

Alberta Health

Alberta Health Care Aide Competency Profile

Health Workforce Planning and Accountability
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TABLE OF CONTENTS

I. Health Care Aide Workforce	3
II. Health Care Aide Competency Profile	3
III. Competency Profile Review Process.....	5
IV. Competency Profile Domains	6
Domain 1: HCA Role and Responsibility	6
Domain 2: Provision of Care	7
Domain 3: Collaborative Care	8
Domain 4: Communication	8
Domain 5: Health Across the Life Span	9
Domain 6: Safety	9
APPENDIX A: Glossary.....	10

I. Health Care Aide Workforce

In Alberta, the title “*health care aide*” applies to unregulated, direct client service providers who provide basic health services and assistance/support with activities of daily living for clients who have medical conditions or major functional limitations. Health Care Aides (HCAs) work with clients who have chronic and/or complex medical conditions, physical and/or cognitive disabilities, and who require palliative and end-of-life care. HCAs provide basic personal care and health services in all health sectors.

HCAs are not a self-governing health profession and must work under the supervision of a regulated health professional while delivering health care services. They are responsible for providing care within the boundaries of their competency and education. The range of care provided by HCAs is determined by individual clients and/or client populations, the care setting, the competency of the individual HCA, employer policies and guidelines and, when applicable, provincial legislation.

II. Health Care Aide Competency Profile

The *Alberta Health Care Aide Competency Profile (2018)* replaces the *Health Care Aides Competency Profile (2001)*. It outlines the knowledge, skills, behaviours, and attitudes required by all HCAs who deliver care in Alberta. The core competencies were developed to be transferable across all practice settings and client populations. Competencies not included in this profile are not considered core and may be attained via work experience, and/or additional education.

The purpose of the HCA Competency Profile is to:

- Outline core competencies for HCAs in Alberta;
- Provide the foundation upon which to build the Provincial HCA Curriculum;
- Provide guidelines for developing competency assessment tools and methods;
- Provide reference for developing HCA job descriptions; and
- Act as a resource to assist the HCAs, the public, employers, and other health care team members to understand HCA core competencies.

This HCA Competency Profile is not intended to:

- Outline HCA competencies that are not considered core; or
- Apply to other types of personal support workers.

This HCA Competency Profile is presented under the following six key competency domains required for the delivery of safe, competent, and ethical HCA care:

1. HCA Role and Responsibility
2. Provision of Care
3. Collaborative Care
4. Communication
5. Health Across the Life Span
6. Safety

¹Commonly used HCA job titles in Alberta: community health worker, home support worker, nursing aide, nursing assistant, nursing attendant, resident assistant and residential worker.

The six domains are further broken down to reflect specific competencies required of HCAs. Although many competencies may be suitably placed under more than one domain, they are identified in a single domain for the sake of clarity. The HCA Competency Profile does not list specific tasks or procedures as these can quickly become out-dated as a result of health care system changes and the expanding role of the HCA in Alberta. The *Government of Alberta Health Care Aide Provincial Curriculum* addresses required clinical skills and procedures.

