RNAO 2022 Provincial Pre-budget Submission

Feb. 11, 2022

The Registered Nurses' Association of Ontario (RNAO) represents more than 48,000 registered nurses (RN), nurse practitioners (NP) and nursing students across the province. For nearly a century, the association has advocated for changes that improve people's health. RNAO welcomes the opportunity to present the views of nurses on Ontario's spending priorities to the minister of finance.

Introduction

COVID-19 has come at an enormous cost to Ontario and Ontarians. To the nearly 12,000 deaths from COVID-19 itself we must add the thousands who have died from the escalating poisoned drug crisis, the increased number of deaths of the unhoused and, of course, the lives lost due to cancelled and delayed surgeries and treatments. The costs have not just come in the form of death, illness and related heartbreak. COVID-19 has inflicted economic hardship and pain on many Ontarians. And all of us have suffered the loss of social interaction with family, friends, colleagues and classmates.

After two years of living through this ongoing pandemic, there is an almost irresistible urge for a return to normal. But we cannot – and should not try to – go back to a pre-pandemic Ontario. COVID-19 has taught us lessons that we must heed as we look to the future. It has exposed failings and shortcomings, faults and inequities in systems and institutions we have built for our collective wellbeing.

We know, for example, that the impacts of this pandemic have not fallen evenly. COVID-related deaths and cases reflect Ontario's economic and social inequities and reveal geographies of racialized poverty and barriers to care.

The government of Ontario needs to move with urgency to fix what we now know is broken. In the context of this pre-budget consultation process, RNAO proposes that the government focus its efforts and resources on three policy areas: nursing, the health system; the social determinants of health; and, best practice guidelines. Specifically, we put forward the following recommendations for your consideration:

Recommendation #	Recommendation Summary
Nursing	
1.1 Compensation	Repeal Bill 124 and provide compensation top-up to all nurses in all sectors until new collective agreements are in effect.
1.2 Internationally educated nurses	Expedite applications and develop and fund pathways for registration of internationally educated nurses to become nurse practitioners (NP), registered nurses (RN) and registered practical nurses (RPNs) in Ontario.
1.3 Return to Nursing Now program	Develop and fund a "Return to Nursing Now" program to attract RNs back into Ontario's nursing workforce
1.4 Graduate Guarantee and Late Career Nurse Initiative	Support RNs through their career by: • expanding the Nursing Graduate Guarantee (NGG) to ensure access to all new RN registrants, including internationally educated nurses

	(IENs) • reinstating the Late Career Nurse Initiative (LCNI) and returning recently-retired nurses to the workforce as mentors for NGG.
1.5 Nursing education (RNs)	Increase enrolments, and corresponding funding, in four-year baccalaureate (Bachelor of Science in Nursing or BScN) programs, second entry/compressed programs and RPN-to-RN bridging programs by 10 per cent per year for 7 years.
1.6 Nursing education (nurse practitioners or NP)	Increase the funding and capacity for student-nurse practitioner (NP) seats and associated program costs. This should include funding to enable NPs to be prepared at PhD and doctorate of nursing practice (DNP) levels to provide faculty support in expanded academic programs. This would support a 50 per cent increase in the number of NPs by 2030, as set out in the first recommendation in RNAO's NP task force report, *Vision for Tomorrow*.
1.7 Health and well-being programming	Fund RNAO to provide health and well-being programming to NPs, RNs, RPNs, and nursing students.
Health system	
2.1 Public health	Maintain and extend the current level of surge funding for public health beyond the pandemic. This should include making permanent the 625 public health nurse positions in Ontario schools and the 50 community wellness nurses serving Indigenous communities.
2.2 Public health	Increase and sustain funding and resources to all Indigenous communities to ensure their public health needs, as determined by the communities, are met. The government should transfer the necessary resources, funding and authority to all Indigenous communities who opt to exercise their inherent right to determine and control their own public health programming and services.
2.3 Primary care	Fund interprofessional primary care to ensure all Ontarians are linked with a primary care team, to ensure comprehensive care coordination 24 hours a day, seven days a week.
2.4 Primary care	Transfer care coordinators working for Home and Community Care Support Services (formerly LHINs) to primary care and other community-based organizations as health sectors integrate to work in care coordinator roles.
2.5 Primary care	Fund three NP-led clinics in communities where access to primary care is lacking due to physician retirements.
2.6 Home care	Increase funding to home care services by 20 per cent to enable increased access to home care.
2.7 Long-term care	Mandate and immediately fund all LTC homes to deliver a minimum of four worked hours of direct nursing and personal care per resident, per day. Per RNAO's Nursing Home Basic Care Guarantee (NHBCG), this should include a daily minimum of 48 minutes of RN care, 60 minutes of RPN care and 132 minutes of PSW care.
2.8 Long-term care	Fund and deliver one NP per 120 LTC residents and add at least 120 LTC attending NPs per year over the next five years (see NHBCG).

