

Protecting Ontario's nursing home residents

All seniors should live with dignity in a healthy and safe environment that is fully responsive to their needs. Yet, for many years, Ontario has fallen short of this basic objective in spite of the best efforts of long-term care (LTC) staff. Over the last nine months, the COVID-19 pandemic has exposed decades of government neglect and inaction in the sector. This problem is Canada-wide: during the first wave of COVID-19 the number of nursing home residents who died accounted for 81 per cent of all Canadian COVID-19-related deaths compared to 38 per cent in other OECD countries. As of Nov. 23, 2020, 63.5 per cent of all COVID-19 fatalities in Ontario were residents in nursing homes. Alarming, during the second wave of the pandemic, outbreaks are again on the rise in Ontario LTC homes, with 102 reporting active outbreaks as of Nov. 23, 2020. Almost 52 per cent of Ontario's second wave COVID-19-related deaths have been in LTC as of Nov. 18, 2020.

Chronic staffing issues are at the root of the inadequate care being provided to the 80,000 residents living in Ontario's 626 nursing homes. Staffing shortfalls have worsened over time as the number of nurses and personal support workers, as well as the number of available beds, have not kept up with growth of the senior population and the complexity of their care needs. With more than 2,200 COVID-19-related deaths and dozens of ongoing outbreaks in Ontario nursing homes already, we must ensure the Ontario government's commitment to staffing is delivered immediately and in full.

RNAO recommends that the provincial government:

1. Immediately implement the Nursing Home Basic Care Guarantee, which requires funding for all LTC homes to:

- i. Provide a minimum of four worked hours of direct nursing and personal care to each resident, per day, according to the following staff mix formula: 20 per cent RNs, 25 per cent registered practical nurses (RPN) and no more than 55 per cent personal support workers (PSW), equal to a minimum of:
 - a. 48 minutes of RN care per resident, per day
 - b. 60 minutes of RPN care per resident, per day
 - c. 132 minutes of PSW care per resident, per day
- ii. Hire one nurse practitioner (NP) for every 120 residents, in the role of attending NP or director of clinical care. If an NP is not available, hire a clinical nurse specialist (CNS) using the same ratio.
- iii. Hire one nursing FTE position (preferably an RN) to support the functions of infection prevention and control, quality improvement, staff education, on-boarding and orientation.
- iv. Implement the following mandated standards:

- a. Disallow LTC staff (RN, RPN, PSW) to work in other LTC homes
 - b. Ensure staff compensation in LTC is commensurate with the hospital sector
 - c. Ensure full-time employment with benefits is offered to staff who want full-time work
- v. Include an appropriate complement of interprofessional staff consisting of: physiotherapy, rehabilitation therapy, speech therapy, social work, dietary and dental care.

2. Continue to allow essential care partners to visit for the length of time and frequency that residents and their chosen family members decide – as per the government directive to resume visits on June 18, 2020.

RNAO issued the Reuniting family with their loved ones in long-term care homes during COVID-19 for a safe and humane, step-by-step approach for re-uniting nursing home residents with their (chosen) family and essential caregivers. Reinforce in a clear and concise way that all LTC Homes within the province, without exception, must allow for the reunion of nursing home residents with (chosen) family and essential caregivers.

3. Implement recommendation #20 of the report from the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System: “encourage, recognize, and financially reward long-term care homes that have demonstrated improvements in the wellness and quality of life of their residents.” RNAO further recommends that savings, resulting from the implementation of best practices and lower resident acuity, be reinvested in staffing and capacity building to continue improving resident care.

Background

LTC homes provide care and a home for people – primarily seniors – with long-term health needs and/or cognitive impairments. This sector provides care to more than 115,000 people every year. There are 626 LTC homes in the province with more than 79,000 beds. Of these homes, 58 per cent are for-profit and 42 per cent are not-for-profit.

Long before COVID-19 took the lives of more than 2,200 nursing home residents in Ontario, the sector was under considerable strain owing to decades of neglect. Staffing, funding and programming has not kept pace with the sharp increase in resident complexity over the past decade. Following changes to the admission criteria in 2010, people now come into LTC homes at a later stage of cognitive and physical impairment, when their health is more complex, less stable and their care needs are greater. Nearly all residents have multiple chronic conditions (e.g. heart disease, diabetes, arthritis). About 90 per cent of LTC residents have cognitive impairment, including dementia, and about 80 per cent of residents with dementia have behavioural symptoms, including aggressive behaviour.

The deficiencies in safe, quality care for residents in LTC homes is further compounded by Ontario’s rapidly aging population. The number of Ontarians waiting for a bed in a LTC home grew by 45 per cent from 2015 to 2018. And experts estimate the number of seniors aged 75 and older will double within the next 20 years. In the absence of different models, such as increased home care services, it is anticipated there will be a shortfall of 48,000 LTC beds over the next five years.

The COVID-19 pandemic has exposed the chronic weaknesses of Ontario's LTC system. As of Nov. 23, 2020, nursing home residents account for 63.5 per cent of all COVID-19-related deaths in Ontario, even though only 0.53 per cent of Ontarians live in those homes. In other words, LTC residents were over 300 times more likely to die of COVID-related illness than other Ontarians.

