



Reflections on the Use of **Resident Support Aides**

in Ontario Long-Term Care Homes During COVID-19

Acknowledgements

The Ontario Centres for Learning, Research and Innovation (CLRI) would like to acknowledge and thank the members of the *Ontario Health (Central) – RSA Working Group* for their time, effort, and insights in developing the RSA survey and report:

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Kim Utley – SE Health

Dee Lender – Ontario Association of Residents’ Councils

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The Ontario CLRI

The Ontario Centres for Learning, Research and Innovation in Long-Term Care (CLRI) strengthen the quality of life and care for residents across the province. The Ontario CLRI is mandated by the Ministry of Health and the Ministry of Long-Term Care to be a resource for the sector by providing education and sharing research and innovations to enhance the health and well-being of people who live and work in long-term care.

Who we are

The Ontario CLRI is funded by the Government of Ontario and hosted at Baycrest Health Sciences, Bruyère, and the Schlegel-UW Research Institute for Aging. The collective expertise, resources and partnerships of the host organizations help advance the Program’s provincially mandated goals.

What we do

The Ontario CLRI helps the province’s 600+ long-term care homes to enhance the quality of life and care for those who live and work in LTC. The Program partners with the LTC sector to train the workforce and share research, innovations, and resources to provide solutions for priority issues, including an ageing population, increasing care complexity, and workforce excellence.

This work is supported in part with funding from the Government of Ontario through the Ontario Centre for Learning, Research and Innovation in Long-Term Care hosted at the Schlegel-UW Research Institute for Aging. The views expressed herein do not necessarily reflect the views of the Province.

Reflections on the Use of Resident Support Aides in Ontario Long-Term Care Homes During COVID-19

Staffing shortages in increasingly complex long-term care (LTC) homes have been prevalent for over a decade, but COVID-19 exacerbated existing shortages. Team members were falling ill or just not coming in for their shifts due to fear of contracting the virus. In some cases, up to 80% of staff were absent. Team members that did work had to take on additional shifts, leading to additional stress and burnout.¹

LTC homes began to employ resident support aides (RSA; sometimes called helping hands, PSW assistant, care aide, etc.) to support their teams and residents. Some LTC homes had already employed RSAs pre-covid to address staffing shortages.

In addition, the Government of Ontario created the *Ontario Workforce Reserve for Senior Support* to recruit and train RSAs during COVID-19. Individuals who were unemployed or temporarily displaced from a healthcare position during the pandemic were encouraged to apply. Recruitment was initially focused on regions most affected by the pandemic but was expanded throughout the province. Individuals registering through this program were required to complete an online educational component, which they were paid for.²

The Ontario Centres for Learning, Research and Innovation (CLRI) at the Schlegel-UW Research Institute for Aging, in collaboration with the Ontario Health (Central) - RSA Working Group developed and administered a survey to LTC homes across Ontario to reflect on the use and impact of the RSA role during COVID-19 and to inform the development and dissemination of education and resources for similar roles in the future.

The survey was designed to gather information from the perspective of LTC leaders and understand broadly:

- The RSA role and duties assigned;
- Types of training provided and additional educational needs; and,
- Impacts of the role on operations, staffing, care, and health outcomes of residents and team members.

The responses provided here reflect the perspective of leaders in LTC homes and their impressions of the impacts that RSAs had on team members and residents.

