Recommendations for Advancing Pan-Canadian Data Capture for Personal Support Workers

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Canadian Institute for Health Information
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Executive summary

Personal support workers (PSWs) play a critical role in Canada's health care systems, particularly in long-term care (LTC) and home care settings.[1] They provide care and support for some of Canada's most vulnerable populations, yet their roles, responsibilities and exact numbers across the country remain unknown.

This report provides an overview of consultations that resulted in high-level findings on the training PSWs receive, their roles and responsibilities, and insights on data availability — where it exists and how to improve it in the coming years with the use of standards. It features a use case from Alberta with key data findings and concludes with 5 recommendations that promote the creation of data and information on PSWs — a key group of professionals in Canada's health workforce. The Canadian Institute for Health Information (CIHI) acknowledges the immense pressure jurisdictions were under to better understand their workforce during this period of consultation and appreciates the time and input provided. Considering the current health care worker environment and the many challenges jurisdictions are facing, it is acknowledged that details of advancement may be missing for some provinces and territories.

Education curriculums, credentialing requirements and data sources for PSWs vary across the country. Mandates and regulation policies apply only to workers employed in publicly funded organizations; for this reason, details on the supply, education and employment of PSWs working in private settings remain largely unknown. CIHI has been collaborating with 7 provinces (Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick, Ontario, Alberta and British Columbia) to advance the collection and analysis of PSW data, and we will continue to work with others as time and resources are available.

Consultations validated that standards are the critical underpinning of data advancement. Standardized data capture is necessary to ensure that data is accurate, valuable and able to be used. In October 2022, CIHI released the new Health Human Resources Minimum Data Set (HHR MDS) data standard, which optimizes comparability of data across groups of professionals and includes PSW-specific values. This HHR MDS also leverages interoperability standards to optimize data flows, timeliness and usability.

To demonstrate the value of standards and the ability to use PSW data where it exists, a use case involving pilot data from Alberta's Health Care Aide[i] Directory (funded by Alberta Health and administered by the College of Licensed Practical Nurses of Alberta) was undertaken. A thorough assessment and analysis were conducted using PSW data elements submitted to determine the robustness, completeness and usability of each. See Figure E1 for key findings about Alberta HCAs.

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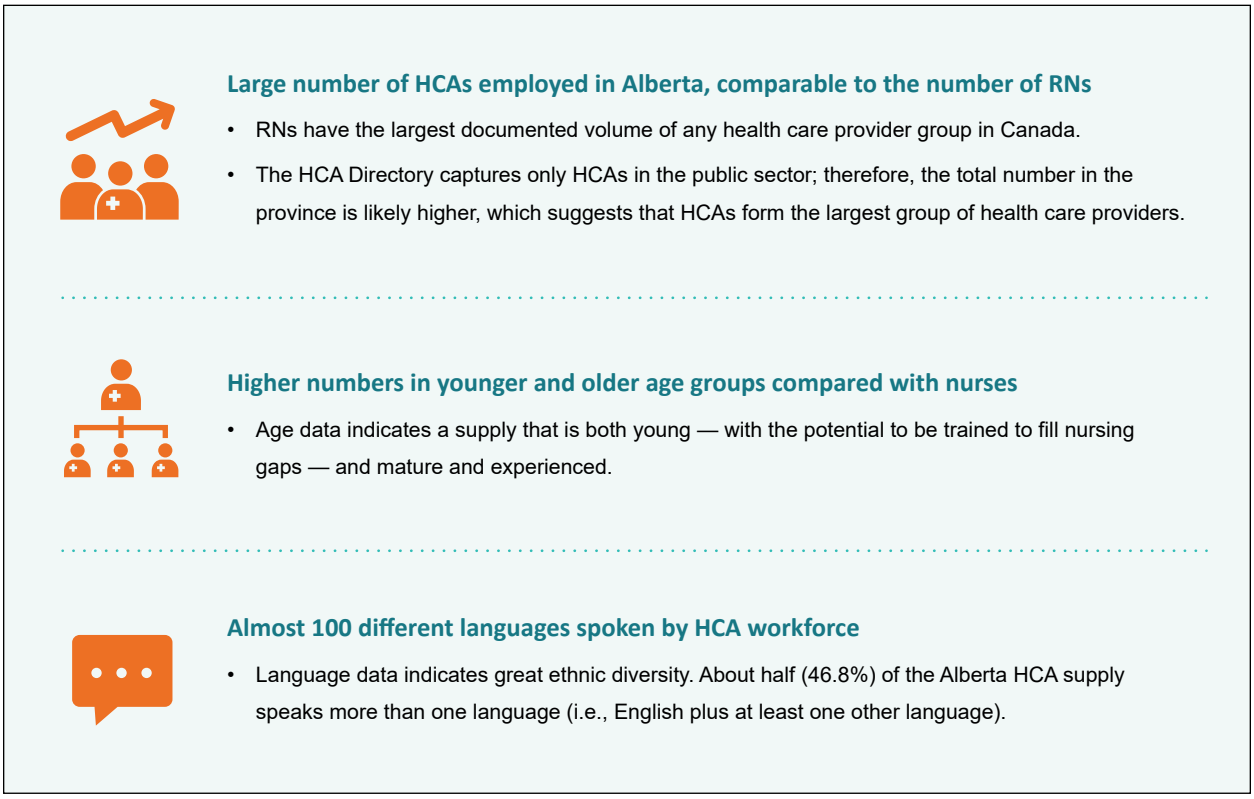
i. Health care aide (HCA) is an alternative term for PSW.