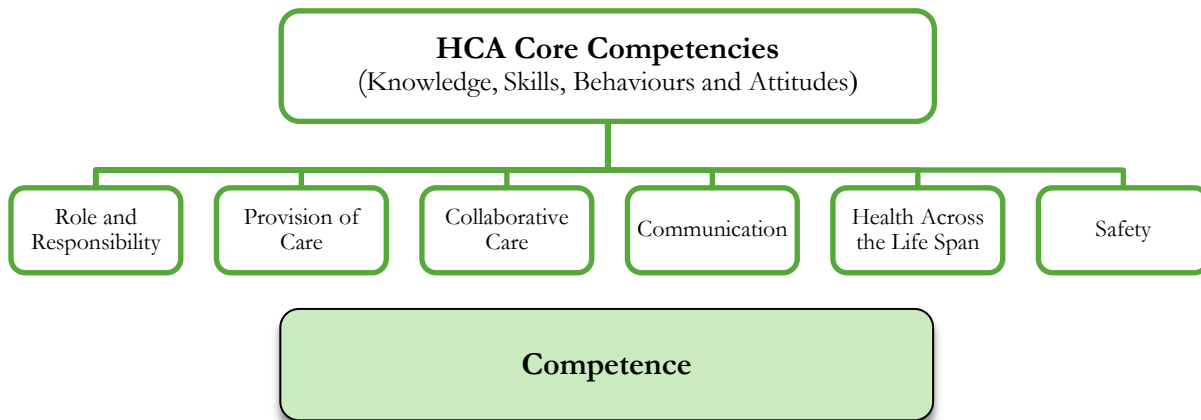


Figure 1: HCA Core Competency Framework

III. Competency Profile Review Process

This Competency Profile was developed with the expert advice of the Provincial HCA Competency Advisory Committee. This Committee is comprised of industry and provincial leaders in the areas of HCA education and health care service delivery (e.g., Alberta Health, Advanced Education, Alberta Health Services and service provider agencies).

The following principles guided the review and development of the *Alberta Health Care Aide Competency Profile (2018)*:

- Core competencies support practice in acute and continuing care settings and represent the foundational competencies required to practice in Alberta;
- Core competencies reflect best practices to support the evolving role of the HCA in Alberta's changing health care system;
- Competencies support a collaborative practice approach; and,
- Competencies focus on the delivery of health care.

The following steps were taken to develop the HCA Competency Profile, 2018:

- Utilized the *Health Care Aides Competency Profile (2001)* as the foundation upon which the *Draft Health Care Aide Competency Profile (2018)* was developed.
- Conducted a review of national and international documents related to HCA core competencies, HCA educational standards, and cultural competencies to serve as a benchmark for comparison and inclusion.
- Developed the Draft *Alberta Health Care Aide Competency Profile (2018)* over the course of four facilitated sessions.

Once developed, the Draft *Alberta Health Care Aide Competency Profile* was sent to a broad selection of key stakeholders for detailed feedback. This version (2018) amalgamates stakeholder feedback.

IV. Competency Profile Domains

Domain 1: HCA Role and Responsibility

This domain refers to understanding the role and responsibility of HCAs.

Core Competencies:

- 1.1 Understand and perform competencies as defined by this competency profile, activities noted in the job description, employer policies and procedures, applicable legislation or standards and within personal competency levels.
- 1.2 Demonstrate professionalism, responsibility, and accountability for actions.
- 1.3 Demonstrate organizational, time-management, and problem-solving skills.
- 1.4 Demonstrate conflict management skills.
- 1.5 Understand and demonstrate the principles of privacy and confidentiality.
- 1.6 Recognize the importance of personal wellness and self-care, and use strategies to promote personal well-being.
- 1.7 Utilize feedback and self-reflection to continuously improve on the competencies defined in this profile.
- 1.8 Understand the HCA role within the health system, and the range and boundaries that apply to that role.

Domain 2: Provision of Care

This domain refers to application of the knowledge, skills, and abilities required to deliver person-centred care, which includes recognizing and supporting the unique needs and abilities of the client. Care activities in this domain are directed to supporting, promoting, and maintaining the health and well-being, safety, independence, and comfort of the client. HCAs provide care under the supervision of a regulated professional and follow the client's care plan.

Core Competencies

- 2.1 Demonstrate an understanding of the client's care plan and the role of the HCA in implementing the care plan.
- 2.2 Utilize knowledge of growth and development, the aging process, and related health conditions when implementing the care plan.
- 2.3 Encourage and support the client's efforts to maintain and/or enhance their health, wellness, independence and quality of life.
- 2.4 Promote the client's ability to guide and participate in their own care to the greatest degree possible.
- 2.5 Provide individualized, age appropriate, person-centred care, with a focus on physical, psychological, social, emotional, cognitive, cultural, and spiritual support.
- 2.6 Recognize and respect the client's uniqueness, diversity, rights, and concerns and their ability to make choices, take risks, and have control over their life.
- 2.7 Provide medication assistance as assigned by a regulated health care professional.
- 2.8 Demonstrate the ability to provide basic palliative and end-of-life care.
 - 2.8.1 Demonstrate sensitivity, compassion, and respect for the client's beliefs and cultural traditions related to death, dying, and end-of-life care.
- 2.9 Demonstrate an ability to care for and communicate with clients with cognitive, and/or mental health and addictions challenges.
 - 2.9.1 Recognize and respond appropriately to the client displaying responsive/changing behaviours.
- 2.10 Report and/or record client information in accordance with employer documentation standards and guidelines.