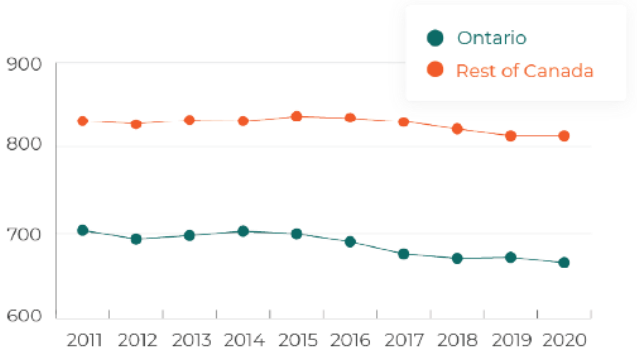
2.9 Long-term care	Fund a minimum average of one Infection Prevention and Control (IPAC) nurse per LTC home (see NHBCG).
2.10 Long-term care	Review and transform funding models in LTC to account for both complexity of resident care needs and quality outcomes.
2.11 Long-term care	Fund RNAO to work with long-term care (LTC) homes to embed RNAO's Best Practice Guidelines into their electronic medical records (EMR).
Social determinants of health	
3.1 Opioid-related overdoses	Support and fund overdose prevention and supervised consumption sites in every community in need across the province.
3.2 Opioid-related overdoses	Amend the Ontario Drug Formulary to support safer supply programs and support the expansion of safer supply programs for those at high risk of overdose as an alternative to the poisoned street-level drug supply.
3.3 Housing	Address Ontario's housing crisis by investing one per cent of the provincial budget annually in accessible, affordable housing programming, including: • support for rent subsidies and supplements • the construction of 10,000 affordable units annually • an Indigenous-led urban rural and Indigenous housing strategy • the construction of 3,000 units of supportive housing annually • making the necessary investments to end chronic homelessness by 2026
3.4 Employment standards	Amend the *Employment Standards Act* to provide: • a minimum wage of $17 per hour, indexed to inflation • 10 permanent paid sick days for all employees and an additional 14 days paid sick days during a public health emergency

Recommendations

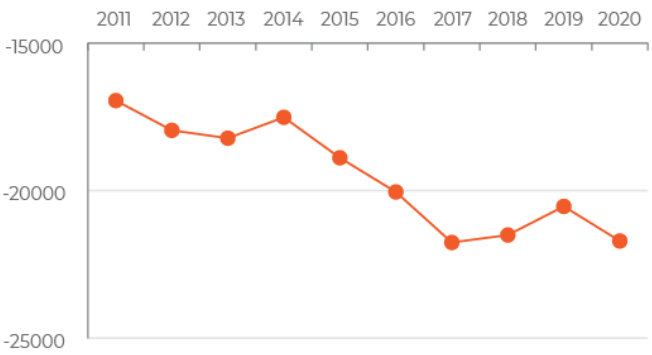
1.0 Nursing

This 2022/23 budget consultation takes place during the deepest nursing crisis Ontario has ever experienced. As set out in RNAO's Ontario's RN Understaffing Crisis political action bulletin and companion fact sheet, today's nursing crisis has its roots in decades of chronic nursing, and particularly RN, understaffing. Ontario entered the pandemic with 22,000 less RNs on a per capita basis than the rest of Canada.

RN/Population ratios: Ontario vs rest of Canada



Evidence of a growing RN human resource crisis



Having now been on the frontlines of this pandemic for more than two years with excessive workloads and insufficient government and workplace supports, nurses are leaving their jobs and their profession. Indeed, for the full duration of the pandemic, nurses have continued to care for others while under Bill 124, wage restraint legislation. As set out in RNAO's Work and Wellbeing Survey Results report and the forthcoming *Canada's Nursing in Crisis: A Comparative Perspective*, Ontario RNs are reporting much higher-than-normal intentions to leave both job and profession.