Figure E1 Use case: Key findings from Alberta's HCA Directory, 2022



Notes
HCA: Health care aide.
RN: Registered nurse.
"Supply" refers to all HCAs in the directory who are eligible to practise in an occupation or profession in the given year, regardless of whether or not they are employed.
Source
Health Care Aide Directory, College of Licensed Practical Nurses of Alberta.

Based on consultations with stakeholders and analysis of pilot data, CIHI recommends 5 actions to make progress on standardized, comparable pan-Canadian PSW data:

Recommendation 1: Build data collection models that ensure data quality and usability. Target and ensure appropriate data management practices, including data quality checks and the use of an information quality framework such as *CIHI's Information Quality Framework*.[2]

Recommendation 2: Implement a pan-Canadian content data standard into data collection models (e.g., CIHI's HHR MDS data standard). This will promote comparability across jurisdictions and facilitate integration of data/information across professions and data sources.

Recommendation 3: While building jurisdictional data collection models, triangulate current data sources to support planning and to provide a high-level pan-Canadian picture of PSW supply and distribution (e.g., provincial data where it exists; Statistics Canada survey data, ensuring consistent use of appropriate National Occupational Classification codes).

Recommendation 4: Invest in technical/exchange data standards and a national interoperable health workforce data platform to improve timeliness, integration, accessibility and use of data by stakeholders across the health care ecosystem.

Recommendation 5: Don't wait for perfection — collect, report, use and improve. Using and scrutinizing data promotes better data quality.

CIHI will continue to work with federal, provincial and territorial stakeholders and partners to facilitate the growth of comparable pan-Canadian data for PSWs and other health professionals. The pace of growth in advancements of standardization, comprehensiveness, timeliness and accessibility of usable data and information will be heavily influenced by the level of investment, coordination and leadership across Canada's health ecosystem.

Introduction

Background

Personal support workers (PSWs) play a critical role in Canada's health care systems, particularly in long-term care (LTC) and home care settings.[1] They provide care and support for some of Canada's most vulnerable populations and perform a broad range of tasks, including assisting with activities of daily living. While there are numerous job titles for the people who do this work across the provinces and territories, this report broadly captures them as PSWs, unless otherwise specified. (See Appendix A for a list of titles used across provinces and territories.)

The federal government identifies personal support work as a rapidly growing occupation with a low unemployment rate. Even prior to the COVID-19 pandemic, there was a recognized shortage of PSWs.[3] Furthermore, the demand for PSWs has increased due to population aging and efforts to reduce health care costs. The pandemic has had a devastating impact on the LTC sector, exacerbating the PSW staffing crisis and significantly impacting the health and quality of life of the vulnerable populations who rely on this care.[4, 5]

The occupation of personal support work has largely been unregulated and hasn't required formal certification or enrolment. The exact number of PSWs in Canada is therefore unknown, but it is believed to eclipse the number of nurses.[6] Lack of unified cross-jurisdictional oversight of PSWs makes workforce planning and reporting (e.g., on wellness, job satisfaction and empowerment) difficult. One challenge that further complicates matters is the existence of numerous titles for PSW-type positions, often at the discretion of employers. While several jurisdictions have created training and education standards (i.e., Nova Scotia, New Brunswick, Quebec, Ontario, Alberta, British Columbia), there is no national guidance on training requirements, competency profiles or job titles. However, there is movement to change this (see PSW national education standards below).

This report provides an overview of consultations that resulted in high-level findings on the training PSWs receive, their roles and responsibilities, and insights on data availability — where it exists and how to improve it in the coming years with the use of standards. It features a use case from Alberta with key data findings and concludes with 5 recommendations that promote the creation of data and information on PSWs — a key group of professionals in Canada's health workforce.

Stakeholder consultations

Feedback from stakeholder consultations (with ministries of health and others) over the past few years has helped the Canadian Institute for Health Information (CIHI) identify priority needs and validate that health workforce planning is a high priority for the country.

Environmental scans were conducted by 2 external consultants: Lough Barnes Consulting Group (2021) and Lisa Little Consulting (2018 and 2021). (See Appendix B for a list of stakeholders consulted.)

The objectives of the consultations were as follows:

- Validate health workforce–related **priority information needs**, including those regarding PSWs.
- Validate draft PSW **data standards** proposed by CIHI.
- Determine which **data sets exist** related to the information priorities.
- Determine whether **provincial/territorial ministries** gather information from sources that already submit data to CIHI (e.g., professional regulatory colleges).
  - Can CIHI eliminate this double data submission by gathering data directly from the provinces and territories? This would simplify data submission by having 1 data provider submit data for multiple groups of professionals.
- Perform **comparative analysis** on how the provinces and territories collect, store and share their health workforce data.
- Explore available health workforce data with **Statistics Canada** and how these data sets may support the workforce information strategy.

Feedback received during consultations was used to inform

- A solid understanding of PSW-related policy and research issues, along with the data needed to address these;
- Clarity on the current PSW data landscape and identification of potential data sources;
- Identification of potential participants in PSW pilot data submission; and
- Validation of the proposed PSW data standards.

What follows is a high-level summary of the information gathered.

Pan-Canadian snapshot

Education/training and regulation

Health care and education are under the purview of the provinces and territories, making the development and implementation of national training and education standards challenging. The roles and responsibilities of PSWs vary widely across the country and there is a range of occupational titles and roles, which are often at the discretion of employers.

