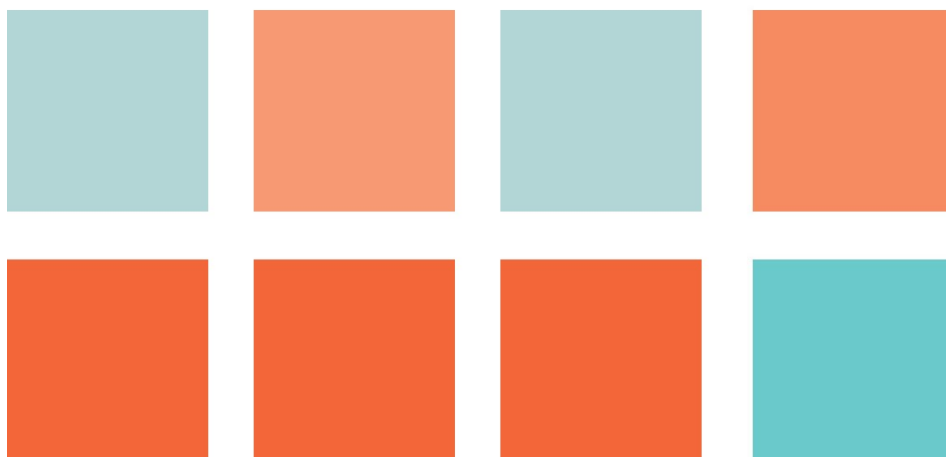


**RNAO response to the
Ministry of Health
consultation regarding
home care modernization:
contracting**

March 28, 2024



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 respond to the Ministry of Health's (MoH) consultation regarding home care, consistent with previous feedback given by RNAO in past submissions and consultation processes, including:

- [Home Care Guarantee for the People of Ontario - RNAO's Response to Bill 175: Submission to the Standing Committee on the Legislative Assembly](#)
- [RNAO Submission Re Bill 135, Convenient Care at Home Act, 2023](#)

Preamble

What follows are our responses to the questions provided by the Home and Community Care Branch Strategic Partnerships Division. We are participating in this consultation for the purposes of a) supporting health professionals in the carriage of responsibilities, and b) improving health outcomes for home care clients in Ontario. We do so to the best of our abilities given the very limited health human resource (HHR) information in the home care sector. In particular – as previously communicated to and recognized by MoH staff – there is no reliable count of nursing staff nor any reliable proxy for home care nursing staff in the sector.

The absence of sector-specific data means that our responses are informed by sector-specific workforce data from a range of non-MoH sources, as well as broader health system workforce sources including RNAO survey findings¹, the College of Nurses of Ontario (CNO) and the MoH. More accurate data will enable stakeholders such as RNAO to better engage and inform the future of home care in Ontario. To this end, RNAO urges MoH to release publicly – or to key stakeholders, including RNAO – the staffing data gathered through a point-in-time sector survey administered in the summer of 2023. This is the type of information that will strengthen the efforts of MoH and its partners to manage the home care sector, and to plan both health system transformation and HHR capacity.

RNAO responses to MoH questions

1. Patient- and family-centred care

Question: How can home care staff best support integrated care, including:

- team-based models
- outcome-based models
- shared care planning
- other

¹ See the following RNAO reports: [Nursing Through Crisis](#), the [Black Nurses Task Force report](#) and [Nursing Career Pathways](#)

RNAO's response: Integrated home care can be supported by:

1. Updating the outdated funding model for home and community care services:

- Multiple home-care organizations have laid bare the need for the Ontario government to update home and community care fee schedules because:
 - service providers are paid based on visits, rather than client outcomes
 - the current funding model – compensating service providers for each visit, with more visits yielding more compensation – provides too little opportunity for person-centred care and too few incentives for quality improvement (RNAO, 2011; RNAO, 2012; RNAO, 2014; RNAO, 2020a; RNAO, 2020b; RNAO, 2023b; SE Health et al., 2022)

2. Providing home and community care directly through Ontario Health Teams and health service providers:

- Bill 135 will allow for the dissolution of HCCSSs/LHINs and transitioning the provision of home and community care to Ontario Health Teams (OHT) and client providers. Re-locating all care coordinators from HCCSSs/LHINs directly into front-line care organizations will help to support integration (RNAO, 2012; RNAO, 2014; RNAO, 2020a; RNAO, 2020b; RNAO, 2023b; RNAO, 2024).

