

Current uses and future opportunities for the Observe, Coach, Assist and Report (OCAR) framework to structure personal support provider participation in team-based home care

Personal support (PS) providers have limited opportunities to engage in real-time communication with home care team members. The Observe, Coach, Assist and Report framework offers a formal structure to support intentional integration of PS providers and their contributions into team-based home care. This project examined provider perspectives on current use of OCAR and identified opportunities for deeper integration.

“As applied health services scientists, we are committed to addressing workforce stabilization needs with end-user experts-by-experience. We confirmed the 2015 OCAR framework’s ongoing relevance and importance to PS providers and leaders, and identified opportunities to further support its application to enhance delivery of team-based home care.”

- Dr. Justine Giosa, Executive Director and Scientific Director, SE Research Centre

Project Overview

In Canada, most paid home care services are delivered by personal support (PS) providers¹ who mainly support clients’ daily activities such as bathing, dressing, taking medications and preparing meals.² Given their frequent interactions with clients, PS providers in home and community care are well positioned to notice changes in client care needs. However, PS providers often work independently in client homes, without mechanisms for real-time communication with other home care team members. As a result, PS provider observations frequently go undocumented, unnoticed, underreported, and underused in care planning and decision-making.^{3,4}

The **Observe, Coach, Assist and Report (OCAR) framework**⁵ was developed in 2015 in collaboration with point-of-care providers and clinical practice leaders to describe the essential role of PS providers in delivering team-based home care. Four activity types are identified in the OCAR Framework⁵:

- **Observe:** pay careful attention to, and make pointed inquiries about, client health and social care needs;
- **Coach:** encourage, explain, and/or demonstrate

how to complete a given care activity;

- **Assist:** provide verbal and/or physical support to complete care-related tasks;
- **Report:** notify care team members about important observations related to client care needs.

Given changes in the home and community care landscape since 2015, including health human resource capacity challenges, it is important to understand if and how OCAR is currently being used, and to identify opportunities for improved application and integration.

What have we done?

As part of our research portfolio investigating Health and Care Experiences, we partnered with a large home care organization to conduct an environmental scan survey on the use of OCAR in PS practice. The organization had been an early adopter of OCAR following its development in 2015. The goals of the survey were:

1. Confirm ongoing relevance of OCAR for PS practice;
2. Explore how OCAR is currently being used to support PS providers in their care interactions;

3. Identify opportunities to strengthen OCAR’s use in professional practice; and
4. Assemble a list of resources needed to support improved application and integration of OCAR.

Ninety-nine home care staff completed a brief online survey in Fall 2023, with participants representing three important perspectives: point-of-care (e.g., lead PS worker), clinical management (e.g., PS manager), and practice and operations support (e.g., clinical practice resource team).

What did we find?

Overwhelmingly, participants felt OCAR is often or almost always relevant to daily practice in the PS program. How participants used OCAR within their daily practice varied by role. For example, 64% of point-of-care staff reported regular (i.e., often or almost always) use of OCAR when developing client care plans and 81% said they use it regularly when documenting about client care. Almost 70% of clinical management participants indicated regular use of OCAR when providing education about care activities and assigning care activities to PS providers. Forty-two percent of practice and operations support participants said they almost always use OCAR to support new hire orientation.

Participants reported that using OCAR adds value to the PS provider role in home care by leveraging their unique knowledge of the client (e.g., client relationships, regular care interactions) and better integrating them into the circle of care, empowering PS providers to make a difference in their clients’ lives. One participant felt,

“OCAR embodies everything that we do as personal support/ health care workers. It is about communication with the client and caregivers, and about consistent care for our clients despite a change of PSW for their care.”

Beyond current use, survey participants identified several important PS practice standardization opportunities they felt OCAR could support in home care:

- Improve knowledge about the roles of PS providers in the client care team;
- Establish clear care expectations with clients and family;
- Support consistency in client care across providers;
- Support efficient intra- and inter-professional communication; and
- Standardize educational content related to care activities and skills.

To support improved application of OCAR in home care organizations, participants felt there was a need for consistent and on-going education about how to use OCAR as well as better integration with existing practices and processes (e.g., documentation, reporting mechanisms).

What are the next steps?

We have obtained a CIHR project grant to **a)** co-design, adapt, and test an OCAR toolkit to structure PS practice in home care, and **b)** develop and test implementation processes at SE Health and VHA Home HealthCare with planned spread and scale to other home care organizations in Canada.

How is this research funded and supported?

This work was funded and supported by SE Health, one of Canada’s largest social enterprises.

To learn more about this work

Observe, Coach, Assist, and Report: An Emerging Framework for Integrating Unregulated Healthcare Providers into Interdisciplinary Healthcare Teams



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References