Currently, 6 provinces (Nova Scotia, New Brunswick, Quebec, Ontario, Alberta, B.C.) are known to have a mandated health care aide/PSW education curriculum. (See Appendix A for a map of where education curriculums exist.) On-the-job training varies — in some jurisdictions (i.e., New Brunswick), home care agencies and training organizations can choose to purchase curriculum licences to train caregivers, while no such mechanism exists in other jurisdictions. In some jurisdictions, employers are required to ensure only that PSWs have the skills necessary to meet job requirements. Increasingly, employers across the country require employees to have some proof of training or competency, but it is not mandated or informed by a national standard.

There is wide variation in the regulatory environment of PSWs across the country, and this environment is constantly changing as provinces and territories attempt to standardize the role of PSWs and ensure that safe, quality care is provided. Where regulations or policies exist, they apply only to those working in the publicly funded health system, which makes it challenging to obtain data on PSWs working in private settings. Regulation of these health care providers could change this. In order to practise in a jurisdiction, regulated professionals must obtain annual licensure with a regulatory college, regardless of whether they work for a publicly or privately funded employer (including self-employment).

In Nova Scotia, Alberta and B.C., all health care aides or assistants and continuing care assistants who work in any setting in the publicly funded health care system are required to be enrolled/credentialed. Ontario is also on track to implement this requirement. Territorial governments have employment policies for PSW-related occupations that define their education, roles and responsibilities, and that ensure their competency. Although the majority of PSWs work directly for the territorial governments, these policies do not apply to those working outside of the government, including in hospitals in Yukon. Prince Edward Island, New Brunswick and Ontario have legislation/policy that require unregulated health professionals working in a particular setting (LTC in P.E.I. and Ontario; home care in New Brunswick) to have a PSW education certificate or equivalent. However, that policy is not always coherent or consistent with other corollary legislation/regulation/policies such as provincial role descriptions, regulated health professions acts or nursing acts.

Data availability

Much like the variation in titles, training, competencies and enrolment requirements, there is variation in the sources of data used to track PSWs, along with challenges with its comprehensiveness and quality where it exists. Jurisdictions are acutely aware of this challenge and have been looking at solutions and potential models for improvement.

In the absence of regulation of PSWs and a data source of comprehensive supply and distribution information such as a regulatory college, 2 other sources have been used in recent years: public registries (where they exist) and payroll/human resources (HR) systems. The latter are often used in the absence of registry data or where the quality of registry data can be considered poor. An example of a data quality issue includes challenges with keeping the registry up to date by removing individuals who are no longer working in the profession.

Registry/directory data contains the following:

- Basic demographic information (i.e., age, gender, languages, postal code, etc.)
- Education and certification information (i.e., credentials, including where and when granted, etc.)
- Basic information on employment (i.e., name and address of employers, nature of work, some idea of number of hours worked, etc.)

As intended, registry/directory data helps keep track of the number of individuals, which is useful for monitoring and for planning, including understanding education needs.

Payroll/HR data can contain additional information not available in registry data, including the following:

- Exact hours worked, including overtime, training, etc.
- Time off such as sick time, vacation, special leave, parental leave, etc.
- Detailed information about positions or roles
- Information about salary

However, there would be noted gaps in education/training details, along with other employment characteristics around areas of responsibility. And the challenge around data availability outside of publicly funded facilities also exists.

Another opportunity to explore PSWs through data is via survey data captured by Statistics Canada. This includes sentinel data from the census, along with representative data from several other labour-related surveys.

Table 1 provides a list of known data sources used by jurisdictions. Note that this table is based on consultations done for this report. Other provinces and territories are likely advancing their own data capture/reporting to support decisions. CIHI looks forward to engaging and learning more.

Table 1 Sources of Canadian PSW data by jurisdiction

Jurisdiction	Data sources	Details
Newfoundland and Labrador	Payroll/HR database, via Department of Health and Community Services	Uses payroll/HR data (recruitment and retention) prepared by the Newfoundland and Labrador Centre for Health Information to support planning.
Prince Edward Island	Payroll/HR database, Ministry of Health	Uses payroll/HR data to support planning.
Nova Scotia	Nova Scotia Continuing Care Assistant Registry, managed by Health Association Nova Scotia and Department of Health and Wellness	Active data collection started in January 2022.
New Brunswick	Certification Database, Department of Post-Secondary Education, Training and Labour	Number of certified PSWs is captured and available. There is also consideration of a new PSW registry.
Ontario	Financial databases and surveys	Past PSW registry is no longer active. New oversight body called the Health and Supportive Care Providers Oversight Authority for the registration of PSWs is being established.
Alberta	Health Care Aide Directory, managed by College of Licensed Practical Nurses of Alberta (CLPNA)	CLPNA anticipates updating data collection to align with CIHI's 2022 HHR MDS data standard and submitting data annually. *See the use case for more details.*
British Columbia	Health Sector Compensation Information System (payroll) data, managed by Health Employers Association of BC	Enrolment in BC Care Aide and Community Health Worker Registry is not mandatory; therefore, data is not comprehensive. Uses payroll data to support planning.
Statistics Canada	Census of Canada; Nursing and Residential Care Facility Survey; and labour-related surveys such as Labour Force Survey, Job Vacancy and Wage Survey, and Survey of Employment, Payrolls and Hours	National Occupational Classification (NOC) codes facilitate aggregate grouping of PSW-related professionals. *See the section on data standards for more details.*

Much like for other health care providers, both regulated and unregulated, there is no single data source that provides all the information needed to understand the supply and distribution, education, scope of practice, labour/employment and overall wellness of PSWs across Canada. All of this information is needed by planners and policy-makers to define models of care that generate good outcomes and ensure access to services now and in the future for people in Canada.