¹ Ontario's Long-Term Care Covid-19 Commission Final Report. (April 30, 2021). Retrieved on May 14, 2021 from <https://files.ontario.ca/mltc-ltcc-final-report-en-2021-04-30.pdf>

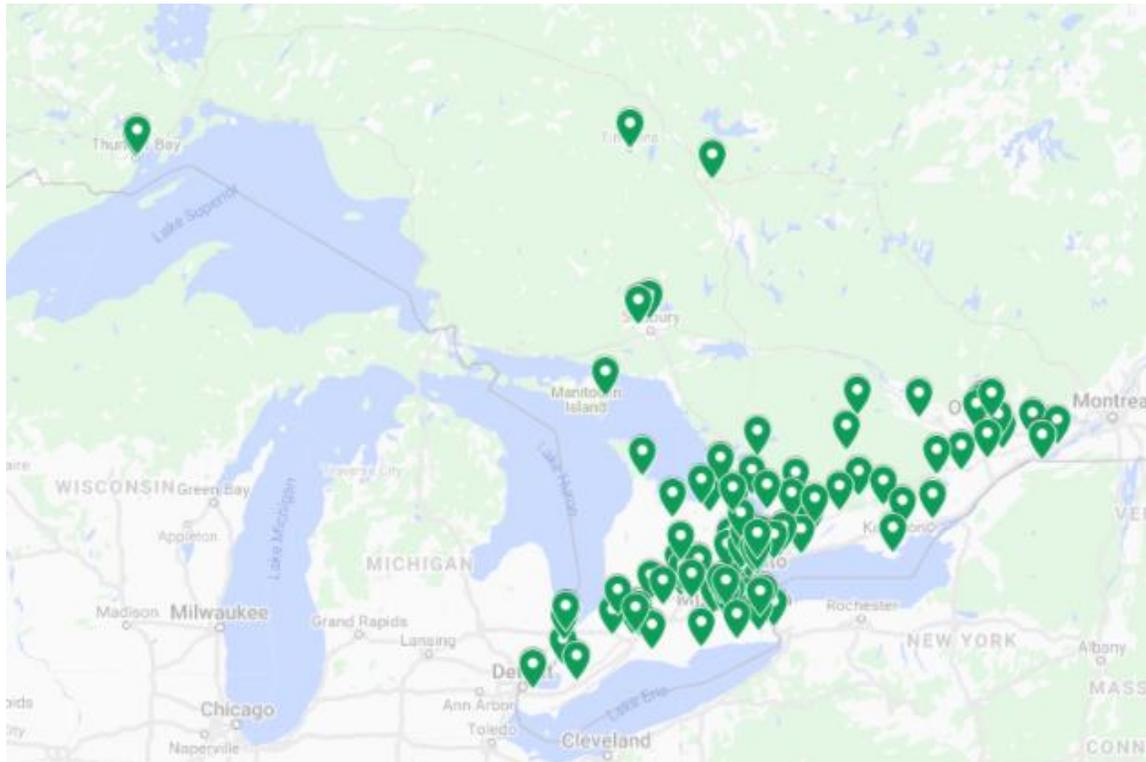
² Government of Ontario's New Resident Support Aide Program (February 28, 2021). Retrieved on May 6, 2021 from <https://personalsupportworkerhq.com/resident-support-aide/>

RSA Survey Results

Who responded?

- 121 LTC homes indicated they had employed RSAs (out of 131 respondents)
- This response rate reflects 19% of the 627 LTC homes in Ontario
- 82% of respondents were in leadership positions (e.g., Administrator, Executive Director, CEO, Director of Care, Program Manager, Director of Nursing, etc.)
- The majority of respondents were from the East, West, and Central Ontario Health Regions

Geographical Distribution of Respondents



Ontario Health Region	Number of Respondents
East	39
West	38
Central	26
North	13
Toronto	5
Total	121

Average number of residents, staff, and RSAs employed in LTC homes

Measurement	Number of Residents	Number of Staff	Number of RSAs Hired
Total	16503	21312	1392
Average	136	178	12
Median	116	150	10
Mode	150	100	10
Maximum	1102	1000	45
Minimum	31	14	1

Why did LTC homes employ RSAs?