3. Facilitating sectoral integration and access to home and community care services by embedding RN-led system navigation in primary care:

- Situating RN care coordinators and navigators in primary care will facilitate system navigation, including the provision of referrals for home care services (RNAO, 2012; RNAO, 2014; RNAO, 2020a; RNAO, 2020b; RNAO, 2023b; RNAO, 2024).

4. Implementing contract and funding models for home and community care that promote and ensure accountability for quality, person-centred care:

- The home-care funding model must be reformed from a per-visit, transactional basis to funding baskets to allow a person-centred approach that encompasses a range of nursing interventions, including health promotion. Models of care that provide for caregiver continuity and emphasize expert clinical and relational care must be prioritized and funded (RNAO, 2011; RNAO, 2012; RNAO, 2014; RNAO, 2020a; RNAO, 2020b; RNAO, 2023b).
- By updating models of care, the role of the home-care nurse will evolve from a task-based care model to one that is more person-centred and encompasses a range of nursing interventions, including health promotion strategies (RNAO, 2020a).
- Comprehensive home care must include health education and teaching, treatment, rehabilitation, health maintenance, social adaptation and integration, support for the family caregiver, and end-of-life and palliative care (RNAO, 2020a).
- Funding packages should be provided to expand access to home and community care services in equitable ways according to each individual's needs (RNAO, 2020a; RNAO, 2020b).

5. Ensuring that any dollars saved from increased integration, care coordination and better outcomes are re-invested into additional access to home care services for Ontarians and not profit-making:

- Any savings in Ontario Health Teams resulting from achieving the Quadruple Aim must go back to the people of Ontario through better staffing and expansion of services to the OHT catchment area population (RNAO, 2020a; RNAO, 2020b).

For further information on integration, please refer to RNAO's [Transitions in Care and Services](#) Best Practice Guideline (BPG).

For further information on patient and family-centred care, please refer to RNAO's [Person- and Family-Centred Care](#) BPG.

2. Service performance

Question: What would be the most useful key performance indicators (KPIs) to monitor and evaluate HHR stability?

RNAO's response: The province of Ontario is severely lacking data related to HHR in the home and community care sector. We urge the government to immediately address this issue, by identifying and implementing systematic HHR data collection and reporting mechanisms for the home and community care sector. Such data is necessary to identify immediate priority staffing needs, and for projecting supply and demand needs for the sector.

Some useful key performance indicators (KPIs) to monitor and evaluate health human resources (HHR) stability include:

- Race-based data
- Position counts
- Head counts
- Full time equivalent (FTE) counts
- Employment status (full time/part time/casual)
- Paid hours
- Worked hours
- Retention rate
- Vacancy rate
- Turnover/attrition rate
- Sick time hours (Absenteeism)
- Overtime hours
- Skill mix
- Direct care hours per patient day x health care profession (with PSW and nursing hours broken out by nursing classification)
- Direct care hours per patient visit x health care profession (with PSW and nursing hours broken out by classification)
- Indirect care hours by roles and professional classification
- Staff mix, RN worked hours (Percentage of the total nursing worked hours provided by RNs)
- Staff mix, agency (Percentage of the total nursing worked hours provided by agency / purchased nursing staff)

- Purchased staff hours
- Measures of employee health, well-being and satisfaction (for example, burnout, anxiety, stress and/ or depression)

Question: What are the barriers and opportunities for staff in documenting KPI data?

RNAO's response: The collection of KPI data is hindered by heavy workloads and inadequate resources in the home and community care sector. We recommend the following supportive measures:

- The obligation to collect and report standardized HHR KPI data must be included in contract requirements for service provider organizations
- Service provider organizations must be provided with funding and resources (e.g. dedicated staff) to support improved data collection and reporting
- Automated HHR systems must be in place

3. Workforce management

Question: What are the primary barriers and opportunities for home care staff to optimize their contributions to the delivery of patient-centred, high-quality care?