As a result, to ensure the ability to integrate data (irrespective of the source, which varies and provides details on different relevant aspects), the implementation of standards across data sources becomes the critical underpinning of usable data.

Facilitating usability

Data standards

Standardized data capture is necessary not only for comparability, but also to ensure accuracy, value and use. Standardization also supports advancement in system interoperability.

Since 2004, CIHI has worked with stakeholders to identify and validate HHR priority information needs and ascertain which data elements should be collected in a standardized fashion across Canada to support evidence-based planning and policy development. CIHI has developed expertise in the general data needed to support the information-based functions of HHR (monitoring, evaluation, planning and policy research) and publishes standards for data providers' use.

In 2019, CIHI started modernizing its HHR MDS data standard. The process involved extensive consultation with many stakeholders — including regulatory colleges, ministries, profession-specific groups and researchers — to understand what questions need to be answered, which in turn defines what data needs to be collected. Internally, it included modelling to achieve a single cross-professional data dictionary, align with enterprise and international data standards and incorporate relevant concepts such as virtual care.

The HHR MDS data standard is available on CIHI's website. This updated version of the HHR MDS improves the comparability and integration of data, allowing for high-quality linkable health workforce data across all health care professions to support pan-Canadian health workforce planning, policy development and research. To further facilitate data integration, CIHI's HHR MDS data standard is mapped to other standards such as Systematized Nomenclature of Medicine — Clinical Terms (SNOMED CT).[ii] SNOMED CT is a primary classification used in multiple data sources such as electronic medical records, which could provide insights into what care is being provided by codifying the delivery of services.

PSW-specific values were added to the HHR MDS by first identifying which data elements typically capture occupation-specific variations. PSW-relevant values for these data elements were created and validated through internal and external consultations. See Appendix C for details on the specific changes to the following data elements:

- Provider Type
- Provider Basic Education Level and Provider Highest Level of Education
- Provider Employment Place of Work
- Provider Employment Position

ii. SNOMED CT is a structured clinical vocabulary designed to be used in an electronic health record or electronic medical record system to allow a clinician to digitally capture diagnostic, procedural and related terms at the point of care.

The standard will be updated every 3 years and will continue to add relevant modules based on stakeholder information needs.

Work also continues to align different types of standards. This is imperative to integrating data sources, facilitating connections between people who provide care with those who receive care and measuring the outcomes generated.

PSW national education standards

CIHI's HHR MDS data standard's definition for PSWs has been aligned with the Colleges and Institutes Canada (CICan) National Occupational Standard for Personal Care Providers.[iii] Employment and Social Development Canada (ESDC) funded CICan to develop this standard. It was released in October 2022 and could serve as a baseline to help employees, employers and educators understand what workers need to know to succeed in different roles. It could also form the basis of a national education standard to help reduce skill gaps.

Provider classification standards

ESDC and Statistics Canada are the primary holders of the NOC[iv] codes.[7] Currently there is no single category to capture PSWs. Work has been done to define the 3 NOC codes under which PSW-type roles will fall, distinguished mainly by place of work, as follows:

- **33102:** Nurse aides, orderlies and patient service associates
- 33109: Other assisting occupations in support of health services (note that this code also includes professions unrelated to PSW roles)
- **44101:** Home support workers, caregivers and related occupations (note that this code also includes informal/unpaid caregivers, which is outside of the PSW scope)

CICan uses this combined categorization to distinguish PSWs in its education standard.

CIHI, ESDC and Statistics Canada will continue work to map NOC codes with the CIHI Provider Type classification (based on Canada Health Infoway's Healthcare Provider Role Type subset)[v] — a necessary step to integrate disparate data sources and facilitate data triangulation for analysis.[8]

iii. Personal care provider (PCP) is an alternative term for PSW.
iv. The NOC is the national reference for occupations in Canada. It provides a systematic classification structure that categorizes the entire range of occupational activity in Canada for collecting, analyzing and disseminating occupational data for labour market information and employment-related program administration.
v. A role type that is used to categorize an entity (e.g., registered nurse, chiropractor, physician, custodial care clinic) that delivers health care in an expected and professional manner to an entity in need of health care services.

Interoperability standards

To improve data quality, reduce the burden of data collection and optimize data flows across health systems, CIHI's expanded approach to standards development includes leveraging interoperable standards. Interoperability is the basic ability of systems and devices to exchange data and interpret that shared data. For 2 systems to be interoperable, they must be able to exchange data and subsequently present that data so it can be understood by a user. This enables timely access to health data and information for multiple purposes, promotes continuity of care and provides patients with secure access to their own health information. Canada Health Infoway proposes 3 types of interoperability standards in health care: content standards (e.g., CIHI's HHR MDS data standard); code systems (e.g., SNOMED CT, Logical Observation Identifiers Names and Codes [LOINC]);[9] and data exchange standards (e.g., Health Level Seven International [HL7] Fast Health Interoperability Resources [FHIR]).[10]

Based on CIHI's consultations, a preliminary definition (i.e., provider role) for PSWs has been added to Infoway's Healthcare Provider Role Type subset to promote data exchange for transferring and sharing data between health care providers.[8] These standards become the linchpin for interoperability of data.

Standards are a key component of data collection, data movement and data use. Next, a use case in Alberta will demonstrate steps toward achieving reliable, quality data about PSWs.