Domain 3: Collaborative Care

This domain refers to the ability to work collaboratively with the client, family, and all other members of the health care team to set and achieve common goals and provide safe, competent, and ethical care.

Core Competencies:

- 3.1 Communicate the role and responsibilities of the HCA to the client, the family, and other health care team members.
- 3.2 Understand the role of each member of the health care team, including the client and/or family.
- 3.3 Participate in the development and revision of the client's care plan.
- 3.4 Report changes in the client to the appropriate regulated health care team member in a timely manner.
- 3.5 Understand when to seek assistance and information from health care team members and demonstrate this ability.

Domain 4: Communication

This domain refers to the knowledge and skills required to develop, build, and maintain collaborative working relationships with the client, family, and other members of the health care team.

Core Competencies:

- 4.1 Demonstrate appropriate communication with the client, family, and other members of the health care team.
 - 4.1.1 Utilize active listening skills to communicate with the client, family, and other members of the health care team.
 - 4.1.2 Recognize, interpret, and respond appropriately to non-verbal cues.
 - 4.1.3 Recognize and adapt communication style to address client barriers to communication. Barriers could include vision, hearing, speech, and language disorders, including clients with cognitive impairment and/or mental health and addictions challenges.
 - 4.1.4 Use tone, verbal, and non-verbal communication that demonstrates respect, promotes the client's dignity, and is culturally appropriate.
- 4.2 Demonstrate proficiency in comprehension of the English language, including verbal and written communication.
 - 4.2.1 Communicate through a variety of methods: written (electronic/paper, client chart and emails), verbal (telephone and in person).
- 4.3 Demonstrate effective use of information technology appropriate for health care settings.
- 4.4 Identify and demonstrate use of verbal and nonverbal communication techniques and interventions to address responsive behaviours.
- 4.5 Use health care terminology as it relates to the HCA role.

Domain 5: Health Across the Life Span

This domain refers to the theoretical concepts, principles and knowledge required to promote physical, cognitive, psychological, cultural, social, and spiritual health and well-being of the client.

Core Competencies:

- 5.1 Demonstrate knowledge of the basic principles of growth and development, the aging process, and psychosocial dimensions of health across the life span.
- 5.2 Demonstrate knowledge of basic anatomy and physiology.
- 5.3 Demonstrate an understanding of the client's strengths, needs, rights, preferences, and expectations, and their willingness and ability to participate in their care.
- 5.4 Demonstrate an understanding of the health care team's responsibility with regard to advocacy in supporting the client to achieve optimal quality of life.
- 5.5 Demonstrate knowledge of culturally competent care by recognizing and respecting the client's unique physical, cognitive, psychological, cultural, social, and spiritual needs.
- 5.6 Demonstrate knowledge of common effects of aging, as well as the effects of acute and chronic health conditions of the client.
 - 5.6.1 Demonstrate appropriate interaction with clients who experience cognitive, behavioural, and psychological impairment (e.g., dementia and/or delirium).

Domain 6: Safety

This domain refers to providing care and services that promote and maintain the health and well-being of the client. It also refers to preventing harm to the client, HCA and/or members of the health care team.

Core Competencies:

- 6.1 Prevent, recognize, and respond to emergencies, safety hazards, and unsafe situations that may endanger the HCA and/or the client.
- 6.2 Recognize and respond to potential risks in order to prevent harm and avoid injury to the client, self and others.
- 6.3 Recognize and report signs of abuse and/or neglect.
- 6.4 Report and document incidents, adverse events and/or near misses according to practice setting guidelines and policies.
- 6.5 Demonstrate infection prevention and control principles, and adhere to practice setting guidelines and policies.
- 6.6 Demonstrate the ability to operate health equipment safely.
- 6.7 Demonstrate safe use of body mechanics and patient handling techniques.
- 6.8 Understand and demonstrate the principles of safe food handling and safe meal time assistance.

