

Inventory of "homemade" tools used by support personnel involved in the recommendation of bathing equipment for community-dwelling elders in the province of Québec, Canada

Manon Guay^{1,2}, Johanne Desrosiers^{1,2}, Marie-France Dubois^{1,2}, Judith Robitaille²

¹*Université de Sherbrooke, Faculty of Medicine and Health Sciences, Sherbrooke, Québec, Canada,*

²*Research Center on Aging, Sherbrooke, Québec, Canada*

Introduction: Home health occupational therapists (OTs) working in the province of Québec, Canada, have to deal with service demands that always exceed the number of qualified OTs available to meet those demands. In the case of bathing equipment recommendations, a proposed solution, albeit controversial, is to increase the involvement of support personnel (SP). Professional guidelines have been established to ensure population safety, one of them being to provide SP with proper tools. Therefore, "homemade" tools have been developed for SP involved in determining bathing equipment needs. However, most of these tools are known only locally. The **objective** of this study was to make an inventory of tools used by SP with older adults living in the community and facing bathing difficulties. **Methods:** All public community health institutions in Québec (n=95) were contacted by mail following Dillman's recommendations. Each setting was characterized through a questionnaire and asked to provide a copy of its tools. **Results:** All of the tools are algorithms in the form of a decision tree or checklist to be followed by the SP in order to determine the proper type(s) of equipment and document their choices. Home health aides are the main type of SP involved in recommending bathing equipment. They receive in-work training from OTs varying from a couple of hours to a couple of weeks. They use the tools either with new clients or only with older adults already receiving their assistance with bathing. Only one tool had undergone psychometric testing, but the criterion validity study suggested modifications were required. **Conclusion:** A wide variety of "homemade" tools is available in clinical settings, and no consensus exists regarding the necessary training or the clientele they should target. The accuracy of recommendations made by SP is unknown since there is little information available on the validity and reliability of these instruments. Availability of a common tool with adequate psychometric properties is essential for OTs wishing to assign the determination of bathing equipment needs to SP. **Contribution:** This study provides a full picture of tools used in Québec by SP involved in the recommendation of bathing equipment.