Use case

CIHI and Alberta pilot data

Alberta's HCA Directory is funded by Alberta Health and administered by the CLPNA. It went live on May 1, 2017. Its main purpose is to act as a database to gather information on HCA employment for workforce planning by collecting

- Relevant HCA demographics;
- HCA employment statistics; and
- HCA competency status per the *Continuing Care Health Service Standards, 2018*, including knowledge, behaviours, attitudes and skills.
  - HCA competency status is confirmed by the employer or by other evidence from sources, such as post-secondary institutions.

In 2022, CIHI and the CLPNA, with the approval of Alberta Health, entered a data-sharing agreement to share a pilot cut of HCA data to assess data quality, comparability and usability.

Using its comprehensive Information Quality Framework,[2] CIHI assessed the data submitted from 2018 to 2022 for

- Duplicate records;
- Missing values;
- Invalid values;
- Inconsistencies between related variables; and
- Comparison with CIHI's HHR MDS data standard.

A data quality report was fed back to the data provider to help improve the robustness and usability of the data, including recommendations for future improvements to the directory. It outlined the need to build quality and logical checks into the registration system.

One advantage of Alberta's HCA Directory is that it aligns with CIHI's HHR MDS data standard for LPNs, which optimizes comparability of the data. However, because HCAs are not regulated, additional non-standardized data elements are included (e.g., certification status), highlighting the need for application of CIHI's 2022 HHR MDS.

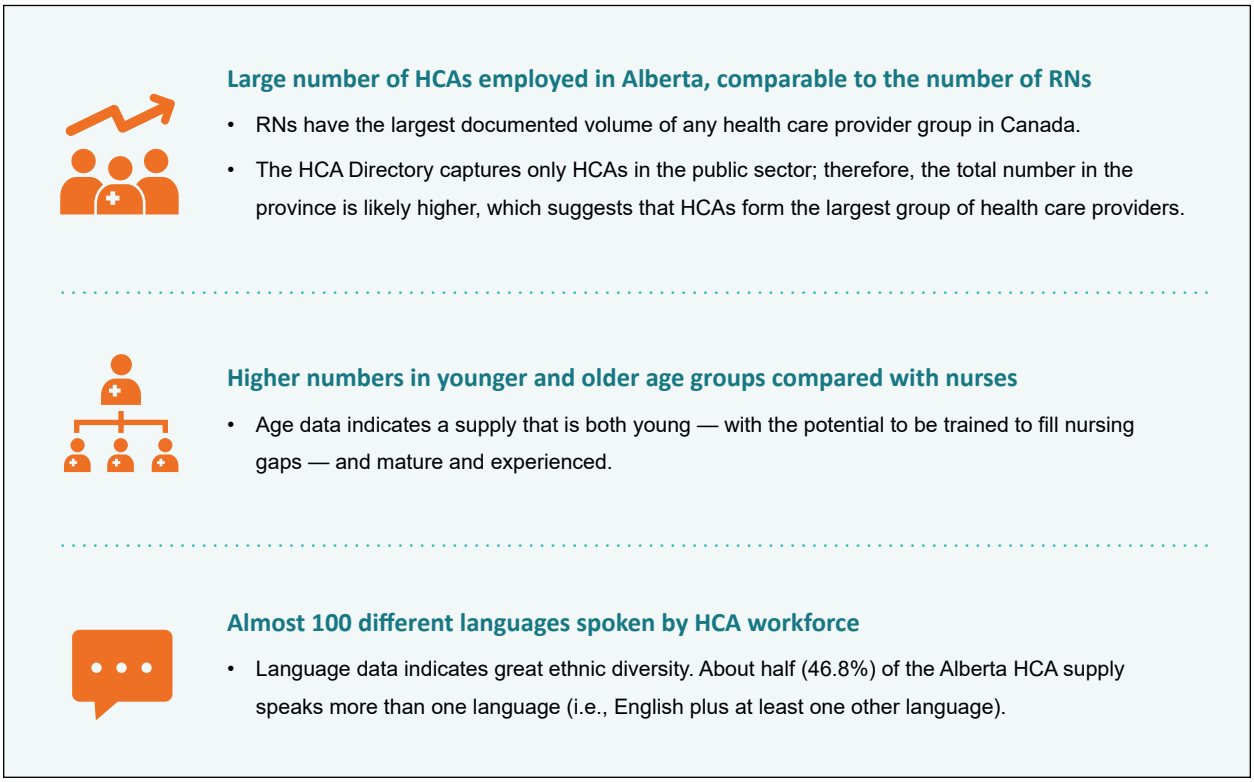
Analyses were then conducted using all data elements submitted to determine the robustness, completeness and usability of each. Certain data elements, such as those associated with education and employment, posed challenges, given the flexibility of entering this information at the point of capture. Comparisons were made with nursing professionals in Alberta, where possible, using data regularly collected by CIHI. The value of comparison across groups of professionals was thus demonstrated, including how it can be improved with a fully comparable data standard.

Additional key findings from the data quality assessment include the following:

- It is important to use clear terminology and to validate the data in the enrolment system.
- Education and employment data elements were most affected by missing or invalid values.
- Demographic data was more complete.
- Where common standards were used, data is more usable and is comparable with nursing data.

Following completion of the pilot assessment, CIHI facilitated a joint meeting among the CLPNA, Alberta Health and Alberta Health Services; CIHI shared the results of the data quality assessment and some key findings where data quality was reliable to demonstrate the usefulness of the data. See Figure 1 for examples of key findings.

