CLOSING THE GAP:
From Task   Caring
Nursing Support Staff

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“Governments and employers must accept the responsibility for harnessing and maximizing the potential of all levels/categories of employees.”

In health care the time has come to ensure that the potential of the contribution of Unlicensed Assistive Personnel to impact quality patient care is harnessed and maximized.
The value of the contributions of this cadre of staff is well known and appreciated in The Bahamas as well as the world.

Despite this value and rapidly increasing number of personnel in this level of staff, the drive to increase and strengthened the contribution of this group has only recently taken centre stage.
RCN: NHS healthcare assistants' training 'unacceptable'

Peter Carter said healthcare assistants were employed to help nurses with basic tasks like washing and feeding, but ended up doing much more.

Many hospitals employ healthcare assistants as opposed to registered nurses, and many of them don't give them as much as an hour's training.

He said spending on regulation and proper training would prove a wise investment.

The government intends to establish the Professional Standards Authority for Health and Social Care (currently the CHRE) as the national accrediting body for a system of assured voluntary registers for groups that are currently not subject to statutory professional regulation, which includes healthcare assistants.
The Royal College of Nursing (RCN) welcomes the amendment, tabled by Earl Howe, to the Care Bill to introduce mandatory training and certification of health and care assistants. (Published: 22 October 2013).

This we believe, with Peter Carter, 2013 (Chief Executive & General Secretary of the RCN) that the amendment is good news for health care assistants and good news for patients.

**In The Bahamas:** Interview with a newly qualified Patient Care Assistant revealed that she felt powered, appreciated, and happy to have completed the programme. She indicated that she now understands why she is not just doing tasks but actually caring for the patient.

The Caribbean Region and The Bahamas are not far behind in formally training and regulating its support staff.
AIM of This Presentation is

- Clarify who are the Unlicensed Assistive personnel in The Bahamas.

- Share the Public Hospitals Authority strategic actions to:
  - improve the contribution

- Close the gap from task to caring regulate the Support Staff which has existed in its institutions since the early 1940s as Nursing Auxiliaries, and Attendants.
Who are these Unlicensed Assistive Personnel?

They are called various names depending on the continent, country, city, and town. Preparation just as varied, ranging from being thrown in to learn as best they could to formal training certification examination, USA.

Criteria for entry: just as varied ranging from no or very little schooling, high school graduation.

Work along side the RN and other health care professional making an enormous contribution to the safety and comfort of the patients/clients, freeing up the RN to deal with more complex and acute care.
Number of Nurses: approximately 1,500
Population of approximately 350,000
Island Nation of 700 islands and cays, covering over 100,000 square miles.

Nursing’s potential, skills and knowledge must be used to the fullest extent for The Bahamas to achieve quality Health care
Junkanoo Main Cultural event in The Bahamas-Christmas and New Years

Population under 4 hundred Thousand 2010 Census African Race, Primer and 40 years of independence
Total Number of PCAs, Nursing Support Staff in PHA, December 2013: 369
Clarification: Unlicensed Assistive Personnel in The Bahamas

1. Called Porters, Attendants, Nursing Auxiliaries, Nursing Assistants, Certified Nursing Assistants, Patient Care Assistants and Patient Care Technicians.

2. In Nursing: referred to as Nursing Support staff including: Porters, Attendants, Nursing Auxiliaries, Nursing Assistants, Certified Nursing Assistants and Patient Care Assistants
3. How are they prepared:

- No training, some on the job training depending on the area of work; structured introductory training: Mental Health, Community health, Gerontology and some universal Precautions technique.

- Formal Programmes for training Patient Care Assistants/Technician/Certified Nursing Assistants Hand washing, Teaching in up to Introduction to Mental Health to ensure that their contributions are positively impacting the care of the patient.

- Training/awareness was started in the Psychiatric and Geriatric Area, SRC since the early 1960s, out of a dire need in custodial care.
How do they function?
Under the direct supervision of the RN (Team Leader)

Some duties:
❖ Provide basic care; assist with daily Living activities; prepares patients room for admission; Clean the patient environment
❖ Escort duties and sits with patients and assist with discharge patients
❖ Manage the linen count on wards and completes errands
❖ In Specific Community clinics assists the Physician

Who monitors their training or their practice?
Nurses assumed this role, recognizing the need to provide some “on the job training” and assessment of performance.
Public Hospitals Authority strategic actions to:

- improve the contribution;

1. Establish a committee with membership for all Institutions consisting of HR, Nursing and Administration

2. **Methodology:**
   a. Situational analysis: to identify the gaps
      ▪ Assessment of the Nursing Support staff
      ▪ Assessment of existing documented Training/Awareness programmes
      ▪ Review Job description & Career Path

3. **Sought stake holder views:** RNs, Union, Administrators and the Public.