- Training / specialization
- Working to full scope
- Stability of assignments / access to full-time employment / guaranteed work hours
- Working as Part of a Team
- Continuity of Client-Provider Relationships
- Other

RNAO's response: RNAO has identified the following steps needed to seize opportunities and address barriers for optimizing patient-centred, high-quality care in the home care sector:

a. Training/ specialization

- **Focused attention to equity, diversity and inclusion:** Implement anti-racism, anti-oppression, cultural safety, and other equity, diversity and inclusion (EDI training, orientation and mechanisms for staff at all levels and settings in the home and community care sector (RNAO, 2022a; RNAO, 2023a; RNAO, 2024).
- **Ensure EDI is embedded in all HR policies:** Implement EDI policies for hiring and career progression (RNAO, 2022a; RNAO, 2023a).
- **Better supports for home and community care nurses:** Increase funding and resources for home and community care nurses to pursue continuing education, professional development and nursing specialty certifications (RNAO, 2023a).
- **Supports for continuing education:** Provide home and community care nurses with time off, flexible work scheduling and compensation when pursuing continuing education (RNAO, 2023a).
- **Increased student placements:** Increase funding, resources and supports to facilitate more student placements in home and community care (RNAO, 2023a; RNAO, 2024).

- **Expanded nursing externship opportunities:** Expand the nursing externship program to include the home and community care sector to promote retention and recruitment of qualified staff in this sector (RNAO, 2023a; RNAO, 2024).
- **Better orientation and mentorship:** Provide increased orientation and mentorship opportunities (e.g. nursing graduate guarantee, clinical scholar program, and late career nurse initiative) within the home and community care sector to facilitate retention and recruitment in this sector (RNAO, 2023a; RNAO, 2024).

b. Working to full scope

- **Expanded RN prescribing:** Harness the expertise of RNs by widely implementing and expanding RN prescribing, which will significantly enhance access to high-quality care within home and community care settings (RNAO, 2023a; RNAO, 2024).
- **Supports to train RNs on prescribing:** Provide tuition support for RN prescribing to prepare up to 4,000 RNs as prescribers per year for five years (RNAO, 2024).
- **Integrate RN prescribing education into BScN curriculum:** Incentivize early adopters for integration of RN prescribing into BScN curriculum, starting in 2024 (RNAO, 2023d).
- **Work with employers to utilize RN prescribers:** Incentivize early adopters for integration of RN prescribing into the workforce (RNAO, 2024).

c. Stability of assignments/ access to full-time employment/ guaranteed work hours

- **New up-to-date funding model:** Eliminate the outdated pay-per-visit model, as employees in the home and community care sector are forced to seek alternative work during times when service volumes decline and their main employment income drops (RNAO, 2011; RNAO, 2012; RNAO, 2014; RNAO, 2020a; RNAO, 2020b; RNAO, 2023b; SE Health et al., 2022).
- **More and better employment:** Increase full-time employment opportunities:
 - Ensure that contracts adhere to high employment standards including salaries and benefits consistent with hospital employees; and full-time employment to foster continuity of care and caregiver and quality of work life (RNAO, 2011; RNAO, 2020a; RNAO, 2020b; RNAO, 2023b).
 - Build a stable workforce by ensuring 70 per cent of staff are employed full-time and are compensated in a way that matches the hospital sector (RNAO, 2011; RNAO, 2020a; RNAO, 2020b; RNAO, 2023b).

d. Working as part of a team

RNAO strongly endorses an integrated health system where an interprofessional team can partner with the person/client and their family to support them across multiple settings and maintain continuity of care during transitions (RNAO, 2020a).