Figure 1 Use case: Key findings from Alberta's HCA Directory, 2022



Notes
HCA: Health care aide.
RN: Registered nurse.
"Supply" refers to all HCAs in the directory who are eligible to practise in an occupation or profession in the given year, regardless of whether or not they are employed.
Source
Health Care Aide Directory, College of Licensed Practical Nurses of Alberta.

See Appendix D for a profile of a typical HCA working in Alberta in 2022.

The CLPNA has expressed interest in updating its data collection standard to align with CIHI's 2022 HHR MDS data standard for both its HCA and LPN membership. This will include improvements such as

- Equity measures;
- Increased specificity of employment characteristics; and
- Facilitation of cross-professional comparison and analysis.

These enhancements and others will enable more robust analysis and data integration across professions and with other administrative data, such as clinical outcomes.

Moving forward

Recommendations

A one-size-fits-all solution to advance comparable pan-Canadian data for the mostly unregulated profession of personal support work will be challenging. To date, various jurisdictions have moved forward with different solutions to address their need for better data. Flexibility and standardization are key to making progress and facilitating a comparable pan-Canadian picture.

Based on consultations with stakeholders and analysis of pilot data, CIHI recommends 5 actions to make progress on standardized, comparable pan-Canadian PSW data:

1. Build data collection models that ensure data quality and usability. Target and ensure appropriate data management practices, including data quality checks and the use of an information quality framework such as *CIHI's Information Quality Framework*.[2]
2. Implement a pan-Canadian content data standard into data collection models (e.g., CIHI's HHR MDS data standard). This will promote comparability across jurisdictions and facilitate integration of data/information across professions and data sources.
3. While building jurisdictional data collection models, triangulate current data sources to support planning and to provide a high-level pan-Canadian picture of PSW supply and distribution (e.g., provincial data where it exists; Statistics Canada survey data, ensuring consistent use of appropriate NOC codes).
4. Invest in technical/exchange data standards and a national interoperable health workforce data platform to improve timeliness, integration, accessibility and use of data by stakeholders across the health care ecosystem.
5. Don't wait for perfection — collect, report, use and improve. Using and scrutinizing data promotes better data quality.

Next steps

As the demand for health care grows and changes, understanding the health workforce landscape — including aspects such as supply, distribution, education, scope of practice, compensation and job satisfaction — is necessary to guide jurisdictions in their planning and policy implementation to influence growth, recruitment and retention. PSWs are a significant proportion of the health workforce, yet their roles, responsibilities and exact numbers remain unknown, even though they care for some of Canada's most vulnerable populations.

For this reason, an increasing number of jurisdictions are working toward different models of data collection, such as regulation, implementation of registries and use of alternate sources such as payroll/HR data. CIHI will continue exploring these sources to better address key

priority information needs and inform policy. Exploring, understanding and validating these new data sources will be prioritized to promote alignment with CIHI's HHR MDS and ensure comprehensiveness and usability.

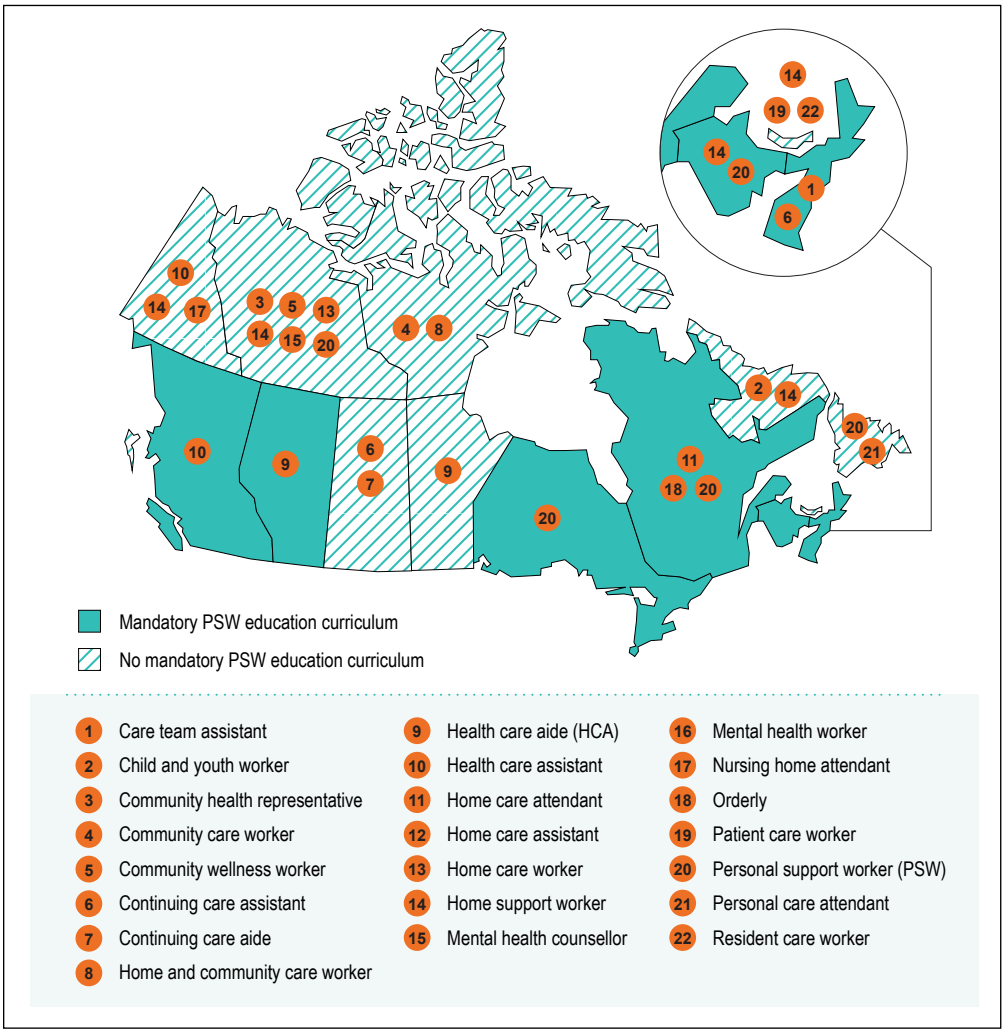
CIHI will continue to work with federal, provincial and territorial stakeholders and partners to facilitate the growth of comparable pan-Canadian data on PSWs and other health professionals. The pace of growth in advancements of standardization, comprehensiveness, timeliness and accessibility of usable data and information will be heavily influenced by the level of investment, coordination and leadership across Canada's health ecosystem.