4. **Reviewed literature** and experiences in the Region and the World
Assessment findings:

Differences in individuals presenting for employment now:

• all have evidence of completing Secondary School.
• younger age group entering the Cadre
• Increased Educational Level
• the desire to improve professionally
• Many viewed their functioning as work and tasks which had limited value to the care of the patient.
• **Gaps in training/Awareness programmes**

  i. **Unstructured** and of varying lengths: 2hrs to 14 days

  ii. **Lack standardization throughout the Organization**
      - Ranged from Into to Mental Health, Psychiatry, Community
      - Health care, Gerontology, assisting in theatre, basic
      - Universal Precautions, Cleaning of Equipment: respirators, incubators, and dialysis machines to phlebotomy, and
      - to assisting with recording ECGs

  iii. **Facilitators** had little or no Curriculum development and or teaching skills
Gaps in training /awareness cont’d

iv. Content lacked:

- Vision, Mission, Goals and Policies of the organization
- Basic Anatomy & Physiology with Introduction to specific conditions
- Professionalism, Confidentiality, Observations, Documentation and Reporting
- The Health Care Team and the Role of Support staff
- Communication with patients, relatives and colleagues
- Internship: Transition into the role of the Support staff.
- Contribution of the PCA to patient care
Gaps identified in:

- **Job description**: not standardized, depended on where you worked and no competencies.

  **Career Path**: not documented and promotion was a practice, depended on where you were deployed

3. **Stake holder views**: Stake holders agreed RNs, Union, Administrators and the Public

4. **Literature Reviewed** and experiences in the Region and the World: Caribbean Training Agency and NNA overseer training and Regulation.
   The USA & UK has Training, licensing and Certified Institutions/ Authorities
Closing the Gap: from task to caring

1. Standardized COMPETENCY BASED TRAINING PROGRAMME was developed inclusive of:

   - Total Course Hours: **462** hours
     - **Theory Hours**: 182 hrs.
     - **Clinical Hours**: 280 hours

   - Internship: **Three (3) weeks**

   - Training: BLS
Focus of the Curriculum for Training Programme

1. Understanding the Role and scope of practice and contribution of a Patient Care Assistant to healthcare team Caring /management of the client
2. Demonstrate effective, professional communication with patients/clients, visitors and all members of the healthcare team.
3. Demonstration confidentiality, caring, supportive and safe care of patients/clients.
4. Increasing knowledge & skills
5. Mentoring for the development of positive attitudes during a structured Internship.
2. Revised the JOB DESCRIPTION, RESULTS ORIENTATED, based on the competencies:

- Assisting with patient care activities and support
- Providing and maintaining a clean environment
- Maintaining an acceptable level of Performance
- Performing other assigned duties
3. **CAREER PATH with NAME CHANGE** to Patient Care Assistant with improved Remuneration:

   PCA Level 111: Reclassification of all present employees with name change to
   PCA Level 11: Promotion for persons completing the New
   PCA Level 1: Room for promotion based on performance and vacancy

4. **COMMUNICATION STRATEGY**:

   To maximize the improved role of the PCA through stakeholders & Staff awareness and buy in.
5. Regulation of the Patient Care Assistant (50 years later)

a. Preparation for Submission of a Proposal to the Health Professional Councils outlining Competencies Standards for the Following:
   ✓ Training Institutions for PCAs
   ✓ Facilitators Qualifications for Preparing PCA’s
   ✓ PCA Training Standards and Competencies
   ✓ PCA Certification Examinations

b. Liaison with agencies in US and UK for External Certification.

c. Position Paper to Corporate Office for informing the Union outlining Methodology of the process for the Change in Name, Uniform, Job Description and implementing the new Career path

d. Preparation and submission of Cabinet paper for Cabinet approval.
Newly qualified and reclassified Patient Care Assistant with Senior Nursing Officer, Bahamas
Impact as seen in the eyes of A PCAs:

1. Learnt a loot, especially about the body and how it functions and changes during illness.

2. Hearing the Ward report can now connect the information with caring for the patient.

3. Has more knowledge and knows when it is normal and abnormal and why this must be reported immediately to the supervisor.

4. She is now more happy when patients go home as she can share more in their joy as she knows that she helped with their care.

5. Desires to continue to become a patient care technician.

6. Now empathizes/feels more for the patient.

7. Happy she did the programme and recommends that all her colleagues to be trained as PCAs.

THANK YOU!