



**Submission to the Minister of  
Long-Term Care on proposed  
phase one regulations to the  
Fixing Long-Term Care Act**

Feb. 17, 2022



## Introduction

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses (RN), nurse practitioners (NP), and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contributions to shaping the health system and influenced decisions that affect nurses and the public we serve. RNAO welcomes the opportunity to provide feedback on the proposed phase one regulations under the Fixing Long-Term Care Act, 2021 (FLTCA).

The COVID-19 pandemic has highlighted the tragic consequences of successive governments ignoring decades of evidence-based policy about Ontario's long-term care (LTC) sector. These consequences have pointed to the urgent need for increased funding and staffing, a more appropriate staffing skill mix, and a fundamental reconsideration of our approach to the care of Ontario's LTC residents. When RNAO became aware of new legislation that was being introduced to "fix long-term care", we were hopeful that the proposed legislative changes would be substantial enough to accomplish this important task.

In RNAO's [submission to the Standing Committee on the Legislative Assembly re Bill 37](#), we stated: "Missing from Bill 37 are several changes that would signal a fulsome understanding of the profound and real change needed in Ontario's LTC sector". Unfortunately, Bill 37 received royal assent without substantial amendments, despite extensive feedback and recommendations from RNAO and other stakeholders during public consultations.

RNAO believes that the current changes to LTC legislation and regulations are necessary, but not sufficient, to ensure safe and quality care in long-term care. We now urge the government to implement significant regulatory amendments beyond what has been proposed. This is needed to address the same critical deficiencies that we identified in the legislation – deficiencies which hinder the FLTCA from making a real and positive impact on LTC residents, their loved ones, and staff.

In our view, the regulations for the FLTCA must acknowledge and address the need to:

1. ensure that all residents are provided with the standard of care that they need and deserve
2. create evidence-based, mandatory and enforceable performance standards for LTC homes



3. make these performance standards, and the performance of each nursing home against those standards, transparent to the public

## Summary of recommendations

<p><b>Residents: Rights, care and services</b></p>	<p>1. Add provisions to the regulations to ensure that no more than two residents occupy a room at a time; each LTC home must also always have rooms identified and set aside for isolation purposes.</p> <p>2. Calculate the four hours of direct care for LTC residents as a minimum of four worked hours of direct nursing and personal care per resident per day, and not as a provincial average.</p> <p>3. Define the “number of hours of direct care actually worked by registered nurses, registered practical nurses and personal support workers” as worked hours.</p> <p>4. Mandate all long-term care (LTC) homes to report to the Ministry of Long-Term Care (MOLTC) quarterly on the number of hours of direct nursing and personal care that their home provides per resident, per day.</p> <p>5. Implement province-wide minimum staffing and skill mix mandates across all Ontario long-term care homes, per RNAO’s Nursing Home Basic Care Guarantee.</p> <p>6. Remove all exemptions to the legislative requirement that all LTC homes must have a registered nurse who is both an employee of the licensee and a member of the home’s regular nursing staff <b>on duty and present at all times</b>.</p>
<p><b>Quality</b></p>	<p>7. Establish a LTC Quality Centre through the regulations, by providing for and governing the composition and additional functions and purposes of the Long-Term Care Quality Centre.</p> <p>8. Fund and implement the RNAO-PointClickCare proposal “Building Capacity and Achieving Excellence in Long-Term Care”, to embed RNAO’s best practice guidelines (BPG) in electronic medical records, and promote quality care outcomes in LTC.</p> <p>9. Mandate all LTC homes to track, measure and publicly report on key performance indicators, and to evaluate and show improvements in LTC settings.</p> <p>10. Change the funding formula for LTC homes to account for complexity of residents and quality outcomes.</p>
<p><b>Operation of LTC homes</b></p>	<p>11. Require every licensee of a LTC home to limit the use of temporary, casual, or agency staff, in order to provide a stable and consistent workforce, and improve continuity of care to residents.</p> <p>12. Require the key performance indicators from RNAO recommendation #9 (above) be made publicly available for residents and their chosen families to assess. These indicators should be added to the new Ontario Long-Term Care Homefinder website.</p>
<p><b>Licensing, compliance and enforcement</b></p>	<p>13. Implement measures to improve inspection processes, and require every LTC home to submit to mandatory annual comprehensive Resident Quality Inspections (RQI).</p> <p>14. Impose a higher standard of accountability and compliance on LTC homes with chronic compliance issues, including escalating stringency of responses to non-compliance and stronger enforcement of licence revocation or transfer.</p>