Appendices

Appendix A: Personal support worker–related job titles and education curriculums across Canada

This map shows the various titles used across the country and where there are mandatory education curriculums.

Figure A1 PSW-related job titles and education curriculums, by province and territory



Note

This map includes PSW-related job titles used across Canada, as found in an environmental scan completed in 2018. These titles might be present in the health and/or social services sectors. For those provinces that have mandatory education curriculums, only PSW-related job titles that are obtained through the mandatory education curriculums are reflected in this map. Therefore, not all titles present in the workforce are captured in this map.

Source

Canadian Institute for Health Information. *Environmental Scan of Unregulated Healthcare Providers in Canada* [unpublished document]. 2018.

Appendix B: List of stakeholder consultations

The following organizations and jurisdictions were consulted in 2021 and 2022.

Ministries of health

Newfoundland and Labrador Department of Health and Community Services

Prince Edward Island Department of Health and Wellness

Nova Scotia Department of Health and Wellness

New Brunswick Department of Health

Quebec Ministère de la Santé et des Services sociaux

Ontario Ministry of Health

Manitoba Health

Saskatchewan Ministry of Health

Alberta Ministry of Health

British Columbia Ministry of Health

Yukon Department of Health and Social Services

Northwest Territories Department of Health and Social Services

Nunavut Department of Health

Long-term care associations

Ontario Long Term Care Home Association

Long Term and Continuing Care Association of Manitoba

Others

Canadian Support Workers Association

Colleges and Institutes Canada

Committee on Health Workforce, PSW Subcommittee, Health Canada

HealthCareCAN

Ontario Personal Support Workers Association

SE Research Centre

University of Waterloo

Appendix C: Personal support worker data standards

The following table summarizes the edits to CIHI's HHR MDS data standard that allow capture of PSW data.

Table C1 PSW-related data elements in CIHI's HHR MDS

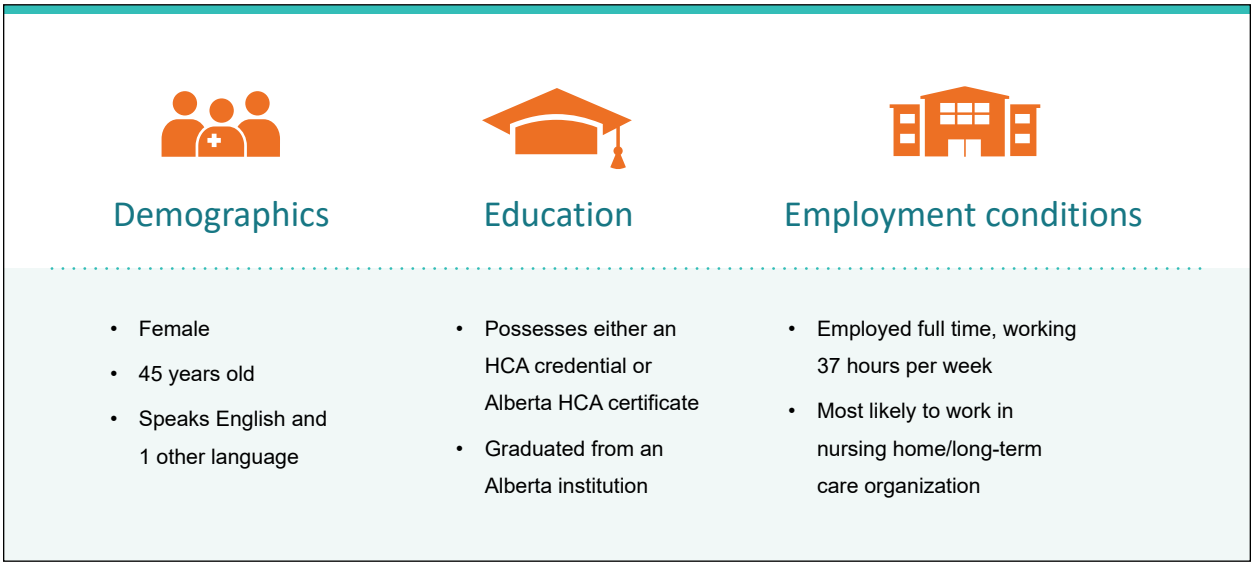
Data element	Value labels added	Definition	Rationale
Provider Type	• Personal support worker	**Personal support worker:** Workers employed/paid to provide personal care, such as assistance with activities of daily living, instrumental activities of daily living and related health services. This category encompasses numerous positions such as continuing care assistants/aides, personal/health care aides/assistants, nurse aides/assistants, and home and community care workers. Exact position titles and scopes of work vary across Canada and are changing over time.	There were previously 2 provider types in the CIHI Reference Data Model: *home support worker* and *nurse aide/health care aide*, distinguished by place of work. *Personal support worker* was created to replace the 2 pre-existing categories. Colleges and Institutes Canada's National Occupational Standard for Personal Care Providers may result in a new national definition for PSWs, which CIHI would adopt into its HHR MDS.
Provider Basic Education Level and Provider Highest Level of Education	• Certificate • High school or secondary school degree — complete • Some secondary or high school education	**Certificate:** Certificate (or equivalency) conferred by a college or university, a non-academic organization or an employer. **High school or secondary school degree — complete:** A high school or high school equivalency certificate. **Some secondary or high school education:** Some high school but did not graduate.	Education and training requirements for PSWs, if any, vary vastly across jurisdictions (in contrast to those for other health care professionals currently captured by CIHI). For some employers, high school or grade 10 education (i.e., proof of language proficiency) is sufficient. As such, it was necessary to add *high school or secondary school degree — complete* and *some secondary or high school education* to this data element. While today most PSWs entering the workforce are required to have some basic level of education, some individuals' work experience may be certified by the government or employer rather than an academic organization. *Certificate* was added to reflect this.