Intentions to leave

Work and Well-being survey

Summarizing the potential for post-pandemic loss of RNs

Departure Potential	Percentage of Respondents	Ontario Background Loss Rate	Estimated Net Loss Rate
Total retire 1 year	**8.4%**		
Others very likely to leave post-pandemic	7.2%		
Total potential losses within 1 year	**15.6%**	**4.8%**	**10.8%**
2 years	21.1%	9.6%	11.5%
3 years	25.2%	14.4%	10.8%
4 years	29.7%	19.2%	10.5%
10 years	48.1%	48%	0.1%

Canadian COVID-19 nursing workforce survey

Summarizing the potential for departure from nursing positions

The persistence of Ontario's RN shortage and the depth of its current crisis suggests that there is no quick fix. However, government must respond quickly with programs and funding aimed at nurse retention and recruitment. Of greatest urgency is the repeal of Bill 124 and the provision of compensation top-up for frontline nurses. In addition, the applications of the 21,000 internationally-educated nurses applying for registration with the College of Nurses of Ontario must be immediately expedited.

1.1 Compensation

Repeal Bill 124 and provide compensation top-up to all nurses in all sectors until new collective agreements are in effect.

Cost estimate: $35M per week

1.2 Internationally educated nurses

Expedite applications and develop and fund pathways for registration of internationally educated nurses to become registered nurses (RN) in Ontario.

Cost estimate:

- $1M annually for additional resources to clear CNO application backlog
- expansion of supervised experience programming considered cost neutral
- see recommendation 1.4 (below) for costing of additional pathways

1.3 Return to Nursing Now program

Develop and fund a Return to Nursing Now program to attract RNs back into Ontario's nursing workforce.

Cost estimate : $132M pool annually. Actual costs incurred will depend on pick-up.

1.4 Nursing Graduate Guarantee and Late Career Nurse Initiative

Support RNs through their careers by:

- expanding the Nursing Graduate Guarantee (NGG) to ensure access to all new RN registrants (including IENs)
- reinstating the Late Career Nurse Initiative (LCNI) and returning recently-retired nurses to the workforce as mentors for NGG.

Cost estimate :

- $495M for expanded NGG program
- $110M for revived and expanded LCNI program

1.5 Nursing education (RNs)

Increase enrolments in and funding for four-year baccalaureate (Bachelor of Science in Nursing or BScN) programs, two-year "second entry" BScN programs, and RPN-to-RN bridging programs by 10 per cent per year for eight years.

Cost estimate: $5M in first year, $14M in second, $25M in third, $36M in fourth, $42M in fifth and $44M annually thereafter. Costs may be reduced depending on the mix of 4-year BScN enrolment, two-year "second entry" BScN enrolment and RPN-to-BScN bridging programs.

1.6 Nursing education (NPs)

Increase the funding and capacity for student-nurse practitioner (NP) seats and associated program costs. This should include funding to enable NPs to be prepared at PhD and doctorate of nursing practice (DNP) levels to provide faculty support in expanded academic programs. This would support a 50 per cent increase in the number of NPs by 2030, as set out in the first recommendation in RNAO's NP task force report, *Vision for Tomorrow*.

Cost estimate: To deliver 255 more NP grads in second year, costs will be $5,069,000 in the first year and $9,572,085 in the second year. The number of additional graduates would drop to 235 in the second cohort and 200 in the third. Costs would fall to $5.8M annually until the objective of a 50 per cent increase over 2020 NP registration numbers is reached.

1.7 Nurse health and well-being programming

Fund RNAO to provide health and well-being programming to RNs, NPs and nursing students.

Cost estimate: $500,000

2.0 Health System

The shortcomings of our health system have been brought into sharp relief by the pandemic. Our public health system was not funded nor prepared for a pandemic. As the chronically short-staffed and underfunded long-term care sector collapsed, nearly 4,500 nursing home residents have died from COVID-19.

Table 2. Summary of recent confirmed cases of COVID-19 in long-term care homes: Ontario

Long-term care home cases	Change in cases February 8, 2022	Change in cases February 9, 2022	Cumulative case count as of February 9, 2022
Residents	118	94	23,779
Health care workers	45	54	10,137
Deaths among residents	14	14	4,399
Deaths among health care workers	0	0	10

Note: Information on how long-term care home residents and health care workers are identified is available in the technical notes. Also, the change in cases in these categories may represent existing case records that have been updated.
Data Source: CCM

Intensive care units and emergency departments have been stretched beyond capacity. Backlogs of surgeries, treatments and diagnostic procedures continue to accumulate.