## Recommendations and rationales

RNAO urges the government to adopt the regulatory amendments discussed below. Our recommendations and rationales are laid out in the order in which they arise in the proposed regulations to the FLTCA.

### A. Residents: Rights, care and services

#### Safe and secure home

**1. Add provisions to the regulations to ensure that no more than two residents occupy a room at a time; each LTC home must also always have rooms identified and set aside for isolation purposes.**

**Rationale:** According to the COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, “there cannot be more than two (2) residents placed in a ward room. Where ward rooms are used, every effort must be made to ensure there is adequate space (minimum 2 metres) between beds.” These measures are welcome and necessary for infection prevention and control (IPAC) (Brown et al., 2021).

Moreover, we are aware that all LTC beds are to be updated to reflect the *Long-Term Care Home Design Manual 2015* (which requires washrooms in all resident bedrooms and does not allow for more than two beds per room). However, we are concerned about the 31,266 beds in classes B, C and D that will expire on or before June 30, 2025. If the emergency order is discontinued prior to the updating of all of the beds in classes B, C and D, there will be nothing to prevent the reinstatement of more than two residents occupying each ward room.

Given the high susceptibility to infectious disease outbreaks and spread in LTC homes, coupled with the vulnerability of LTC residents (Gilbert, 2020), RNAO urges the inclusion of the following provisions in legislation or regulations:

- There cannot be more than two residents occupying a room in LTC homes at a time.
- LTC homes must always have rooms identified and set aside for isolation purposes.

### **Four hours of direct nursing and personal care**

#### **2. Calculate the four hours of direct care for LTC residents as a minimum of four worked hours of direct nursing and personal care per resident per day, and not as a provincial average.**

**Rationale:** Research has shown for decades that all LTC residents in Ontario require a minimum of four worked hours of direct nursing and personal care per day (Armstrong et al., 2020; Feuerberg, 2001; Ontario, 2017; RNAO, 2020c; Sharkey, 2008). In RNAO's submission to the Long-Term Care Staffing Study Advisory Group, we cautioned that four hours of nursing and personal care is a minimum standard based on research that is decades old, existing when resident acuity was lower (RNAO, 2020c). Therefore, each LTC resident must be guaranteed at least four hours of direct nursing and personal care per day **at minimum**.

RNAO remains very concerned about the way that the current "targeted average" of four hours will be calculated according to current provisions in the Act. Specifically, calculating and reporting the four hours of direct nursing and personal care as a **provincial average** does not guarantee that each LTC resident in Ontario will receive four hours of direct nursing and personal care per day.

With the current proposed method of calculating direct care hours for residents, a provincial average of four direct care hours could easily be skewed. High-performing homes could be providing an average of six hours of direct nursing and personal care per resident per day, while poor-performing homes could be providing an average of two hours of direct nursing and personal care per resident per day. In these types of cases, the inadequate care from poor-performing homes will be disguised through a provincial average. Thus, RNAO urges that each long-term care home must be mandated to provide a minimum of **four worked hours** of direct nursing and personal care **per resident per day**. We further urge that each LTC home report on this indicator publicly.