Data element	Value labels added	Definition	Rationale
Provider Employment Place of Work	• Assisted-living residence • Rehabilitation facility	**Assisted-living residence:** Centre where residents require nursing and personal care on a continuous basis, with medical service as required. **Rehabilitation facility:** A health care facility/ hospital that has as its primary focus the post-acute, inpatient and outpatient rehabilitation of individuals.	Consultations resulted in the following suggestions: • Label elder living or retirement centre places of work *assisted-living residences*, as this term is better known. • Update *rehab hospital* to *rehabilitation facility* to aid in the value mapping process.
Provider Employment Position	• Direct care provider	**Direct care provider:** Major role is the direct delivery of care and services, including case management and/or consultation.	Consultations confirmed that PSWs mainly provide direct care.

Appendix D: Profile of a typical HCA working in Alberta, 2022

This figure describes a typical Alberta health care aide.

Figure D1 A profile of a typical HCA, Alberta, 2022



Note
HCA: Health care aide.
Source
Health Care Aide Directory, College of Licensed Practical Nurses of Alberta.

Appendix E: Text alternatives for figures

Figure E1 and Figure 1: Use case: Key findings from Alberta's HCA Directory, 2022

Large number of HCAs employed in Alberta, comparable to the number of RNs.

- RNs have the largest documented volume of any health care provider group in Canada.
- The HCA Directory captures only HCAs in the public sector; therefore, the total number in the province is likely higher, which suggests that HCAs form the largest group of health care providers.

Higher numbers in younger and older age groups compared with nurses

- Age data indicates a supply that is both young — with the potential to be trained to fill nursing gaps — and mature and experienced.

Almost 100 different languages spoken by HCA workforce

- Language data indicates great ethnic diversity. About half (46.8%) of the Alberta HCA supply speaks more than one language (i.e., English plus at least one other language).

Notes
HCA: Health care aide.
RN: Registered nurse.
"Supply" refers to all HCAs in the directory who are eligible to practise in an occupation or profession in the given year, regardless of whether or not they are employed.
Source
Health Care Aide Directory, College of Licensed Practical Nurses of Alberta.

Figure A1: PSW-related job titles and education curriculums, by province and territory

Province/territory	Mandatory PSW education curriculum	Job titles
Newfoundland and Labrador	No	• Child and youth worker • Home support worker • Personal care attendant • Personal support worker (PSW)
Prince Edward Island	No	• Home support worker • Patient care worker • Resident care worker
Nova Scotia	Yes	• Care team assistant • Continuing care assistant
New Brunswick	Yes	• Home support worker • Personal support worker (PSW)
Quebec	Yes	• Home care attendant • Orderly • Personal support worker (PSW)
Ontario	Yes	• Personal support worker (PSW)

Province/territory	Mandatory PSW education curriculum	Job titles
Manitoba	No	• Health care aide (HCA)
Saskatchewan	No	• Continuing care aide • Continuing care assistant
Alberta	Yes	• Health care aide (HCA)
British Columbia	Yes	• Health care assistant
Yukon	No	• Health care assistant • Home support worker • Nursing home attendant
Northwest Territories	No	• Community health representative • Community wellness worker • Home care worker • Home support worker • Mental health counsellor • Personal support worker (PSW)
Nunavut	No	• Community care worker • Home and community care worker

Note
This table includes PSW-related job titles used across Canada, as found in an environmental scan completed in 2018. These titles might be present in the health and/or social services sectors. For those provinces that have mandatory education curriculums, only PSW-related job titles that are obtained through the mandatory education curriculums are reflected in this table. Therefore, not all titles present in the workforce are captured in this table.
Source
Canadian Institute for Health Information. *Environmental Scan of Unregulated Healthcare Providers in Canada* [unpublished document]. 2018.

Figure D1: A profile of a typical HCA, Alberta, 2022

Demographics

- Female
- 45 years old
- Speaks English and 1 other language

Employment conditions

- Employed full time, working 37 hours per week
- Mostly likely to work in nursing home/long-term care organization

Education

- Possesses either an HCA credential or Alberta HCA certificate
- Graduated from an Alberta institution

Note
HCA: Health care aide.
Source
Health Care Aide Directory, College of Licensed Practical Nurses of Alberta.

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