The vulnerabilities of Ontario LTC homes were exposed from the outset of the COVID-19 pandemic:

- inadequate supplies of personal protective equipment (PPE), inadequate resourcing and preparation for infection prevention and control (IPAC), and high susceptibility to infectious disease among LTC residents
- crowding and multiple-occupancy rooms, making isolation difficult
- dangerous shortfalls in staffing before the pandemic
- high incidence of multiple job-holding among LTC staff (due to low wages and lack of full-time work), increasing the risk of disease transmission from LTC home to LTC home
- Exclusion of (chosen) family and essential caregivers

On March 13, 2020, early in the pandemic, RNAO resurrected its VIANurse program to address a clear and long-standing need for staffing across the health system, especially in LTC. Since then, VIANurse has enlisted nurses for telehealth services to reduce ER visits, assisted public health units with case and contact tracing, and supplied RNs, NPs and nursing students to health facilities with active outbreaks – especially nursing homes – to save lives. Of the 316 organizations across the health system that took advantage of VIANurse, nearly 250 of them were nursing homes. Having completed its mission, VIANurse has closed while RNCareers.ca remains open for recruiting NPs, RNs and nursing students to fill the gaps across the health system, including LTC.

Ontario has had to seek federal resources to contain and control the spread of COVID-19 in a number of nursing homes. In the spring, Canadian Armed Forces (CAF) personnel provided support to seven high-priority homes. The CAF issued a report following its deployment that confirmed the existence of issues related to staffing, inadequate support, poor morale, poor quality of care, inadequate infection control and sanitation issues. More recently, at Ontario's request, the federal government has contracted with the Red Cross to provide support in another seven nursing homes.

RNAO advocacy

RNAO has been advocating for change in the LTC sector for many years. Staffing and funding were critical issues in the sector long before COVID-19. Starting in 2017, RNAO called for, testified before and championed the recommendations of the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System. The association's recommendations for change in the LTC sector during QPOR 2019 included many of the same recommendations today: staffing increases; minimum hours of care; appropriate skill mix; and changes to the funding formula. These changes would have, and still will, if implemented, save lives in nursing homes across the province.

For more than two decades, in [report after report](#), experts have pointed to the need to address a dangerous shortage of funding and staffing in LTC. The consistent advocacy of RNAO and others for safe staffing levels and staffing mix in LTC helped spur the government's creation of the Long-Term Care Staffing Study Advisory Group. A report, released by the group on July 30, 2020, and in keeping with RNAO's [Staffing Study submission](#), called for a minimum daily average of four worked hours of direct care per resident. It also called for improved workload and working conditions, through better compensation parity, maximizing full-time opportunities, and greater protections for staff from physical, mental and emotional risks. Rather

than implementing consensus recommendations, the government has established a commission to further study the impacts of COVID-19 on the sector.

RNAO continues to take all opportunities to urge the immediate implementation of RNAO's Nursing Home Basic Care Guarantee and increase LTC nursing and personal care staffing to four worked hours of direct care per resident, per day - and for hiring to begin immediately.

RNAO recommendations

1. *Immediately implement the Nursing Home Basic Care Guarantee*

The evidence over the past decade has pointed to a severe and dangerous shortfall in staffing in LTC. More RNs, RPNs and PSWs are needed to provide adequate levels of care to residents. Based on 2016 data and a standard of four worked hours of nursing and personal care per resident, per day, Ontario is 1.29 hours short per resident per 24 hours (2.71 hrs vs. 4.0 hrs). The complexity, acuity and unpredictability of the LTC population is high and increasing. The evidence is clear that RNs improve the quality of care in LTC homes. Research demonstrates that increasing RN staffing ratios in LTC homes reduces mortality, improves resident outcomes and lowers the probability of hospitalizations and associated health-system costs.

RNAO urges a skill-mix of 20 per cent RNs, 25 per cent RPNs and no more than 55 per cent PSWs. At an estimated current mix of 11 per cent RNs, 18 per cent RPNs and 71 per cent PSWs, the sector is short almost 9,000 RN FTEs, more than 9,000 RPN FTEs, and almost 4,900 PSW FTEs – for a total of almost 22,900 FTEs. The only legislated LTC staffing requirement in Ontario is a vague instruction for care “*to meet the assessed needs of residents*” and a minimum requirement of one RN on duty at all times, regardless of the size of the home. There is:

- no legislated minimum staffing ratio (the number of nursing home staff members compared to the number of residents)
- no legislated requirements related to how much care residents receive on a daily basis (paid hours of care per resident, per day)
- no legislated staff mix of RNs, RPNs and PSWs

In addition to the adoption of RNAO's Nursing Home Basic Care Guarantee, RNAO [calls on the government of Ontario](#) to fully support national long-term care standards, as announced by Prime Minister Trudeau in the government's [Speech from the Throne](#) on Sept. 23, 2020. We believe these standards should be based on the “made in Ontario” Nursing Home Basic Care Guarantee, developed by RNAO, as well as evidence-based practice through RNAO's best practice guidelines (BPG).