#### **3. Define the "number of hours of direct care actually worked by registered nurses, registered practical nurses and personal support workers" as worked hours.** This means:

- Direct care hours that only include worked hours by permanent RNs, RPNs, and PSWs, and do not include hours paid in respect to break time, vacation, statutory holidays, leaves of absence, sick time or training time.

**Rationale:** To ensure that LTC residents receive a minimum of four worked hours of direct nursing and personal care per resident, per day, the “direct care” hours must be carefully defined. Bill 37 stipulates that the Lieutenant Governor in Council may make regulations “governing the meaning of ‘number of hours of direct care actually worked’”. However, the proposed regulations do not include a definition of this. Therefore, we urge that the proposed regulations for the FLTCA be amended to include this definition, to ensure that the four hours of direct nursing and personal care for residents are indeed **worked hours** of care provided by RNs, RPNs and personal support workers.

**4. Mandate all long-term care (LTC) homes to report to the Ministry of Long-Term Care (MOLTC) quarterly on the number of hours of direct nursing and personal care that their home provides per resident per day.**

**Rationale:** To improve public transparency and promote accountability of LTC homes, the proposed regulations should be amended to require that all LTC homes report on the number of direct nursing and personal care hours that each of their residents receives per day.

This information must be publicly available, easy to understand, and easily accessible on the MOLTC website. It should also be evaluated and audited by inspectors as part of standard inspection processes. LTC homes that fail to meet the standard of four worked hours of direct nursing and personal care per resident per day should face consequences, in order to ensure that all LTC homes achieve compliance in this area.

**Nursing and personal support services**

**5. Implement province-wide minimum staffing and skill mix mandates across all Ontario long-term care homes, per RNAO’s Nursing Home Basic Care Guarantee.**

We recommend that this include:

- a) a minimum of four worked hours of direct nursing and personal care per LTC resident per day, provided by the appropriate staffing mix as outlined in the following table:

Role	Skill mix of care per day	Worked hours of care per day
Registered nurse (RN)	Minimum of 20%	0.8 per resident
Registered practical nurse (RPN)	Minimum of 25%	1.0 per resident
Personal support worker (PSW)	Maximum of 55%	2.2 per resident

b) one nurse practitioner (NP) per 120 LTC residents

c) one infection prevention and control RN per 120 LTC residents

d) an average of one hour of care per day per LTC resident from allied health professionals

**Rationale:** RNAO is deeply concerned that:

1. many of the already minimal staffing standards for LTC homes are being left up to regulation, and not legislation
2. the proposed regulations leave staffing and skill mix plans strictly in the hands of individual licensees
3. the current legislation and regulations do not require LTC licensees to make their staffing and skill mix plans available to the public.

The current legislation and regulations leave too much room for variation between different LTC homes in terms of staffing and skill mix standards. There is a need for clear and objective minimum staffing standards that are intelligible and applied to each LTC home. There is also a need to ensure that all residents are provided with the standard of care that they require and deserve. Thus, a consistent approach to staffing and skill mix standards is urgently required; minimum staffing and skill mix standards must be mandated and enforced in LTC.

RNAO continues to urge that the government set provincial minimum staffing and skill mix mandates for all LTC homes, as outlined in our [Nursing Home Basic Care Guarantee](#) (NHBCG). The rising acuity profile of LTC residents demands that they receive the care required to meet their needs, provided by the right skill mix of healthcare providers (RNAO, 2020c). RNAO is



greatly disappointed that evidence-based staffing and skill mix standards were not enshrined in legislation, as this would help ensure that staffing and care levels provided to LTC residents correspond to the care needs of the resident population. However, we are now urging that the proposed regulations be amended at once per our recommendations in the NHBCG (RNAO, 2020c):

