailable • responsibility and authority for delegation unclear • no clinical consultation for health professional
Health professional is competent in delegation.	⟷	Health professional has limited competence in delegation.

TABLE 4: UCP SUPPORT FACTORS

Lower Risk		Higher Risk
Few UCPs needed; infrequent staff changes.	⟷	Large number of UCPs needed; frequent staff changes.
UCPs have a standard skill base e.g., resident care aide course.	⟷	UCP have no standard skill base.
Delegation requires minor upgrading of skills and knowledge of UCP.	⟷	Delegation requires significant upgrading of skills and knowledge of UCP.
Task commonly delegated in other similar circumstances.	⟷	Task not usually delegated in other similar circumstances.

Other

By Exception – Tasks not normally delegated:

Complex care tasks that go beyond the current expectations for the delegation of professional task to a Service Provider are sometimes requested. The decision to perform the intervention is made in consultation with the health care team, the client and family or the client's substitute decision maker.

The health care team must consider the client's best interest, client safety, quality of life, available resources and the safety of the UCP. HAs and Service Providers must develop procedures for review and approval of these kinds of requests.

Delegation and/or Assignment of Task does not apply to the following:

- Family members
- Informal caregivers (e.g. friends, neighbours)
- Private care hired by client and/or family

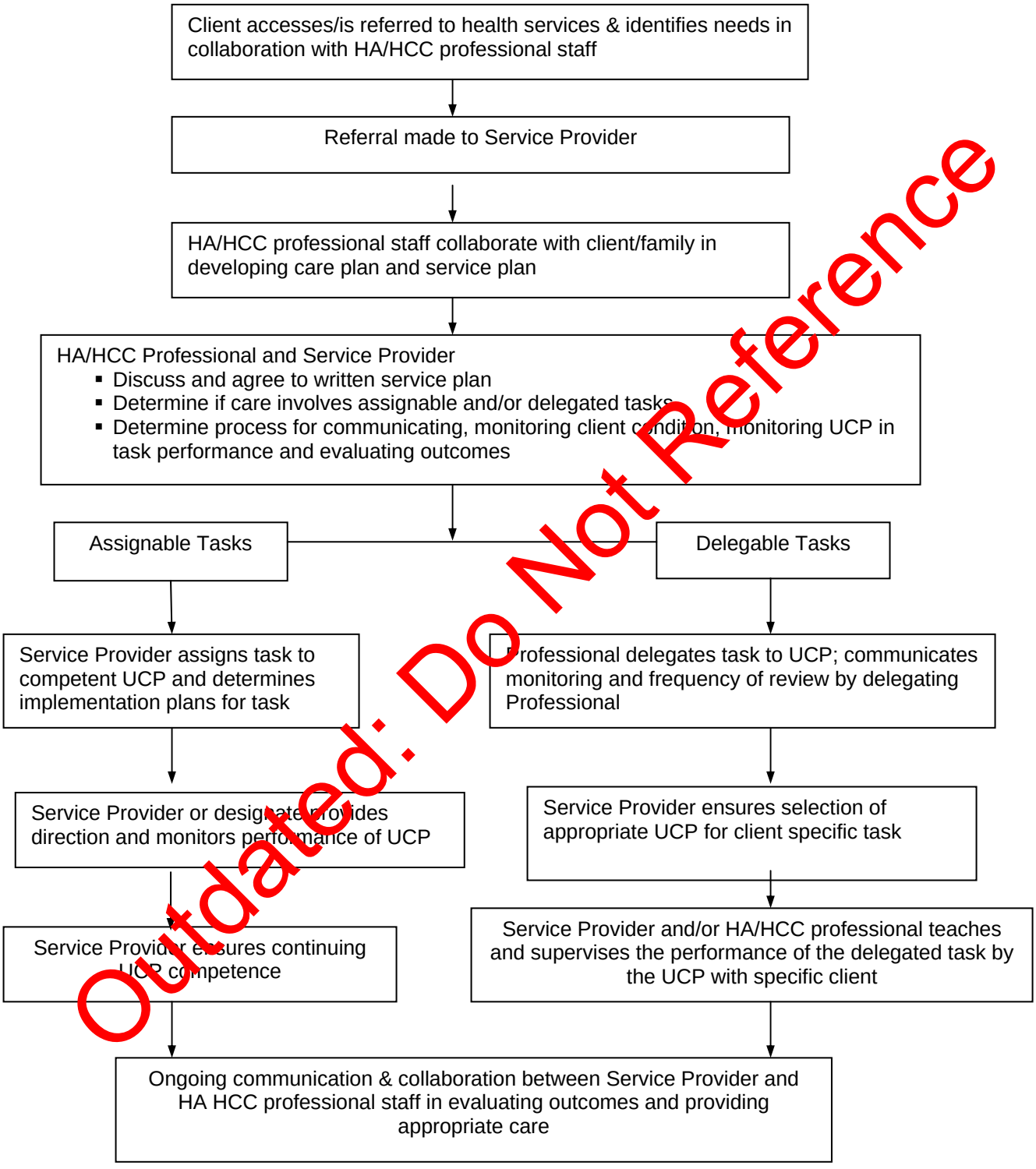
TABLE 5: ROLES AND RESPONSIBILITIES OF HEALTH CARE PARTIES