Team-based care can be fostered in the home and community care sector by implementing the following:

- Provide an expanded publicly-funded basket of home and community care services for all Ontarians, to facilitate interprofessional team-based models of care (RNAO, 2020a).
- Introduce more advanced practice nurses, such as clinical nurse specialists and nurse practitioners, to the home-care sector. Research validates the influence clinical nurse specialists have on promoting positive client outcomes in the home, as well as on the effectiveness of the nurse practitioner role in the home-care setting (Enguidanos et al., 2012; Lewandowski and Adamle, 2009; Murtaugh et al., 2005; Ornstein et al., 2011; Parab et al., 2013; RNAO, 2020a).

e. Continuity of client-provider relationships

RNAO strongly suggests that home-care contracts be awarded to providers that are able to deliver a broad range of services around the clock, so as to avoid fragmented care:

- **Fragmentation within current model:** Under the current model a person can receive home care services from three different agencies, each with their own protocol and personnel – thus adding risk of errors due to variability of agency and staff practices. The results are fragmented care, lack of care and caregiver continuity, poor patient and provider experience and numerous gaps in service compromising care goals and health outcomes (RNAO, 2011; RNAO, 2020a; RNAO, 2020b; RNAO, 2023b).
- **One service provider offering multiple services:** Contracts for home-care should be awarded to providers that can deliver a broad range of services: nursing, personal support and rehabilitation 24 hours a day and 7 days a week (24/7). The same service provider should provide the entire required service package to a client (RNAO, 2006; RNAO, 2020a; RNAO, 2020b; RNAO, 2023b).
- **Standard contract for contract awards:** Contracts should be awarded to home and community care organizations based on quality outcomes and accountability. It is imperative that the government develops standard criteria to ensure that the highest quality providers who provide evidence-based home and community care services to Ontarians are given preference (RNAO, 2020b).
- **Better accountability:** Accountability for service provider organizations must be strengthened by enacting clear policies, performance metrics reporting, and auditing. This must also include public reporting requirements (SE Health et al., 2022).

f. Other

RNAO suggests the following approaches:

- Ensure Ontario Health Teams (OHT) and health-service providers are accountable to needs-based funding that follows Ontarians in an efficient and person-centred manner, adjusting for personal circumstances (RNAO, 2020b).
 - Any new system should be adjustable for personal characteristics. This includes a funding model that funds baskets of services that follow evidence-based pathways and leverage provider knowledge and autonomy (RNAO, 2020a; RNAO, 2020b).
 - As we move to modernize home and community care, we will need robust criteria to ensure we have the highest quality providers. RNAO urges government and its agencies – including Ontario Health – to award contracts with preference to home-care agencies that are BPSOs,

as they ensure the best clinical governance and stronger delivery of Quadruple Aim outcomes (RNAO, 2020b).

- For more than two decades, RNAO has developed rigorous, evidence-based BPGs and provided implementation support and coaching – all available free of charge – to nurses and other health team members, organizations and systems. This enables evidence-based practice with better health, clinical and satisfaction outcomes for persons in all health sectors, including home care. Such results are measured by the robust NQuIRE® data Nursing Quality Indicators for Reporting and Evaluation® (RNAO, 2020b).
- In 2003, RNAO formally introduced its BPSO implementation methodology. To date, over 1,500 organizations have been designated BPSOs after three years of intense coaching and support for clinical governance, and data-driven rapid learning in the implementation of evidence-based practice. Data shows that BPSOs deliver better health outcomes, patient and provider satisfaction and cost savings. (RNAO, 2020b).
 - There are currently nine home-care agencies² that are established, long-time BPSOs delivering better outcomes for Ontarians (RNAO, 2020b).
- RNAO also partners directly with OHTs to implement BPGs through our BPSO OHT models, in order to better respond to health system transformation in Ontario. BPSO OHTs are already demonstrating greater integration, clearer co-ordination of services, common client-centred approaches, and attention to evidence across sectors (RNAO, 2020b).

4. Retention and recruitment approaches for the home care sector

Questions:

- What are the approaches to improving retention and recruitment with the greatest potential?
- What steps should be considered to bolster HHR capacity during contract and SPO selection updates?

RNAO's response:

Barriers to retention and recruitment:

As per the preamble, above, the biggest issue pertaining to retention and recruitment in the home and community care sector is the significant absence of HHR data and the compensation differential between home-care nurses and their counterparts in the acute care sector (RNAO, 2011; RNAO, 2020b; RNAO, 2023b; RNAO, 2024). It is a truism - one can not manage what is not measured. The government must invest in the resources necessary to measure the workforce as per the measurements listed above.

a. RN human resources crisis

- Ontario is in the midst of an RN crisis, which demands immediate action to promote RN retention and recruitment in this province.
- Ontario now needs 25,000 more RNs just to bring the province to the same RN-per-capita ratio as the rest of the country (RNAO, 2023b).