- **PSWs** should provide at least 2.2 worked hours of direct supportive care to each resident on a daily basis.
- **RPNs** should provide at least one worked hour of direct care per resident per day focusing on working closely with PSWs and RNs administering treatments, medications and following up on expected outcomes and any related challenges.
- **RNs** should provide at least 0.8 worked hours of direct care per resident per day, to follow up on observations made by PSW staff, work collaboratively with RPNs, and members of the interprofessional team, and complete full assessments of residents as needed to detect infection or any change in overall health status that requires NP follow up.
- One **NP** is required for every 120 residents in an attending role or as director of clinical care, to facilitate a smooth work flow, and enable treatments, referrals, and/or medications to be ordered, changed or discontinued based on resident need.
- One full time **IPAC RN** is required for every 120 residents, to make sure that protocols for preventing and managing infections are up to date and implemented.
- **Allied health professionals** should provide at least one worked hour of care per resident per day, including physiotherapy, speech therapy, dietary, dental/oral care providers and others.

Thus, RNAO insists that the NHBCG of a minimum four worked hours of direct nursing and personal support care per resident, per day – and the skill mix outlined in the NHBCG and in Commissioner Marrocco’s (2021) recommendations (44, 46, 24a) – be mandated in the current regulations, as a minimum standard to ensure residents’ safety and quality care:

Staff	RNAO recommended skill mix	Current estimated skill mix per Auditor General Report (2021)
RNs	Minimum of 20%	11%

RPNs	Minimum of 25%	20%
PSWs	Maximum of 55%	69%

### Exemptions to 24-hour RN presence

**6. Remove all exemptions to the legislative requirement that all LTC homes must have a registered nurse who is both an employee of the licensee and a member of the home’s regular nursing staff on duty and present at all times.**

**Rationale:** RNAO is extremely concerned that the regulations provide exemptions to the legislative requirement for 24-hour RN presence in all LTC homes, seven days a week. The regulations suggest that in the case of an “emergency” or a “pandemic”, an RPN, contract or agency staff RN, or other regulated health professional can be used in lieu of an RN who is an employee of the licensee and a member of the regular nursing staff of the home. The legislative requirement that each home must have at least one RN on duty at all times who is both an employee of the licensee and a member the home’s regular nursing staff is already a **bare minimum standard** for increasingly acute LTC homes, with highly complex residents.

Moreover, during emergency or pandemic situations, the knowledge, skills, and expertise of RNs are of even greater importance to make sure that the care needs of highly vulnerable and complex LTC residents are met by the most appropriate healthcare provider. Allowing lesser-skilled healthcare workers to be in charge of LTC residents during acute and unpredictable situations contravenes the College of Nurses of Ontario’s (CNO) “three-factor framework” (CNO, 2018). The CNO framework indicates that RNs are **necessary** during situations where the client and environment are unstable – undoubtedly the case during emergency scenarios or pandemics.

We believe that it should never get to the point where homes do not at least have one permanent staff RN on duty at all times. Even this level of RN staffing is not always sufficient, depending on the size of the LTC home. Mandating all LTC homes to provide a minimum of four worked hours of direct nursing and personal care, as outlined in our recommendation #5,

above, would ensure that at least one permanent staff RN would be on duty at all times (RNAO, 2020c).

Using a typical 160-bed home as an example, the following **minimum** staffing and skill mix standards would be guaranteed through the NHBCG staffing formula:

<b>Total number of residents</b>	<b>Minimum number of direct care hours per resident, per day</b>	<b>Minimum number of worked PSW shifts required per 24-hour period</b>	<b>Minimum number of worked RPN shifts required per 24-hour period</b>	<b>Minimum number of worked RN shifts required per 24-hour period</b>
160	4	50.3	22.9	18.3

<sup>1</sup> This calculation is based upon an assumption of **7 worked hours** per staff member, per shift.

<sup>2</sup>This calculation does not account for the additional staffing required to cover staff vacation time or other absences.

Thus, we urge that the proposed regulations be amended to reflect the priority of having appropriate RN staffing in LTC homes at all times. Any “exemptions to 24-hour RN presence”, as indicated in the proposed regulations, must be removed.

