PCA Quality Service Standard – Core

AMSI STANDARD PCA1

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Foreword (Informative)

This **AMSI PCA Quality Service Standard — Core** defines what *quality* means for Personal Care Aid (PCA) services, using AMSI's foundational vocabulary to ensure clarity, consistency, and applicability across real-world caregiving contexts.

AMSI defines a **service** as *work performed together with the result produced by that work*; a service exists only when work is performed **and** a result is produced. A service may be delivered through different organizational, funding, or regulatory arrangements without changing its fundamental definition.

AMSI defines **quality of service** as the degree to which **both** the work performed and the results produced meet defined **Quality Outcome Criteria**. For this reason, the Standard treats PCA quality as *service quality*—that is, quality of *work and result together*—and not as effort, intent, activity level, task completion, or service delivery alone.

This Standard is designed to remain valid across different employment arrangements. AMSI distinguishes among an **occupation** (type of work), a **job** (employment arrangement), and a **service** (work and result). Accordingly, the meaning of PCA service quality does not change based on whether PCA work is performed through an agency, a consumer-directed model, a family caregiving arrangement, or another employment model. While employment arrangements may affect accountability pathways and evidence sources, they do not redefine what quality means.

This Standard uses **Quality Factors** and **Quality Indicators** as its organizing structure. AMSI defines Quality Factors as broad domains that organize Quality Indicators, and Quality Indicators as the specific aspects examined to evaluate service quality. Quality Indicators are evaluated using defined Quality Outcome Criteria, which are established within applicable quality service standards such as this one.

This Standard does not expand scope of practice or override controlling rules. Inclusion of caregiving work within AMSI vocabulary does not confer clinical, diagnostic, counseling, or professional authority, and does not supersede licensing, supervision, regulatory, or program requirements, which remain controlling.

AMSI may also publish **non-normative support materials**—such as guides, illustrative examples, and educational media—to support understanding and application of the concepts in this Standard. Such materials are informative only and do not define requirements, Quality Outcome Criteria, or conformity decisions. The **PCA Core Standard** remains the authoritative source for quality definitions and evaluation criteria.

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1. Scope and Purpose

1.1 Scope

This Standard defines **quality requirements for Personal Care Aid (PCA) services**, applicable across all service contexts and employment models, including but not limited to:

- Agency-based PCA services
- Consumer-directed services (e.g., CDPAP)
- Family caregiver arrangements
- Hybrid or self-directed models

This Standard applies to PCA services supporting daily living, participation, health stability, and safety, regardless of payer, jurisdiction, or documentation system.

1.2 Purpose

The purpose of this Standard is to define **what quality means** in PCA services at the **service level**, independent of task lists, billing codes, or employment arrangements.

This Standard establishes:

- Quality Factors
- Indicators under each Quality Factor
- A common framework for defining and evaluating Quality Outcome Criteria

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2. Document Structure, Status, and Quality Framework

2.1 Document Structure and Status

This document set consists of one **normative** Core Standard and associated **informative** guidance documents.

- **Normative document**
  - **PCA Quality Service Standard — Core** (this document)
- **Informative documents** (do not introduce requirements):
  - **PCA Foundational Guidance** (cross-cutting caregiving understanding)
  - **PCA Context Guides** (application of the Core to specific PCA contexts)
  - **PCA Coding Context Guide** (interpretation of task-coding systems where used)

Informative documents support interpretation and application of this Core but **do not modify, add to, or replace** its requirements.

The PCA Core Standard defines what quality is at the service level. The PCA Foundational Guidance explains how to understand and interpret quality concepts across caregiving contexts. Annex A provides illustrative cross-context examples; **Annex B explains how PCA Context Guides are used within the document set**; and PCA Context Guides provide deeper illustration for specific support situations. Where task-coding systems are used, the PCA Coding Context Guide provides interpretation that maps coding to the Core without redefining quality. The PCA Coding Context Guide is used only where task-coding systems exist and provides interpretation that maps coding to the Core without redefining quality.
This structure is intentional and allows quality to be defined once, interpreted consistently, and illustrated without redefining requirements.