The provision of safe care is a shared responsibility and is achieved through the collaborative efforts of the regulatory professional bodies, health authorities, health care professionals, service providers and UCPs.

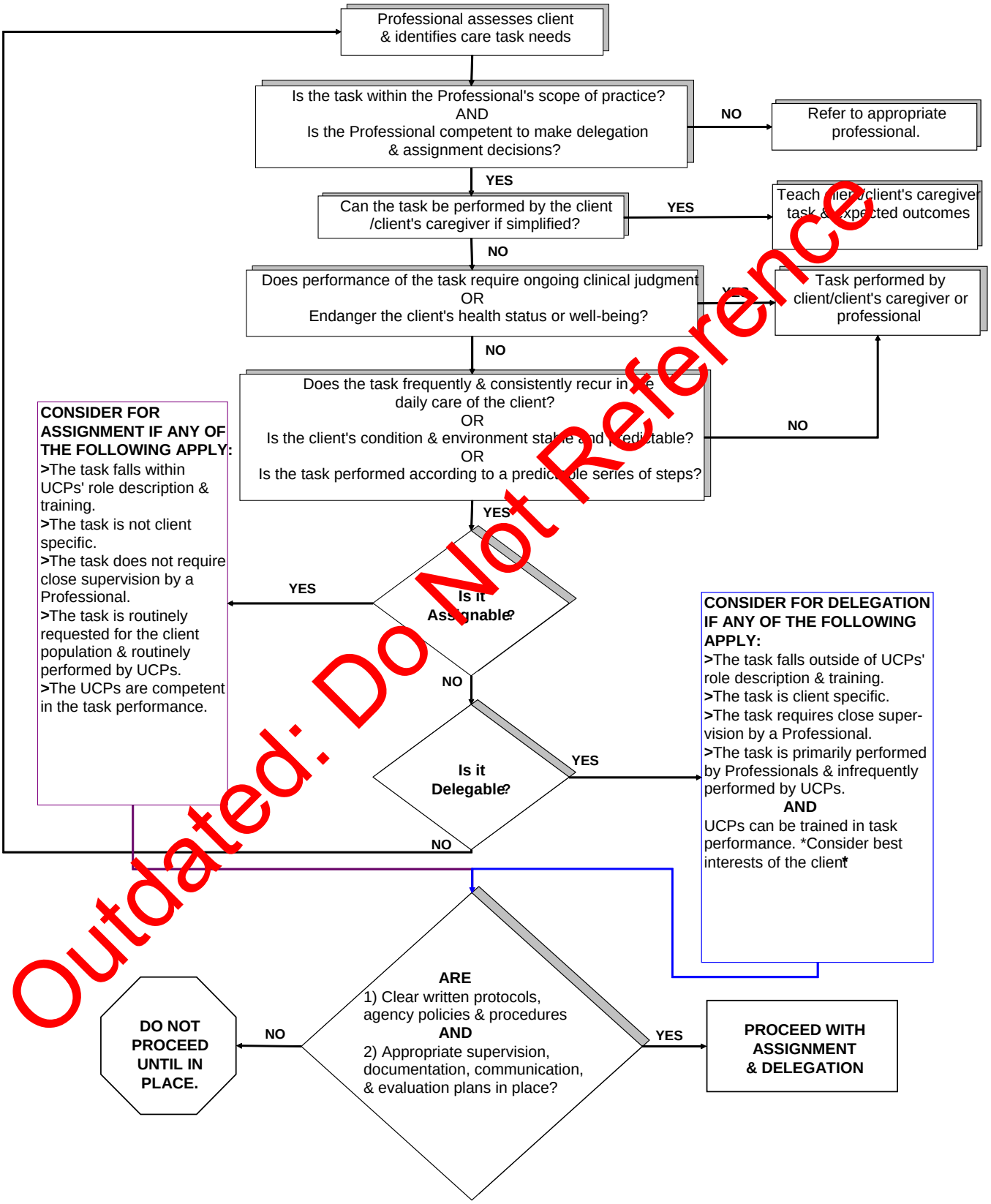
<table>
<tr><th colspan="2">Regulatory Professional Bodies</th></tr>
<tr><td colspan="2">• Identify scope of practice for the health professionals
• Establish professional standards of practice
• Establish requirements for continuing competence
• Provide support for health professionals to understand and apply standards of practice.</td></tr>
<tr><th>Health Authority Management</th><th>Health Care Professionals</th></tr>
<tr><td>• Establishes current standards of practice, policies and procedures
• Outlines the roles, responsibilities and accountability of individuals involved
• Creates organizational supports to foster competent, safe and ethical practice
• Establishes competencies for UCPs necessary to accept delegated tasks consistent with provincial practice standards for UCPs
• Creates policy to effectively manage risk</td><td>• Understand current policies, procedures and standards
• Ensure that all alternate care options have been explored
• In collaboration with the health care team, clarify whether the client can or cannot direct own care
• Use professional judgment and clinical assessment skills to determine when a delegable task can be delegated
• Demonstrate competence in the performance of the delegated task
• Demonstrate competence in the process of delegating according to standards and within the scope of professional practice
• Provide ongoing assessment, planning, implementation and evaluation functions
• Collaborate and consult with health care team throughout the process</td></tr>
<tr><th>Service Providers – HA or Publicly Funded HS or AL Service Providers</th><th>Unregulated Care Providers</th></tr>
<tr><td>• Establish operational policies and procedures relating to accepting a delegation of task
• Ensure continued competence in UCPs and service provider health professionals
• Assess ability of the organization to meet and maintain the requirements of a delegated task