## **B. Quality**

### **7. Establish a LTC quality centre through the regulations, by providing for and governing the composition and additional functions and purposes of the LTC quality centre.**

**Rationale:** RNAO believes that the government should move forward with steps to establish a LTC quality centre, which was first proposed in Bill 37. The regulations should be amended to ensure that this initiative is advanced in a timely and systematic manner.

RNAO welcomes the establishment of a LTC quality centre. We offer to lead this initiative in partnership with AdvantAge Ontario, the Ontario Long Term Care Association, the National Institute on Ageing, Ontario Centres for Research and Innovation in Long-Term Care and other government-funded organizations engaged in evidence-based person-centred care.



RNAO is uniquely positioned to contribute to the success of such an enterprise given our expertise in the development, implementation and evaluation of best practice guidelines and the infrastructure in support thereof. RNAO has been championing the need for attention to safety and quality in LTC for two decades.

RNAO's work includes the world-renowned [Best Practice Guidelines Program \(BPG\)](#) launched in 1998 (Grinspun & Bajnok, 2018). The BPG program includes leading-edge support and monitoring of the uptake of nursing best practice guidelines (BPGs) through our LTC program. This pillar of the BPG program was introduced by the Ministry in 2005, in partnership with RNAO in an advisory role. It was transferred to a program led by RNAO in 2008. In 2014, RNAO expanded this program with the introduction of the Long-Term Care Best Practice Spotlight Organization (BPSO) model to ensure sustained organization-wide use of evidence in practice with [impressive outcomes](#) for residents, staff and the long-term care homes.

**8. Fund and implement the RNAO-PointClickCare proposal “Building Capacity and Achieving Excellence in Long-Term Care”, to embed RNAO’s best practice guidelines (BPG) in electronic medical records and promote quality care outcomes in LTC.**

**Rationale:** The devastating impact of the COVID-19 pandemic in Ontario LTC homes evidences the need for much more to be done to enhance the quality of resident care provided across the LTC sector.

Embedding RNAO's BPG in electronic medical records – by funding and implementing the RNAO-PointClickCare proposal “Building Capacity and Achieving Excellence in Long-Term Care” – will help to standardize care, measure outcomes consistently, and optimize residents' care experiences and outcomes in all LTC homes (RNAO, 2020a). The clinical pathways included in this digital health solution are evidence-based and provide key performance indicators for each of the required clinical programs that the government can track in real time. The proposal has already been piloted and is fully supported by the Ontario Long Term Care Association and AdvantAge Ontario (Levin, 2020).

**9. Mandate all LTC homes to track, measure and publicly report on key performance indicators, and to evaluate and show improvements in LTC settings.** This should include key performance measures relating to:

- quality of care
- resident/family satisfaction
- infection prevention and control
- human resources
- resident Bill of Rights

**Rationale:** Per our [submission to the Standing Committee on the Legislative Assembly re Bill 37](#), RNAO continues to urge for the government to track, measure and publicly report on performance indicators in several areas, to evaluate and make quality outcomes in LTC settings transparent to residents and the public. We insist that regulatory amendments be made, to reflect this commitment to quality improvement in our LTC sector.

To improve transparency in LTC and to ensure that all residents are provided with the standard of care that they require, the government must create clear objective standards that are intelligible, and applied to each LTC home.

The regulations should therefore impose upon government the obligation to:

- establish provincial targets for all reportable performance indicators (RNAO, 2021b)
- establish a publicly available report card with real-time information about a home's performance indicators and inspections (RNAO, 2021b)

The regulations must also be amended to require that all LTC homes:

- share their report card with each placement applicant and essential caregivers (RNAO, 2021b)
- participate in the provincially-funded RNAO LTC Best Practices Program to develop and implement evidence-based quality improvement plans, if they fail to meet provincial targets (RNAO, 2018b; RNAO, 2021b)

## **10. Change the funding formula for LTC homes to account for complexity of residents and quality outcomes.**

**Rationale:** RNAO has cautioned for years that the current funding formula acts as a financial disincentive to improve resident quality of care and outcomes (RNAO, 2018a; RNAO, 2018b; RNAO, 2018c; RNAO 2020d; RNAO 2021a). This formula, which relies solely on retrospective case mix index (CMI) data does not account for the rapidly changing acuity of long-term care residents.