2.2 Quality Framework Overview

Quality in PCA services is defined as:

The degree to which defined Quality Factors and their Indicators achieve specified Quality Outcome Criteria.

Quality is assessed at the **service level**, not at the level of individual tasks or employment arrangements.

This Standard recognizes that:

- PCA services occur in diverse contexts
- Risks and outcomes vary by situation and individual
- Quality must be assessed using **stable factors and indicators**, not task completion alone

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2.3 Quality Factors

Quality in PCA services is structured around the following **eight Quality Factors**.
These Quality Factors are **invariant** across service contexts and employment models.

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3. Quality Factors with Indicators

QF-1. Protection from Foreseeable Harm

Intent:
Prevent harm that can reasonably be anticipated in PCA service contexts.

Indicators:

- Anticipation of foreseeable hazards
- Adjustment of support to mitigate identified risk
- Prevention of avoidable injury
- Pausing or modifying support when unsafe conditions arise

QF-2. Maintenance of Health & Bodily Integrity

Intent:
Maintain baseline health and protect bodily integrity during PCA services.

Indicators:

- Protection of skin, joints, and physical integrity
- Support of hydration, nutrition, and physiological stability
- Recognition of physical changes relevant to health
- Minimization of physiological stress during assistance

QF-3. Support for Daily Functioning

Intent:
Enable daily activities appropriate to the person's abilities and condition.

Indicators:

- Alignment of assistance with functional ability
- Support without forcing or unnecessary dependency
- Appropriate use of available supports or equipment
- Adaptation of assistance as abilities fluctuate

QF-4. Respect for Personhood & Autonomy

Intent:
Respect the individual's dignity, autonomy, and personal agency.

Indicators:

- Maintenance of privacy and bodily dignity
- Respect for consent, refusal, and pacing
- Sensitivity to personal and cultural preferences
- Absence of coercive or disrespectful practices

QF-5. Timely Recognition & Escalation of Risk

Intent:
Ensure emerging risks or changes are recognized and escalated appropriately.

Indicators:

- Observation of relevant changes in condition or response
- Judgment regarding the significance of observed changes
- Timely communication of concerns
- Appropriate follow-through after escalation

QF-6. Continuity of Information

Intent:
Support continuity and coherence of care through effective information sharing.

Indicators:

- Accurate communication of relevant observations
- Information transfer across caregivers or shifts where applicable
- Consistency with care direction or consumer instruction
- Prevention of information loss or distortion

QF-7. Control of Infection & Contamination Risks

Intent:
Minimize infection and contamination risks associated with PCA services.

Indicators:

- Maintenance of hygienic service conditions
- Use of appropriate clean technique
- Prevention of cross-contamination
- Recognition and escalation of infection risks

QF-8. Scope-Appropriate Practice & Judgment

Intent:
Ensure PCA services remain within appropriate role boundaries and judgment.

Indicators:

- Practice within authorized role limits
- Sound judgment appropriate to context
- Avoidance of unauthorized diagnosis or treatment
- Willingness to stop or seek assistance when needed

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4. Quality Outcome Criteria

Quality Outcome Criteria define **what successful quality performance looks like** for each Quality Factor **in a given context and for a given individual**.

Outcome Criteria:

- Are **defined using a common framework** aligned to the Quality Factors and Indicators
- Are **context-dependent in their specific expression and thresholds**

- May vary by individual, situation, and service context
- Are interpreted and illustrated through **Context Guides**
- Do **not alter** the Quality Factors or Indicators

Outcome Criteria translate the stable Quality Factors and Indicators into **meaningful, situation-specific expectations of quality performance**.

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5. Applicability Across Employment Models

This Standard is **invariant to employment model**.

Employment models may differ in:

- Supervision arrangements
- Documentation practices
- Task coding or EVV systems
- Payroll or billing processes

However:

- **Quality Factors and Indicators remain unchanged**, and
- **Quality Outcome Criteria are defined and applied using the same framework**, regardless of employment arrangement, while their **specific expressions may vary by context and individual**.

Informative guidance documents explain how this Standard is interpreted across different employment models.