The **Financial Accountability Office of Ontario (FAO)** predicts by September 2021:

419,200
surgical backlog

3.5 years
projected time to clear surgical backlog

$1.3 billion
to clear this projected backlog

2.5 million
diagnostic backlog

3 years
projected time to clear diagnostic procedures backlog

Source: Financial Accountability Office of Ontario. (2021). *Ministry of Health: spending plan review.*

Those sectors of the system that should have been at the forefront of our response to the pandemic – primary and home care – played a limited role and have been inaccessible at times to many Ontarians.

Provincial Nursing Visit acceptance rates, which measure whether home care service providers are able to fulfill an urgent request for care have dropped from

95%
pre - pandemic

➡

60%
in August 2021

This means home care providers are not able to effectively fulfill 4 **out of every 10 requests** for Ontarians needing nursing visits, resulting in wait lists and patients seeking care in the ED.

About
900,000
Ontarians receive home care yearly, with
730,000
in the publicly-funded system, which signifies that there are several hundred thousand people in Ontario who are either receiving reduced home care services or no care at all.

Source: Home Care Ontario. (2021). *Home care is health care - Urgent $600 million investment needed to fix crisis in home care.*

2.1 Public health - nursing

Maintain and extend the current level of surge funding for public health beyond the pandemic, including making the 625 new public health nurse positions permanent in Ontario schools and adding 50 community wellness nurses to serve First Nations communities.

Cost estimate: $67.5M

2.2 Public health – Indigenous self-determination

Increase and sustain funding and resources to all Indigenous communities to ensure their public health needs, as determined by the communities, are met. The government must transfer the necessary resources, funding and authority to all Indigenous communities who opt to exercise their inherent right to determine and control their own public health programming and services.

Cost estimate: Dependent on discussions between Indigenous communities and the Ontario government.

2.3 Primary care – Access

Fund primary care to ensure all Ontarians are linked with a primary care team, delivering comprehensive care coordination 24 hours a day, seven days a week.

Cost estimate: Net saving.

2.4 Primary care – Care coordinators

Transfer care coordinators working for Home and Community Care Support Services (formerly LHINs) to primary care and other community-based organizations to work in care coordinator roles.

Cost estimate: Minimal net effect on costs in the system.

2.5 Primary care – NPLC funding

Fund three NP-led clinics in communities where access to primary care is lacking due to physician retirements.

Cost estimate: $5.0M, but RNAO expects that these costs will be offset by savings elsewhere.

2.6 Home Care - Funding

Increase funding to home care services by 20 per cent to enable increased access to home care

Cost estimate: $650M

2.7 Long-term care – Direct care and skill Mix per NHBCG recommendations

Immediately mandate and fund all LTC homes, per RNAO's NHBCG, to deliver a minimum of four worked hours of direct nursing and personal care per resident, per day, including a minimum of 48 minutes of RN care, 60 minutes of RPN care and 132 minutes of PSW care.

Cost estimate: $1.8B. This includes: $890M for 8,972 RN FTEs, $620M for 9,051 RPN FTEs, and $290M for 4,875 PSW FTEs.

2.8 Long-term care – Attending NPs (NHBCG)

Fund and deliver one (1) NP per 120 LTC residents and, at a minimum, add 120 LTC attending NPs per year in each of the next five years, per RNAO's NHBCG.

Cost estimate: $20M annually for five years.

2.9 Long-Term Care – Infection Prevention and Control (NHBCG)

Fund a minimum average of one Infection Prevention and Control (IPAC) nurse per LTC home.

Cost estimate: $60.5M

2.10 Long-Term Care – Funding Formula

Ensure that LTC homes that decrease acuity (Case Mix Index, or CMI) due to evidence-based care retain all funding to reinvest in staffing and/or programs for residents.

Cost estimate: Positive budgetary implication.