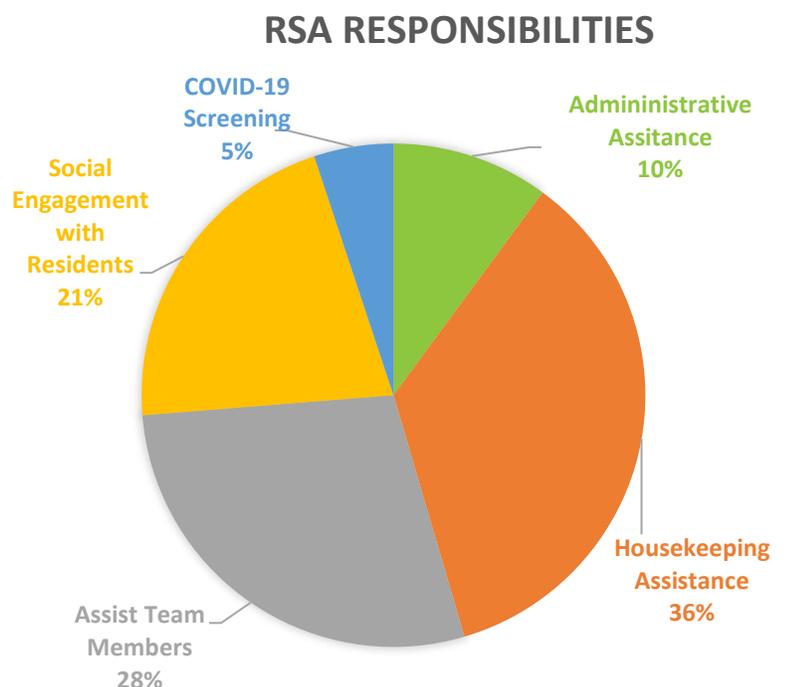
The majority of respondents indicated that they hired RSAs to assist other staff, particularly PSWs, and to address the critical staffing shortages. In some cases, RSAs or similar roles were already present in the LTC home. A handful of respondents said the role was intended as a trial.

“Difficulty in adequately staffing the home to provide all of the care required during the pandemic while maintaining isolation and physical distancing. Enabled our PSWs to have more time to provide hands-on care to residents.”

“In our homes we called them universal support workers. They were a significant resource to all departments as they could augment the team when we experienced staff shortages. They also were used for COVID screening and auditing of PPE donning/doffing.”

What types of responsibilities were RSAs assigned?

Respondents were asked to select all of the operational- and resident-focused tasks that were assigned to RSAs. These responsibilities were then grouped into five categories. The majority of respondents indicated RSAs assisted with housekeeping duties and assisted other team members with their duties.