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6. Evidence and Interpretation

Evidence of quality may include, as appropriate:

- Observations
- Reports or narratives
- Documentation or records
- Demonstrated practices
- Escalation or follow-up actions

This Standard does **not** prescribe specific documentation formats, tools, or technologies.

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7. Use of PCA Context Guides

PCA Context Guides provide **informative illustrations** of how this Standard applies in specific PCA contexts (e.g., bathing, mobility, meal support).

Context Guides:

- Do not introduce requirements
- Do not modify the Core
- Support consistent interpretation of Indicators and Outcome Criteria

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8. Conformity and Claims

Any public or private claim of conformity to this Standard shall specify:

- The document edition
- The scope of PCA services assessed
- The service context(s) addressed

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9. Key Principle

Quality in PCA services is defined not only by tasks completed, but by appropriate achievement of specified Quality Outcome Criteria.

Annex A (Informative)

Illustrative Examples of Applying the Quality Framework

A.1 Purpose of Annex A

This Annex provides **illustrative examples** demonstrating how the **PCA Quality Service Standard — Core** may be interpreted and applied in practice. The examples are **informative only** and do not introduce requirements.

A.2 Interpretation Rule for Illustrative Examples

All Quality Factors and their Indicators defined in the PCA Quality Service Standard — Core apply in every service context.
The examples below **do not select, limit, or vary** the Quality Factors or Indicators. Instead, they show where quality is often **most visibly expressed** in particular contexts. Any emphasis is illustrative only.

A.3 How to Read the Examples

Each example contains:

- **Quality Factors (QFs):** clear identification of the QFs being illustrated (while all QFs apply)
- **Indicators Illustrated:** clear identification of the specific **Indicator statements** being interpreted in this example (while all Indicators apply)
- **Illustrative Quality Outcome Criteria:** examples of what appropriate achievement may look like

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A.4 Example 1 — Bathing Support

Situation Description

A person requires assistance with bathing due to limited mobility, fatigue, and balance instability. The activity involves water exposure, slippery surfaces, and privacy concerns.

Quality Factors (QFs)

All eight Quality Factors apply. In bathing, quality is often most visibly expressed through:

- **QF-1 Protection from Foreseeable Harm**
- **QF-2 Maintenance of Health & Bodily Integrity**
- **QF-4 Respect for Personhood & Autonomy**
- **QF-5 Timely Recognition & Escalation of Risk**
- **QF-7 Control of Infection & Contamination Risks**
- **QF-8 Scope-Appropriate Practice & Judgment**

Indicators Illustrated (examples; not limiting)

This example illustrates interpretation of these **Indicator statements** from the Core:

- **QF-1:** Anticipation of foreseeable hazards; adjustment of support to mitigate risk; pausing/modifying support when unsafe conditions arise
- **QF-2:** Protection of skin and physical integrity; minimization of physiological stress during assistance
- **QF-4:** Maintenance of privacy and bodily dignity; respect for consent, refusal, and pacing
- **QF-5:** Observation of relevant changes; timely communication of concerns
- **QF-7:** Maintenance of hygienic service conditions; prevention of cross-contamination
- **QF-8:** Practice within authorized role limits; willingness to stop or seek assistance when needed

Illustrative Quality Outcome Criteria

Quality may be demonstrated when:

- Bathing occurs without avoidable injury, distress, or unsafe exposure
- Skin integrity and comfort are maintained
- Privacy, consent, and personal preferences are respected
- Emerging risk (e.g., dizziness, instability, pain) is recognized and escalated appropriately

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A.5 Example 2 — Mobility and Transfers

Situation Description

A person requires assistance transferring between bed and chair and walking short distances. Strength, balance, and confidence vary from day to day.