• Collaborate with health care team
• Monitor and supervise employees for task performance
• Report changes in client condition according to directions from service plan to responsible health care professional</td><td>• Perform delegated tasks only when authorized by the Service Provider
• Perform delegated tasks only when delegated by a Professional
• Competently perform assigned tasks as written in the client-specific service plan
• Competently perform delegated tasks as taught
• Report changes in client condition according to directions from service plan and according to organizational/agency policies</td></tr>
</table>

APPENDIX I

ASSIGNMENT & DELEGATION: AGENCY AND COMMUNITY COLLABORATION



APPENDIX II: ASSIGNMENT AND DELEGATION DECISION TREE



APPENDIX III: SAMPLE "DECISION TO DELEGATE TOOL"*

Description of Delegation of Task Procedure:
Client and Family Strengths:

Risk Factor ***Note*: *A no response requires comment***	**Yes**	**No**	**Description of Client Specific Risk**	**How can risk be lowered?**
Client/Family Factors			Comments	
Is the client's condition stable?				
Are the client's care needs simple?				
Is the client/family willing and /or able to direct care?				
Is the client's environment conducive to completing the task?				
Task Factors				
Is the risk associated with the completion of the task harmless to the client?				
Can UCP perform task without judgement?				
Do the steps in the standard delegation of task procedure direct the UCP to complete the task?				
Is the task done frequently enough to maintain the skill and knowledge of UCP?				
Professional Support Factors				
Is professional staff available for ongoing assessment, care planning, evaluation and UCP support?				
Are there clear written delegation of task procedures available for UCPs that meet the client specific needs?				
Does the health professional feel competent to perform and delegate the task?				
UCP Support Factors				
Will the task be performed by a limited number of UCPs?				
Do the UCPs have sufficient skills and knowledge to complete the task?				
Would this task be commonly delegated in other similar situations?				