The Ontario Long-Term Care Staffing Study (2020) indicated that the current funding model for LTC settings “may inadvertently provide disincentives to homes from doing the best work they can”. Moreover, reports from The Long-Term Care Homes Public Inquiry (2019) and the Ontario Long-Term Care COVID-19 Commission (2021) both recommended that the Ministry of Long-Term Care should “encourage, recognize, and financially reward long-term care homes that have demonstrated improvements in the wellness and quality of life of their residents.”

To make improvements, the LTC funding formula must be amended. It should be based on:

- both the complexity of resident care needs and quality outcomes; LTC homes that decrease CMI due to evidence-based care should be able to retain all funding to reinvest in staffing and programs for residents, rather than facing a financial penalty (RNAO, 2018a; RNAO, 2018b; RNAO, 2018c; RNAO, 2020d; RNAO, 2021a; RNAO, 2021b)
- current resident acuity and care needs, rather than using retrospective data that does not account for the rapidly changing acuity profile of long-term care residents (RNAO, 2018b; RNAO, 2021b)

## **C. Operation of homes**

### **Continuity of care – limit on temporary, casual or agency staff**

**11. Require every licensee of a LTC home to limit the use of temporary, casual, or agency staff, in order to provide a stable and consistent workforce, and improve continuity of care to residents.**

**Rationale:** RNAO is gravely concerned that the proposed regulations for the FLTCA do not contain any language to place limits on the use of temporary, casual and agency staff by licensees. This is despite section 80 of the FLTCA providing that “in order to provide a stable and consistent workforce and to improve continuity of care to residents, every licensee of a long-term care home shall ensure that the use of temporary, casual or agency staff is limited **in accordance with the regulations** [emphasis added]”.

RNAO’s *Long-Term Care Systemic Failings* report (2020b) highlights two decades of LTC staffing and funding recommendations. The evidence indicates that there is a need to increase the number of full-time RN positions in LTC, as well as to limit or decrease the use of temporary, casual and agency staff. The use of outside agency staff to care for LTC residents on a short-term basis has been associated with greater staff turnover levels and the opportunity for increased staff error (RNAO, 2020b). Conversely, more full-time staff are required in LTC, as they are better able to provide consistent and resident-knowledgeable care (RNAO, 2020b). RNAO therefore urges that the proposed regulations place limits on the use of temporary, casual or agency staff by LTC licensees.

### **Information for residents**

**12. Require the key performance indicators from RNAO recommendation #9 (above) be made publicly available for residents and their chosen families to assess. These indicators should be added to the new Ontario Long-Term Care Homefinder website.**

**Rationale:** RNAO is hopeful that the introduction of the new Ontario Long-Term Care Homefinder website will help improve public transparency in LTC by allowing residents and their chosen families to access key information about their actual or prospective LTC homes. RNAO supports the inclusion of the current information that is posted on the website about each LTC home, such as staff vaccination status, inspection reports, wait times and more.

However, to truly improve public transparency, and to ensure that all homes are held to a higher standard of accountability, each LTC home should be required to report on the following performance indicators: quality of care, resident/family satisfaction, infection prevention and control, human resources and Resident Bill of Rights. These performance indicators ought to be reported publicly on the Homefinder website by each home, in a manner that is easy to

understand. Moreover, the publicly available report card we recommend above under our recommendation #9 should be included on the Homefinder website as well, to allow stakeholders to access real-time information about an LTC home's performance indicators and inspections, and to enable comparison of these results against provincial targets.