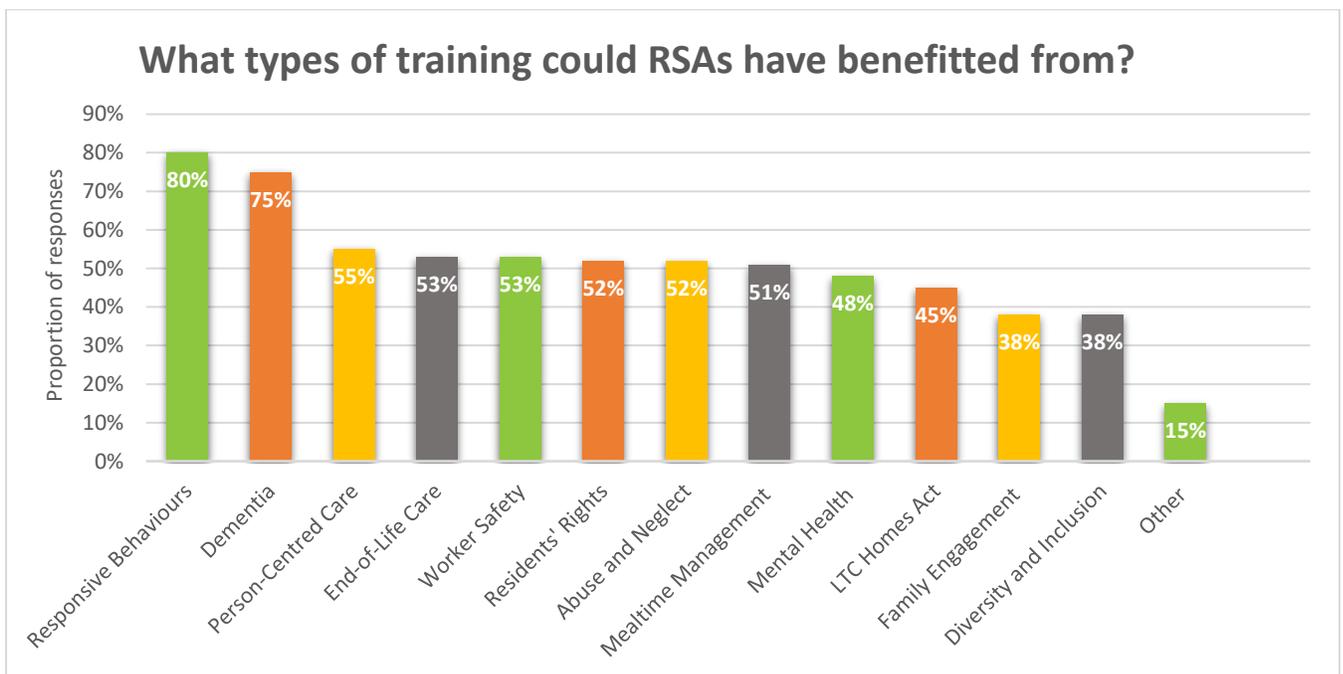


The top five responsibilities assigned to RSAs

Responsibility Assigned to RSA	Percentage of Responses
Provide mealtime assistance to residents	89%
Provide one-on-one companionship to a resident	83%
Tidy residents' rooms, closets and drawers as requested	79%
Make residents' beds, change linens	78%
Assist in cleaning and disinfection	73%

What types of training could RSAs have benefitted from?

Respondents were asked what types of training were provided to RSAs. Most provided the standard training and orientation offered to all LTC home team members. Some provided more specific training. When asked what other types of training would have been beneficial, the vast majority selected training on responsive behaviours and dementia. Respondents could select multiple types of training.



Reflections on the Impact of RSAs

Positive impacts of RSAs

When asked about the benefits associated with employing RSAs, most participants reported that RSAs helped to support staff and complete duties that PSWs or other team members needed assistance with. Many respondents also reported that RSAs were of great benefit to residents, they assisted with sanitizing surfaces and maintaining public health measures, and they were very effective in supporting virtual family interactions. The vast majority agreed that RSAs had a positive impact and were a great addition to the sector.

"They were wonderful & hardworking. A great help, fast learners, always ready and willing to help with small duties that we never have enough time for."

"Such a valuable position. A HUGE help during an outbreak for checking on residents, feeding, meal delivery, infection control, supply runs; it added so many more hands to help during an outbreak. Staff were all so grateful for RSAs"

"Absolutely fantastic! We would not have been able to get through this pandemic without them. The RSAs were able to spend the extra time interacting with residents that staff just would not have had time for. Screening was an immense help."



This word cloud shows the most frequent words used when describing the positive impact of Resident Support Aides.

Negative impacts of RSAs

Nearly half of all respondents said there were *no negative impacts* of employing RSAs in their LTC homes. Where negative impacts were noted, respondents indicated that there was a lack of knowledge, professionalism and training provided, so the RSAs were often unprepared for the LTC context. Respondents also said a lack of clearly defined roles and responsibilities created initial conflict and overlap with the role of PSWs. Overall, most respondents felt that these impacts were minimal and easily resolved with more time and training.

Respondents recommended that formal training should be provided and the role should be better defined if the RSA role was to be retained. A few also felt that the financial aspect of hiring RSAs permanently would need to be considered.

"Some RSAs tended to be younger and needed more training regarding employment, as often it was their first paid job. Generally, however, everyone really appreciated the extra support, hands and hearts!"