Quality Factors (QFs)

All eight Quality Factors apply. In mobility and transfers, quality is often most visibly expressed through:

- **QF-1 Protection from Foreseeable Harm**
- **QF-2 Maintenance of Health & Bodily Integrity**
- **QF-3 Support for Daily Functioning**
- **QF-5 Timely Recognition & Escalation of Risk**
- **QF-6 Continuity of Information**
- **QF-8 Scope-Appropriate Practice & Judgment**

Indicators Illustrated (examples; not limiting)

This example illustrates interpretation of these **Indicator statements** from the Core:

- **QF-1:** Prevention of avoidable injury; pausing/modifying support when unsafe conditions arise
- **QF-2:** Protection of joints/skin/physical integrity; minimization of physiological stress during assistance
- **QF-3:** Alignment of assistance with functional ability; adaptation of assistance as abilities fluctuate
- **QF-5:** Observation of relevant changes; timely communication of concerns; appropriate follow-through after escalation
- **QF-6:** Accurate communication of relevant observations; information transfer across caregivers where applicable
- **QF-8:** Sound judgment appropriate to context; willingness to stop or seek assistance when needed

Illustrative Quality Outcome Criteria

Quality may be demonstrated when:

- Transfers and movement occur without foreseeable harm
- Assistance matches real-time ability and adapts to fluctuation
- Early signs of instability, fatigue, or pain are recognized and escalated
- Relevant changes are communicated to support continuity across caregivers

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A.6 Example 3 — Meal Support

Situation Description

A person requires assistance with meal preparation and eating due to weakness, reduced endurance, and occasional difficulty swallowing.

Quality Factors (QFs)

All eight Quality Factors apply. In meal support, quality is often most visibly expressed through:

- **QF-1 Protection from Foreseeable Harm**
- **QF-2 Maintenance of Health & Bodily Integrity**
- **QF-3 Support for Daily Functioning**
- **QF-4 Respect for Personhood & Autonomy**
- **QF-5 Timely Recognition & Escalation of Risk**
- **QF-7 Control of Infection & Contamination Risks**

- **QF-8 Scope-Appropriate Practice & Judgment**

Indicators Illustrated (examples; not limiting)

This example illustrates interpretation of these Indicator statements from the Core:

- **QF-1:** Anticipation of foreseeable hazards; prevention of avoidable injury
- **QF-2:** Support of hydration/nutrition stability; recognition of physical changes relevant to health
- **QF-3:** Alignment of assistance with functional ability; adaptation as abilities fluctuate
- **QF-4:** Respect for consent, refusal, and pacing; sensitivity to preferences
- **QF-5:** Observation of relevant changes; timely communication of concerns
- **QF-7:** Hygienic service conditions; prevention of cross-contamination
- **QF-8:** Practice within authorized role limits (no diagnosis/treatment); willingness to seek help when needed

Illustrative Quality Outcome Criteria

Quality may be demonstrated when:

- Eating occurs safely and comfortably
- Nutritional and hydration needs are supported appropriately
- Preferences, pacing, and refusal are respected
- Changes in tolerance (e.g., coughing, fatigue, distress) are recognized and escalated

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A.7 Example 4 — Recognizing and Reporting Change

Situation Description

During routine support, subtle changes are observed in a person's skin condition, mood, and responsiveness.

Quality Factors (QFs)

All eight Quality Factors apply. In "recognize and report" situations, quality is often most visibly expressed through:

- **QF-5 Timely Recognition & Escalation of Risk**
- **QF-6 Continuity of Information**
- **QF-2 Maintenance of Health & Bodily Integrity**

- **QF-8 Scope-Appropriate Practice & Judgment**

Indicators Illustrated (examples; not limiting)

This example illustrates interpretation of these **Indicator statements** from the Core:

- **QF-5:** Observation of relevant changes; judgment about significance; timely communication; follow-through
- **QF-6:** Accurate communication of relevant observations; prevention of information loss or distortion
- **QF-2:** Recognition of physical changes relevant to health; protection of bodily integrity
- **QF-8:** Avoidance of unauthorized diagnosis/treatment; willingness to seek assistance when needed

Illustrative Quality Outcome Criteria

Quality may be demonstrated when:

- Changes are recognized early and taken seriously
- The PCA reports accurately without diagnosing or treating
- Communication supports timely next steps
- Harm from delay or information loss is avoided

A.8 Key Takeaway from Annex A

These examples illustrate that quality in PCA services is defined not only by tasks completed, but by appropriate achievement of specified Quality Outcome Criteria—interpreted through invariant Quality Factors and Indicators across diverse contexts.