APPENDIX A: Glossary

Abuse:

Injurious, unethical, criminal, or improper treatment of a person by a caregiver or another person in a relationship involving an expectation of trust. This may include physical, sexual, financial emotional/psychological abuse and/or neglect/self-neglect.

Accountable:

Required or expected to explain rationale for actions taken or not taken that is consistent with the responsibility for which the individual is employed.

Activities of Daily Living (ADLs):

An activity that individuals normally perform on their own behalf to maintain their health and well-being, and include

- i) routine and invasive self-care activities, including but not restricted to the removal of slivers and the cleaning of wounds, and
- ii) specifically taught procedures, which generally result in predictable and stable responses, including but not restricted to catheterization, maintenance of drainage tubes and administration of drugs by injection²

The ability or inability to perform ADLs can be used as a very practical measure of ability/disability.

Adverse Event:

An unintended injury or complication which results in disability, death or prolonged hospital stay and is caused by health care management (CIHI, 2004).

Age Appropriate Care:

Care is tailored to a client's physical and mental attributes and capacities, which are based in part on the client's age and their stage of psychosocial development. All individuals with client contact have the education and training related to the characteristics and needs of the age groups they come in contact with and are able to respond to age specific health care issues.

Aging Process:

Aging is a continuous, complex, and dynamic process that begins with birth and ends with death.

Assign:

To transfer responsibility for completion of a task or set of tasks to another health care provider³

Assignment of Care:

Assignment means, the selective designation of specific responsibilities for client care within employer policies, legislative scopes of practice, competencies of the health-care provider and environmental supports.⁴ Assignment of care facilitates the right care at the right time by the most appropriate provider. It enables and supports all care providers to function at their highest scope of practice or job description for a greater percentage of time.

In most instances a nurse (RN, RPN or LPN) is accountable for the assignment and supervision of work (care) and will determine if a particular activity can be assigned to the HCA with consideration of the patient, the environment and the individual HCA's knowledge and

² Schedule 7.1 Government Organization Act, 2010

³ Decision-Making Standards for Nurses in the Supervision of HCAs, 2010.

⁴ Assignment of Client Care Guidelines for Registered Nurses May 2014

competency. HCA's are accountable for the activities assigned to them, within the boundaries of their knowledge and competency, and are responsible to ask the health care professional for assistance if they are unsure.

Care Plan:

A written working document developed by the health care team that includes a client's assessed unmet health care needs, related health care goals and interventions.

Client:

An individual or group of individuals who require personal care and support services from HCAs. In some clinical settings, the client may be referred to as a patient or a resident. Where this term is used, it should be taken to mean anyone receiving care, including family members.

Collaborative Care:

Also known as "collaborative practice" is an approach that enables health care providers to deliver high quality, safe, person-centred services to achieve the best possible individual health outcomes.⁵

Communication Technology:

Is an umbrella term that includes any communication device or application, encompassing: radio, television, cellular phones, computer and network hardware and software, as well as the various services and applications associated with them, such as videoconferencing and distance learning.

Competencies:

The specific knowledge, understandings, skills, values, and judgments used by HCAs in order to provide safe, proficient care in a variety of institutional and community settings.⁶

Conflict Management:

Various ways in which individuals or institutions address conflict (e.g., interpersonal, work) in order to move toward positive change and growth. Effective conflict resolution requires critical reflection, diplomacy, and respect for diverse perspectives, interests, skills, and abilities.⁷

Core Competencies:

The minimum expectations for foundational competencies (skills, knowledge, behaviours and attitudes) required by HCAs in Alberta. These are common to all service settings in the health system including home care, supportive living, long term care, acute care, group home, hospice and adult day programs.

Culturally Competent Care:

The ability to provide care to patients with diverse values, beliefs and behaviour, including tailoring health care delivery to meet the social, cultural, and linguistic needs of a patient.

