



## Seniors at the centre of powerful push for change in long-term care

IN MY LAST COLUMN, I APPLAUDED the provincial government for launching a public inquiry following the conviction of former RN Elizabeth Wettlaufer on eight counts of murder, as well as charges of attempted murder and aggravated assault. We are pleased the government heeded RNAO's calls to launch a broad-based inquiry. Now we urge Justice Eileen Gillese to investigate and make recommendations on two things. First, anything and everything that might have contributed to the horrific loss of life Wettlaufer caused. And second, the failings in our long-term care (LTC) system.

In this dispatch, I focus on our second ask for the inquiry, and RNAO's expectation that an examination into the murders of some of our most vulnerable elderly citizens will also put under the microscope Ontario's flawed funding and staffing models for LTC.

To see LTC operating at its most efficient, we don't have to look far. Simply step back about a decade to the launch of RNAO's Long-Term Care Best Practices Program, and the expansion three years ago of the Best Practice Spotlight Organization (BPSO) program to the LTC sector. We adapted the BPSO program for this sector because evidence-based practice in nursing homes is vital when you consider the complexity and acuity of residents. We envisioned the enhanced capacity of this sector to deliver improved outcomes with staff – regulated

and unregulated – educated on the best available evidence.

And we were right.

With the introduction this fall of [RNAO's new evidence boosters](#) (see opposing page), we are able to share powerful evidence that best practice guidelines (BPG) are improving outcomes. Tilbury Manor is a 75-resident LTC BPSO predesignate. No matter which

government funding is decreased. This is utterly unacceptable.

Tilbury Manor has also seen improvements in its falls rate, urinary tract infections, and reports of pain thanks to the implementation of other RNAO BPGs. Imagine the impact on the people receiving care. Now imagine the impact if more LTC homes become BPSOs and

### **“LONG-TERM CARE FUNDING MODELS AND STAFFING ARE SEVERELY FLAWED. AND WE WILL CONTINUE TO ADVOCATE FOR CHANGE FOR THE SAKE OF THOSE WHO NEED IT MOST.”**

BPG the organization implemented – and there have been many – outcomes consistently improved. Tilbury has seen a decrease in worsening pressure ulcers from 10 per cent to zero, and newly acquired pressure ulcers from nine per cent to zero. The home's use of restraints has gone from 17 per cent to nine per cent. These decreases follow the implementation of RNAO's pressure injury and restraint-use BPGs.

The numbers show that we can aspire to – and see – significant improvements in LTC with BPGs and the right approach to implementation. Yet, existing funding models for LTC penalize this kind of improvement in outcomes. When residents' outcomes improve, and care becomes less complex,

improve their practice based on the best available evidence.

There are 627 LTC homes in Ontario, and 29 of them are BPSOs. We will [continue to enlist more](#), and while we do that, government needs to continue to work on redesigning its funding model so it does not penalize those who are trying to create safer and healthier environments for seniors.

Governments also need to be reminded how much more we can improve outcomes in LTC with the right human resources. We need to move current models of care delivery out of the dark ages. Registered nursing staff in Ontario LTC homes account for only one quarter of the total resident care hours provided (nine per cent from RNs and 17 per cent from RPNs). The vast majority of

care (64 per cent) comes from unregulated PSWs. Research shows that increasing RN staffing ratios reduces hospitalizations, increases rates of discharge to home, improves client outcomes, and reduces mortality.

RNAO has long advocated that every senior must have the opportunity to live with dignity in an environment that meets their needs. We will continue this advocacy as we approach another provincial election in 2018. In fact, it is a major part of RNAO's policy platform to be released in the months ahead. With our members, we will continue to remind politicians just how shocking it is that the only legislated LTC staffing requirements in Ontario are a vague instruction for care "...to meet the assessed needs of residents..." and a minimum requirement of only one RN on site at all times. Our seniors deserve better. We are urging for at least 20 per cent RN, 25 per cent RPN, and no more than 55 per cent PSW staffing, as well as one NP for every 120 residents in all nursing homes across Ontario.

Long-term care funding and staffing models are severely flawed. We will continue to vigorously advocate for change for the sake of those who need it most. **RN**

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