Annex B (Informative)

Use of PCA Context Guides and Illustrative Applications

B.1 Purpose of Annex B

This Annex explains the role of **Context Guides** within the PCA Quality Service Standard document set and how they relate to the **Core Standard**, **Foundational Guidance**, and **Annex A**.

Annex B:

- Is **informative only**
- Does **not** introduce requirements
- Does **not** modify or replace the Core Standard
- Explains *how* and *why* Context Guides are used

B.2 Position of PCA Context Guides in the Document Set

The PCA Quality Service Standard document set is structured as follows:

- **PCA Core Standard (normative)**
  Defines Quality Factors, Indicators, and the framework for Quality Outcome Criteria.
- **PCA Foundational Guidance (informative)**
  Provides cross-cutting caregiving understanding applicable across all contexts.
- **Annex A (informative)**
  Provides illustrative examples showing how invariant Quality Factors and Indicators are expressed in different situations.
- **PCA Context Guides (informative)**
  Provide **context-specific illustrations** of how the Core Standard may be interpreted and applied in particular PCA support contexts.

Context Guides are not standalone standards. They derive authority solely from the Core Standard.

B.3 What PCA Context Guides Are (and Are Not)

B.3.1 What PCA Context Guides Are

PCA Context Guides:

- Illustrate application of the **same Quality Factors and Indicators** to a specific context (e.g., bathing, mobility, meal support)
- Translate abstract quality concepts into **situational understanding**
- Support consistent interpretation across different caregivers and settings
- May include examples, considerations, and non-prescriptive guidance

B.3.2 What PCA Context Guides Are Not

Context Guides:

- Are **not task lists**
- Are **not procedures or training manuals**

- Do **not prescribe methods or techniques**
- Do **not redefine Quality Factors, Indicators, or Outcome Criteria**
- Do **not vary requirements by employment model**

B.4 Relationship Between PCA Context Guides and Quality Outcome Criteria

Quality Outcome Criteria are defined using a **common framework** in the Core Standard but are **expressed in context-specific ways**.

Context Guides:

- Illustrate how Quality Outcome Criteria may be articulated in a given context
- Show how "appropriate achievement" may differ by situation and individual
- Do **not** set universal thresholds or performance targets

Outcome Criteria remain **aligned to the invariant Quality Factors and Indicators**, regardless of context.

B.5 Relationship Between PCA Context Guides and Annex A

- **Annex A** provides *high-level illustrative examples* across multiple contexts.
- **PCA Context Guides** provide *deeper, focused illustration* for a single context.

Annex A answers:

"What does this quality framework look like in real situations?"

PCA Context Guides answer:

"How should quality be understood in this specific support context?"

B.6 Employment-Model Neutrality

PCA Context Guides are **employment-model neutral**.

They apply equally to:

- Agency-employed PCAs
- Consumer-directed PCAs (e.g., CDPAP)
- Family caregivers

- Hybrid arrangements

Where employment-model differences affect documentation, supervision, or coding, such differences are addressed separately in **informative guidance** and do not alter quality definitions.

B.7 Use of Training Materials and Existing Practices

Existing training materials, agency practices, or task descriptions (e.g., home health aide curricula) may inform the **development** of PCA Context Guides but do **not define quality**.

PCA Context Guides:

- Distill general caregiving knowledge into quality-relevant considerations
- Avoid embedding program-specific rules or codes
- Maintain alignment with the Core Standard's quality framework

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B.8 Example PCA Context Guide Topics

Context Guides may be developed for, but are not limited to:

- Bathing and personal hygiene
- Mobility and transfers
- Meal preparation and eating
- Toileting and elimination support
- Dressing and grooming
- Skin care and pressure awareness
- Recognizing and reporting change

The list of PCA Context Guides may expand over time without revising the Core Standard.

B.9 Key Takeaway from Annex B

PCA Context Guides support consistent understanding of quality across specific PCA support situations, while preserving the invariant Quality Factors, Indicators, and framework defined in the Core Standard.

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