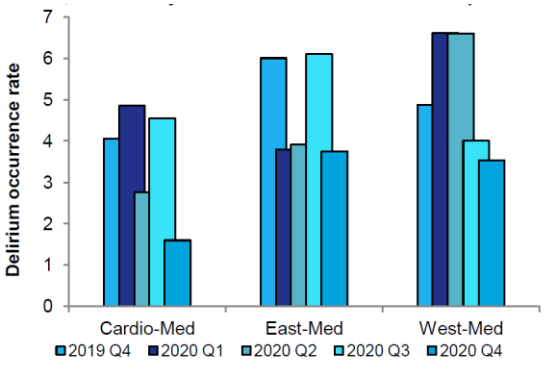
2.11 Long-Term Care – Embedding RNAO Evidence-based BPGs into LTC EMRs

Fund RNAO to work with long-term care (LTC) homes to embed RNAO's Best Practice Guidelines into their electronic medical records (EMR).

Cost estimate: $1,411,608 in the first year; $3,304,977 in the second; and, $1,739,874 in the third.

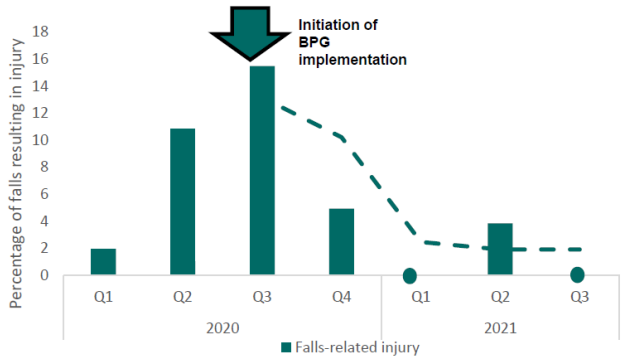
RNAO's world-renowned, evidence-based Best Practice Guideline (BPG) program has proven results in 136 LTC Best Practice Spotlight Organizations. RNAO is partnering with PointClickCare to embed BPGs in at least 90 per cent of LTC homes in Ontario. (A full proposal is with the Ministry of Long-Term Care.) The BPGs have consistently demonstrated positive outcomes in all clinical areas of intervention. See impact examples:

Rate of delirium occurrences in older persons per 1,000 care days/care visits at Humber River Hospital



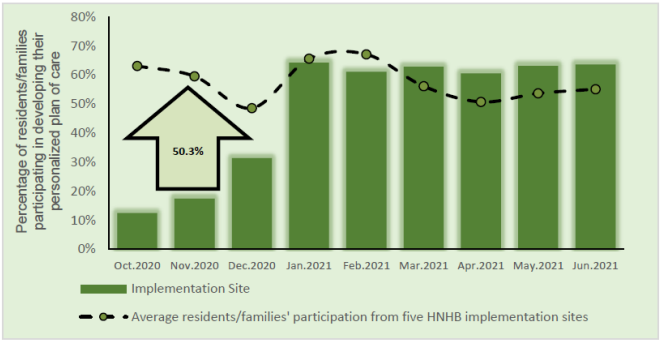
Impact: A quarterly average was calculated, which showed a decrease in the rate of delirium occurrences in three implementation units. The cardiology/medicine unit achieved the lowest monthly delirium occurrence rate of 1.25 in December 2020.

Percentage of falls resulting in injury



Impact: There was a 75.2 per cent (15.49 to 3.85) relative decrease in falls-related injuries within one year of BPG implementation. Even in the midst of the COVID-19 pandemic, falls-related injuries have decreased over time.

Percentage of residents and families participating in developing their personalized plan of care (assessments completed during referrals)



Impact: There was a 50.3 per cent increase in the residents and families participating in developing their personalized care plan for one site. Data shows an upward trend within three months of BPG implementation. Data remained consistently above HNHB BSO's (i.e. five implementation sites) average since January 2021.

3.0 Social determinants of health

Social and economic inequities have persisted and grown in Ontario leaving significant portions of Ontario's population in poverty and core housing need. For large segments of Ontario's population, income has not kept pace with the cost of living and, in particular, housing. Those inequities are racialized with visible minorities and Indigenous peoples experiencing higher levels of poverty and core housing need than other demographics.

A stagnant minimum wage, minimal employment standards and weak tenant protections left many Ontarians vulnerable to COVID and the economic fallout of the pandemic. Life through the pandemic for the unhoused has been particularly brutal and dangerous. A shelter system that was already over capacity halved its capacity, and public spaces and supports closed due to public health measures.