## **D. Licensing, compliance and enforcement**

### **13. Implement measures to improve inspection processes, and require every LTC home to submit to mandatory annual comprehensive Resident Quality Inspections (RQI).**

**Rationale:** The importance of annual RQIs is well-established. Despite this, the FLTCA and its proposed regulations do not specify what type of inspection must be done; nor do they require that **all aspects of operations** in each home be annually inspected (Office of the Auditor General of Ontario, 2021). RNAO is deeply concerned about this.

The Auditor General and the Ontario Long-Term Care COVID-19 Commission both recently found that the government decision in 2018 to discontinue proactive inspections of LTC homes was a significant mistake that led to oversights related to non-compliance of homes. The MOLHC must mandate annual comprehensive Resident Quality Inspections (RQI), which need to be unannounced and performed once a year in every LTC home in Ontario, without compromising inspections triggered by critical Incident reports and complaints relating to high-risk incidents (Marrocco et al., 2021; Office of the Auditor General of Ontario, 2021).

To improve inspection processes, the regulations should also be amended to require the following:

- Inspection reports must recognize and publicly report areas of strength, compliance, and best practices in a home's performance, to motivate homes and staff, and to encourage the sharing of best practices amongst homes (RNAO, 2018b; RNAO, 2021b).
- Follow-up inspections must always be completed when non-compliance is identified, to verify that remediation occurs (RNAO, 2021b).
- Compliance and enforcement data, such as inspection reports, enforcement/remediation status must be current, publicly available, easily understandable, and transparent to the public (RNAO, 2021b).



- Inspectors should receive mandatory and consistent training, and clear direction on when and how to direct LTC homes to consult best practice resources (2018b).

**14. Impose a higher standard of accountability and compliance on LTC homes with chronic compliance issues, including escalating stringency of responses to non-compliance and stronger enforcement of licence revocation or transfer.**

**Rationale:** Based on substantial evidence, the auditor general of Ontario has found “the Ministry’s handling of repeated non-compliance by home operators to be weak” (Office of the Auditor General of Ontario, 2021). Moreover, in some LTC homes, findings of continual non-compliance with legislative requirements remained unremedied up to five years later (Office of the Auditor General, 2021). Unfortunately, enforcement at the MOLTC level for LTC home non-compliance has been historically inadequate. The MOLTC has only revoked the licences of two long-term care homes since 2010, despite several LTC homes having repeated non-compliance issues (Office of the Auditor General of Ontario, 2021).

RNAO continues to demand implementation of the following enforcement measures recommended by the auditor general in 2015 and the Ontario COVID-19 Commission in 2021:

- The MOLTC must strengthen its enforcement processes to promptly address repeated non-compliance, including determining when to escalate to stronger levels of enforcement actions (Office of the Auditor General of Ontario, 2015).
- The MOLTC must evaluate the use of other enforcement measures, such as issuing fines or penalties to homes (Office of the Auditor General of Ontario, 2015).
- The MOLTC must implement consequences for non-compliance that increase in severity, and are proportionate based on the type of non-compliance (Marrocco et al., 2021).
- The MOLTC must enforce stricter measures in response to repeated non-compliance, such as penalties, mandatory management orders, and/or the transfer/revocation of the long-term care home owner’s operating licence (Marrocco et al., 2021).

## Conclusion

RNAO is greatly concerned that Bill 37 received royal assent without substantial amendments, despite extensive feedback and recommendations from RNAO and other stakeholders. After reviewing the proposed regulatory changes, RNAO remains worried that the same critical deficiencies we identified in the legislation remain unaddressed in the proposed regulations for the FLTCA.

We therefore urge that our above recommendations be reflected in amendments to the proposed regulations. These regulatory changes are critical to ensure improved public transparency in LTC, to implement clear and objective standards for all LTC homes, and to assure that all LTC residents are provided with the standard of care that they require and deserve.

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