"Learning curve for the existing staff as to expectations. PSW staff wanted this group to be their assistant. Challenging to differentiate the role of activity aid and RSA. Activity staff felt their value and contributions weren't being respected."

"It's hard to describe the job or the setting when all hiring is being done virtually. Many had never stepped foot in a nursing home. They had no exposure to dementia or responsive behaviours. We've been giving them GPA training and it has helped."

Impacts of discontinuing the RSA role

When asked about the potential impacts anticipated if the RSA role were discontinued, respondents overwhelmingly indicated there would be negative impacts on team members and residents. Respondents predicted that there would be increased job stress and workloads, less time for resident care, and less time for direct interactions with family and residents, which would result in a decline in resident health and well-being. Some respondents reported that it is a role they do not plan to discontinue unless a large influx of PSWs became available to address the existing staff shortages.

"Please no! Negative impact. Certainly, we depend on these staff to not only fill in the staffing gaps, as we need all hands-on deck. There would be negative impact on our residents, families and staff as well as possible safety issues."

"A huge loss for our residents and their families!"

"The discontinuation of the RSA role in my LTC home will impact the residents directly as the 1:1 engagement that the RSAs could afford to spend, as they supported non-direct care tasks will be a noticeable gap."

The future of the RSA role

The majority of participants, when asked how they envisioned this role moving forward, felt that the retention of the RSA role would be beneficial to the sector to improve staff and resident well-being. However, many respondents indicated that in order to sustain this role there would need to be a financial structure or appropriate budgets in place and more training.

Some respondents envisioned further specialization of this role to focus on specific departments and floors. Others indicated they would keep RSA positions only during peak seasons or reduce the number of positions available.

Some respondents indicated that having a unionized environment was a barrier to employing RSAs. Others felt this role should be a unionized position. Union buy-in was seen as critical to continuing the role.

One perspective was that while the RSA role is currently filling an important staff shortage gap if more PSWs become available the RSA role may become less important. However, others felt that the role will continue to be vital as "helping hands" for LTC homes. Respondents shared that the RSA role could also act as a stepping stone to PSW training and keep more people in the LTC sector.

"We think it is a role that has value and are looking at having it continue in the home. This has been a gateway for PSW staff as well. Four RSAs are now in the PSW program and we potentially have four more that will be enrolling."

"We would love to continue with this role. It is an excellent complement to our staffing model! Everyone benefits from this new role - staff, residents and the RSA!"

"Government should recognize that the current LTCH funding is not enough for hiring RSAs. For improving resident's quality of life in LTCH, government should consider the funding model to include the RSA."

"I envision this role being department-specific, so each department can have their own RSAs to assist with different tasks. I always felt this was needed in LTC even before COVID. You don't necessarily need certified people for emotional support."

"We feel that this added role would be able to alleviate some time from the PSW and allow them to focus on the Activities of Daily Living and continue to provide the residents with more attention to detail, giving them overall better support."

Conclusion

This survey asked LTC home leadership to reflect on how they utilized the RSA role in their LTC homes and their impressions on the impact of RSAs during the COVID-19 crisis.

Respondents largely told us that they used RSAs as “helping hands” to assist where it was needed. They felt that this assistance helped alleviate stress and burnout in team members and provided valuable one-to-one time with residents while social interactions were restricted. The majority of respondents felt that discontinuing the RSA role would negatively impact residents, team members, and families.

While RSAs are not required to complete formal education to be employed in this role, most respondents felt that it was critical that RSAs receive training in several areas, particularly in responsive behaviours and dementia. This is an important learning from this survey.

The results of this survey gave insights into the types of training that would be particularly useful for RSAs, if this role continues, as well as for staff new to LTC, students, volunteers, and family members. While the Ontario CLRI already provides training and resources in most of these topic areas, we will promote our training and resources to future RSAs as well as the groups above. These insights will inform further development of education for these groups so that they can continue to support the sector.