In the shadow of the COVID-19 pandemic, and in part related to COVID-19 public health measures, another public health crisis has continued to grow. Between January 2016 and June 2021, nearly 9,000 people in Ontario died from opioid-related overdose. Over that period, the daily death toll has continued to increase. As of June 2021, nearly 8 Ontarians per day on average were dying from opioid-related overdose. One out of every six of those deaths is a person experiencing homelessness.

Significant change must come to ensure economic and social vulnerabilities are eliminated and rights to housing and health protected.

3.1 Opioid-related overdoses – Overdose prevention and supervised consumption

Support and fund overdose prevention and supervised consumption sites in every community in need across the province.

Cost estimate: $1M per site.

3.2 Opioid-related overdoses – Ontario Drug Formulary and safer supply

Amend the Ontario Drug Formulary to support safer supply programs and support the expansion of safer supply programs for those at high risk of overdose as an alternative to the poisoned street-level drug supply.

Cost estimate: $2.4M per program.

3.3 Housing

Address Ontario's housing crisis by investing one per cent of the provincial budget annually in accessible, affordable housing programming, including:

- support for rent subsidies and supplements
- the construction of 10,000 affordable units annually
- the construction of 3,000 units of supportive housing annually
- an Indigenous-led urban rural and Indigenous housing strategy
- necessary investments to end chronic homelessness by 2026

Cost estimate: $1.9B

3.4 Employment standards – Minimum wage and paid sick days

Amend the *Employment Standards Act* to provide:

- a minimum wage of $17 per hour, indexed to inflation

- 10 permanent paid sick days for all employees and an additional 14 days paid sick days during a public health emergency

Cost estimate: minimal provincial budget implications.

Conclusion

RNAO thanks you for your consideration. If questions arise with respect to any of the recommendations and/or assumptions therein, please contact RNAO Chief Executive Officer Dr. Doris Grinspun (dgrinspun@RNAO.ca) or our Director of Nursing and Health Policy, Matthew Kellway (mkellway@rnao.ca).

References and Discussion

Recommendation #	References and Discussion
1.0 Nursing	
1.1 Compensation	Costs estimated on basis of $6/hr for all frontline nurses including RPNs, RNs, NPs, nurse middle managers and LTC Directors of Care. Costs estimated on weekly basis in anticipation of Bill 124 repeal and expedited collective bargaining. Nursing workforce data sourced from College of Nursing of Ontario. (2021). Membership Statistics Report 2021- Employment Status. October 27, 2021. https://www.cno.org/globalassets/2- howweprotectthepublic/statistical-reports/membership-statistics-report-2021- final.htm RNAO. (2017). 70 years of RN effectiveness: A scoping review to build a comprehensive database of evidence. https://rnao.ca/sites/rnao-ca/files/RN_Effectiveness_-_Reference_List_Apr_5.pdf
1.2 Internationally Educated Nurses	Costs estimated based on the following data sources: National Nursing Assessment Service (NNAS). (2021). Annual Report 2020/21. Toronto: NNAS. Unpublished report. Office of the Fairness Commissioner (OFC). (2020). College of Nurses of Ontario: Fair Registration Practices Report 2020. Toronto: OFC. Unpublished report. College of Nurses of Ontario. (2019). Strategic Performance Report. March, 2020, Council Briefing Package. https://www.cno.org/globalassets/1-whatiscno/council/meetings/2020/council-march2020-observer-package.pdf
1.3 Return to Nursing Now Program	Costs estimated on the basis of CNO data re RNs not registered but not currently practicing in Ontario. Per capita program costs equivalent to NGG and LCNI costs in recommendation 1.4 (below). College of Nursing of Ontario. (2021). Membership Statistics Report 2021- Employment Status. October 27, 2021. https://www.cno.org/globalassets/2- howweprotectthepublic/statistical-reports/membership-statistics-report-2021- final.htm
1.4 Nursing Graduate Guarantee (NGG) and Late Career Nurse Initiative (LCNI)	Costs estimated on basis of CNO new registrant data (RPN and RN) in addition 7500 new IEN registrants resulting from recommendation 1.2 (above) Per capita costs for NGG assumes $30k. Revived and expanded LCNI program would require 1100 FTEs at estimated late-career salary of $100k. Ontario Ministry of Health. (2021). 2021/22 Nursing Graduate Guarantee Program Update. August, 2021. https://www.health.gov.on.ca/en/pro/programs/hhrsd/nursing/early_career.aspxOntario Ministry of Health. (2018.) 2018/19 Late Career Nurse Initiative (LCNI) Update. https://www.health.gov.on.ca/en/pro/programs/hhrsd/nursing/late_career.aspx
1.5 Nursing Education (RNs)	Costs estimated at $8k per student. Attrition rates estimated by RNAO based on Canadian RN admissions and graduation data from CASN: Canadian Association of Schools of Nursing. (2019). Registered Nurses Education in Canada Statistics 2017–2018. https://tinyurl.com/mr3ef8en
1.6 Nursing Education (NPs)	The costing assumes annual attrition rates of 3.5% per year and unit costs of $18,500. RNAO. (2021). NP Vision for Tomorrow Registered Nurses' Association of Ontario (RNAO). (February 2021). Nurse Practitioner Task Force Report: Vision for Tomorrow. https://tinyurl.com/k9b4my4f
1.7 Health and	Costs estimated based on RNAO programming experience and knowledge. Estimate of