Dementia:

A broad term used to describe the symptoms of a number of illnesses which cause a loss of memory, judgment, and reasoning, as well as changes in behaviour and mood.

Diversity:

Based on the understanding that each individual is unique, the concept of diversity encompasses acceptance and respect. These differences include culture, race, ethnicity, gender, sexual orientation, socioeconomic status, age, physical abilities, religious beliefs, political beliefs and ideology.⁸

⁵ Alberta Health, Collaborative Practice and Education Framework for Change, 2012.

⁶ Health Care Aides Competency Profile, Alberta Health and Wellness, November, 2001.

⁷ Standards of Practice for Registered Nurses, College of Registered Nurses of Nova Scotia, 2012.

⁸ Baseline Competencies for Licensed Practical Nurses' Professional Practice. Ensuring Safe, Competent and Ethical Nursing Practice in BC, 2009. College of Licensed Practical Nurses of BC, February 2009.

Family:

The family members and significant others in the life of the client. It is a broadly defined term to include families of origin, families of choice and persons of representation.

Health Care Aide:

The title “*health care aide*” applies to unregulated, direct client service providers who provide basic health services and assistance/support with activities of daily living for clients. HCAs work with clients who have chronic and/or complex medical conditions, physical and/or cognitive disabilities, and who require palliative and end-of-life care. HCAs provide basic personal care and health services in all health sectors.

In Alberta, the term HCA describes a variety of workers including, but not limited, to the following job titles: community health worker, home support worker, nursing aide, nursing assistant, nursing attendant, resident assistant and residential worker.

Health Care Team:

Individuals who work together to provide health, personal, and supportive care to clients. The team may consist of, but is not limited to, different configurations of the client, regulated health professionals, unregulated care providers and/or other caregivers including the client’s family. Within the team the client remains its centre and client-directed care its focus.⁹

Medication Assistance:

A service provided to a client to facilitate the client’s ability to self-administer medication and to ensure medication is taken as intended by the prescriber. For example, handing a medication container to the client or opening the packaging that holds medication.

Incident:

An unusual event that may be adverse or a near miss.

Near Miss:

An unplanned event that did not result in injury, illness, or damage-but had the potential to do so. Only a fortunate break in the chain of events prevented an injury, fatality or damage¹⁰.

Quality:

The six dimensions of quality according to the Health Quality Council of Alberta’s *Alberta Quality Matrix for Health*: acceptability; accessibility; appropriateness; effectiveness; efficiency; and safety.

Palliative End-of-Life Care:

The continuum of care that enables a client with a life limiting illness to receive integrated and coordinated care, which incorporates the client and their family’s values, preferences, and goals from early diagnosis to End-of-Life, including bereavement.

Person-Centred Care:

A principle of health care delivery that involves advocacy, empowerment, and respecting the persons’ autonomy, voice, values, self-determination and participation in decision making.

Regulated Health Care Provider:

A health care provider who is a member of a regulated health profession in Alberta and is required to practice in accordance with the *Health Professions Act* or *Health Disciplines Act*.

⁹ Canadian Education Standards for Personal Care Workers, Environmental Scan. Promoting Mobility and Recognition: National Educational Standards for Personal Care Providers. Health Canada 2012.

¹⁰ National Safety Council

Responsive Behaviour:

A significant subset of the behavioural and psychological symptoms of dementia (BPSD) that are thought to be an expression of an unmet need; a response to a stimulus in a client's environment; a psychological need; or a response to the approach of health care providers or other clients.

Safety:

Freedom from the occurrence or risk of injury, danger, or loss.¹¹

Supervision:

Supervision is defined as consultation and guidance by the regulated nurse in the practice setting. Supervision may be direct, indirect or indirect remote.¹²

Spiritual:

Relating to or affecting the values, beliefs, practices and concerns about the meaning and purpose in life, including religion.

Wellness:

A state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity¹³

¹¹ The Safety Competencies First Edition, Enhancing Patient Safety Across the Health Professions. The Canadian Patient Safety Institute, 2009.

¹² Decision-Making Standards for Nurses in the Supervision of Health Care Aides

¹³ World Health Organization