2. *Continue to allow essential care partners to visit for the length of time and frequency that residents and their chosen family members decide – as per the government directive to resume visits on June 18, 2020*

RNAO issued [Reuniting family with their loved ones in long-term care homes during COVID-19](#) for a safe and humane, step-by-step approach for re-uniting nursing home residents with their (chosen) family and essential caregivers because the interaction of residents in LTC homes with their (chosen) family members is vital for the physical, mental and overall well-being of residents. These interactions are beneficial to family members as well. In addition, LTC home staff welcomes the regular presence of family members and

considers them partners in care. Many LTC residents benefit from the active engagement of their family members in a caregiver role that may include assisting with eating, toileting, transporting to activities and socializing, alongside physical, psychosocial and spiritual care. Family caregivers may also have a formal role as the resident's substitute decision-maker, and as such have legal duty of care. Family caregivers augment the care provided by staff, and in fact assist with up to 30 per cent of this care.

Chosen family must be seen as “essential visitors” as defined by the current health ministry directive and should be identified as Essential Family Care Partners (EFCP). Without the restrictions placed by COVID-19 directives, EFCPs are welcomed by the LTC home staff and contribute to person- and family-centred care. The presence of family members in these roles means their loved ones and other residents benefit from their care, support, monitoring and encouragement. These significant contributions continue to be overlooked during the COVID-19 pandemic.

3. | Implement recommendation #20 of the [report from the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System](#)

The Ministry of Long-Term Care funds homes through four spending envelopes. Problematically, funding in the nursing and personal care (NPC) envelope goes up with the level of resident complexity and care needs (patient “acuity”) as measured by the case-mix index (CMI). This causes the following issues:

- **Disincentives to improve patient outcomes:** Because NPC funding decreases in relation to patient acuity, any efforts by a home to implement best practices and improve resident health reduces its funding, which becomes an unintended disincentive to deliver quality care.
- **Gaps in funding coverage:** Funding is not provided for activities or conditions that are not captured in the resident assessment tool, including some evidence-based preventative interventions. For example, funding is provided for incontinence care and supplies but not for the time required to implement best practices in this area, including prompted toileting at regular intervals to reduce the frequency of incontinence and enhance self-concept and quality of life.
- **Retroactive data used to determine current funding:** LTC homes receive funding based on data from the fiscal year before last. This lag prevents levels of care from keeping up with rapidly rising levels of resident acuity.

RNAO echoes recommendation #20 of the public inquiry and further recommends that savings from the implementation of best practices and lower resident acuity be reinvested in staffing and capacity building to continue improving resident care. Homes that decrease resident acuity by providing quality, compassionate and evidence-based care should retain funding in order to continue care that improves resident health outcomes.

“The ministry’s Long-Term Care Staffing Study, released in July 2020, identifies the best path forward. Further “study” of the Study is not necessary. What is required is the Study’s timely implementation.”
Ontario’s Long-Term Care COVID-19 Commission

References

Grinspun, D. and Bajnok, I. (2018). Transforming Nursing Through Knowledge. Chapter 11, Evidence-Based Practice in Long-Term Care, pp 265-282. Sigma: Indianapolis, Indiana.

The Long-Term Care Homes Public Inquiry. (2019). Final Report. <https://longtermcareinquiry.ca/en/final-report/>

Long-Term Care Staffing Study Advisory Group. (2020). [Long-Term Care Staffing Study](#). July 30.

Registered Nurses' Association of Ontario. (2020). [Reuniting family with their loved ones in long-term care homes during COVID-19: Essential family care partners: A safe, humane and step-by-step approach](#). July 15.

RNAO. (2020). [Nursing Home Basic Care Guarantee](#). June 9.

RNAO. (2020). [Long-Term Care Systemic Failings: Two Decades of Staffing and Funding Recommendations](#). June 5.

RNAO. (2020). [ECCO 3.0: Enhancing Community Care for Ontarians](#). May 12.

RNAO. (2019). [A better approach to long-term care in Ontario](#)

RNAO. (2018). *Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System: Closing Submission of the Registered Nurses' Association of Ontario*. September 20.

Spilsbury, K., Hewitt, C., Stirk, L. & Bowman, C. (2011). The relationship between nursing staffing and quality of care in nursing homes: a systematic review. *International Journal of Nursing Studies*, 48(6), 732.

Canadian Institute for Health Information. (2020). [1 in 9 new long-term care residents potentially could have been cared for at home](#).

[Interim Letter from Ontario's Long-Term Care COVID-19 Commission to Minister Fullerton](#). October 22, 2020.

Canadian Institute for Health Information. (2020). [Pandemic Experience in the Long-Term Care Sector: How Does Canada Compare With Other Countries?](#)

Ontario. (2020). [How Ontario is responding to COVID-19](#).

Iacovos Michael (2020). <https://twitter.com/IacovosMichael/status/1329802687001583620/photo/1>