Recommendation #	References and Discussion
wellbeing programming	programming scale and scope based on RNAO. (2021). Work and Wellbeing Survey Results. https://tinyurl.com/nhjyhku3 and Canadian Nursing in Crisis: a comparative perspective (forthcoming from RNAO).
2.0 Health System	
2.1 and 2.2 Public health	Cost Estimate: $62.5 million annually and an additional $5 million for FN Community Wellness Nurses. Both estimates based on $100,000 annual cost per public health nurse, implied by Ontario's budgeting of "$50 million to hire up to 500 additional school-focused nurses in public health units to provide rapid-response support to schools and boards in facilitating public health and preventative measures, including screening, testing, tracing and mitigation strategies", Ontario. (2020). *Ontario Releases Plan for Safe Reopening of Schools in September.* July 30. https://tinyurl.com/2p8h9pyv
2.3 Primary care	Estimated cost: This should be a net saving to the health system as it will prevent morbidity due to lack of primary care.
2.4 Primary care	Estimated cost: This is a transfer of payments, with minimal net effect on costs in the system.
2.5 Primary care	Expected cost: the average clinic cost of $1.635 million will be offset by the savings achieved in hospital emergency department visits and preventable hospitalizations
2.6 Home care	Estimated cost: $650M. 20 per cent of 2020-21 expenditure estimates of operating expenses in home care of $3,184,324,400 is $636,864,880.
2.7 Long-term Care	RNAO. (2020). Nursing Home Basic Care Guarantee: RNAO Submission to the Long-Term Care Staffing Study Advisory Group. June 9. https://rnao.ca/policy/nursing-home-basic-care-guarantee
2.8 Long-term care	Based on $114,340 per NP + 24% employment costs + overhead ($8,513). These costs based on: Ontario Ministry of Health and Long-Term Care. (2015). Long-Term Care Homes Funding Policy. December 7. http://www.health.gov.on.ca/en/public/programs/ltc/docs/att_nurse_practitioners_ltc_home_funding.pdf. Every LTCH that is eligible for this funding will receive $114,340 in salary and benefits and $8,513 in overhead (see Appendix B for further information) per Attending NP full-time equivalent
2.9 Long-term care	Fund 1 IPAC FTE for every LTC Home. RNAO. (2020). Ontario's Long-Term Care Homes: IPAC Human Resources: Survey Report. December 4. https://tinyurl.com/4p2ttk8h
2.10 Long-term care	Estimated cost: Total: $60.5 million. 626 homes @ $96,696 /RN = $60.5 million. For RNs, we used midrange of the ONA acute care RN contract and scaled it up 24% for employment costs, to get $96,696 per year. Canadian Federation on Nursing Unions. (2019). Overview of Key Nursing Contract Provisions. November. P. 2.
2.11 Long-term care	See rationale and graphics re Evidence Boosters in the body of the report
3.0 Social Determinants of Health	
3.1 Opioid-related overdoses	Estimated cost: $ 1 million per site to operate 24/7 (province to confer with municipalities to determine number of UPHNS required).
3.4 Employment standards	Estimated cost: minimal provincial budget implications, as few provincial workers are so close to the existing minimum wage. It will generate more income tax revenue from workers whose incomes were raised. Estimated cost: Minimal adverse budget implications. By reducing the spread of illness, the effect will likely be to reduce overall sick time.