Decision: ☐ Yes, Proceed to delegate
☐ Yes, Trial Period and Delegate for_____ (specify time)
☐ No, Delegation not appropriate at this time. ☐ Assignable

Summary of rationale for decision: _____

_____

Decision Initiated by _____Signature: _____
(Print Name)

Date: _____

*Adapted from Fraser Health Authority document

APPENDIX IV: GLOSSARY OF TERMS

Glossary of Terms	
Care Plan	The part of the Clinical Process in which the over all plan to meet clients' needs and achieve the health goals is identified. The Service Plan and the plan for Delegated Tasks are components of the overall care plan.
Choice in Supports for Independent Living (CSIL)	A program in which eligible HCC Care clients are responsible for purchasing their own home support services and are funded directly. The client or Client Support Group (CSG) is the employer of the UCP and assumes all liability and accountability for decisions related to the delivery of their home support service including ongoing monitoring of UCP performance.
Client Able to Direct Care	One who is cognitively capable to make decisions regarding their care related to the task being delegated and can communicate effectively (verbally or nonverbally through communication devices) so as to be understood by any authorized caregiver. This client has the potential to make informed, voluntary decisions regarding care based on knowledge and adequate information provided by an appropriate health care professional, related to the task being delegated. Delegating Professional makes determination.
Client Unable to Direct care	One who is cognitively incapable to make decisions regarding their care relevant to the specific task and/or cannot communicate essential information in an adequate manner to the authorized caregiver. This client will not be able to make informed, voluntary decisions regarding the specific task. Delegating Professional makes determination.
Client Specific	Restricted to one particular individual, situation, relationship and outcomes.
Direct Supervision	To be physically present to direct, teach and to have a monitoring plan in place.
Function	A client care intervention. Performing a function includes assessing when to perform the function, planning and implementing the care and evaluating and managing the outcomes of the care (CRNBC, 2000).
HA/HCC Health Care Professional	Refers to nursing, physiotherapy, occupational therapy, nutrition, social work and case management. Where a particular discipline is referenced, that discipline will be noted in the document.

Health Care Team	Members may include the Service Provider Administrator, RN, RPN, LPN, Supervisor, Scheduler, UCP, Case Manager, PT, OT, Dietitian, Social Worker, Pharmacist, Respiratory Therapist and Physician.
Indirect Supervision	The Professional may delegate a specific task to a UCP who, in the Professional's opinion, has the necessary competencies to complete the task. The Professional does not have to be physically present to teach the task to the UCP if the following criteria are met: • The Professional has determined that the UCP has the necessary knowledge, skills and ability to perform the task. • The UCP's competency level in performing the task has been demonstrated. • The client's circumstance is known to the Professional. • There is an established written service plan in place for the delegated task and the plan is immediately accessible to the UCP. • The client's safety is not jeopardized. • A monitoring plan is in place.
Routine Practices	Precautions that are applied universally to all persons regardless of their presumed infectious status.
Service Plan	Outline of all tasks, both assigned and delegated as authorized by a HCC professional to be carried out by a UCP. Copy of the plan must be in a standardized area of the client's home.
Service Provider	The agency or organization that provides services directly to HCC clients. May include HA or publicly funded agencies. Refers to both professionals and UCPs.
Stable	The anticipated client response to the task or procedure is not likely to change.
Unregulated Care provider (UCP)	Paid care providers who are neither licensed nor registered by a regulatory body and who have no legally defined scope of practice e.g. community health workers, home support workers, assisted living workers, resident care attendants, health care assistants, therapy assistants, etc.
Without Prejudice	With no negative repercussions.

Acknowledgements

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Ministry of
Health Services