² These BPSOs are: Bayshore HealthCare; CBI Health; CarePartners; The Care Company; SRT Home and Community Support Service; Spectrum Health Care; SE Health, VON Home and Community Care; and VHA Home HealthCare;

- The number of RN vacancies in Ontario has remained around 10,000 since the last quarter of 2022, and the number of Ontario RN vacancies unfilled for 90 days or longer has more than doubled since the start of the pandemic (RNAO, 2023b).

b. Nursing human resources and home care

- The home-care sector has historically experienced a turnover rate of up to 40 per cent, as staff members leave to pursue work in better-paying sectors (RNAO, 2011; RNAO, 2020b; RNAO, 2023b; SE Health et al., 2022).
- The Ontario Community Support Association cited a 421 per cent increase of vacant RN positions from 2020 to 2021 (OCSA, 2022c), and Home Care Ontario reported that the sector lost approximately 3,000 nurses during the pandemic (Home Care Ontario, 2021a).
- Much of the RN deficit in the home- and community-care sector can be explained by system-wide inequities in compensation. It is difficult to retain staff in the home and community care sector due to much lower wages and benefits than in other health sectors. For example, an RN earning \$47.75 per hour in a hospital would earn \$44.14 per hour in a long-term care home and only \$36.98 per hour in home care (RNAO, 2011; RNAO, 2020b; RNAO, 2023b; RNAO, 2024; SE Health et al., 2022).

Other opportunities to improve retention and recruitment of nurses in Ontario:

- Improve staffing, skill mix, and terms and conditions of work in the home-care sector to ensure that there are adequate health human resources (RNAO, 2011; RNAO, 2020b; RNAO, 2023b).
- Expand NP utilization in home health care (RNAO, 2021).
- Ensure compensation and benefits parity in all sectors by harmonizing upwards within each category of nurse – NP, RN and RPN. The end goal should be retention of nursing talent and stability of the home and community care sector as an element needed to ensure care continuity and quality outcomes (RNAO, 2011; RNAO, 2020b; RNAO, 2023a; RNAO, 2023b; RNAO, 2024).
- Incorporate EDI principles in all health human resource policies to ensure fair and equitable access to educational opportunities, professional development and career advancement (RNAO, 2022a; RNAO, 2023a; RNAO, 2024).
- Ensure programs that support EDI – such as mentorship arrangements – are available in all home and community care workplaces (RNAO, 2022a; RNAO, 2023a; RNAO, 2024).
- Continue to collect race-based data for nurses and expand to include all health professionals (RNAO, 2022a; RNAO, 2023a; RNAO, 2023b).
- Implement evidence-based recommendations to retain and recruit nurses by providing fulltime employment (including benefits and paid sick days), mentorship and professional development (including leadership training), occupational health and safety measures and enforcement, healthy work environments, and safe workloads (RNAO, 2023a; RNAO, 2023b).
- Increase funding support, schedule accommodation and resources for home care PSWs, RPNs, RNs, and NPs to pursue continuing education, professional development, specialty certifications. Offer programs in workplaces to facilitate attendance (RNAO, 2023a; RNAO, 2023b).
- Develop expanded and optimized nursing education pathways similar to Ontario’s Begin Program and New Brunswick’s Step Up to Nursing Initiative which combines work and education by providing salary and tuition support for PSW to bridge to RPN/LPN, or RPN/LPN to bridge to RN

to encourage nurses to advance their nursing education and careers in Ontario. Also, expand Ontario's Grow your Own to encourage RNs to bridge to NP (RNAO, 2023a; RNAO, 2023b).

- Identify and remove discriminatory barriers to registration for internationally educated health professionals who are already in Canada (RNAO, 2023a; RNAO, 2023b; RNAO, 2024).
- Increase the supply of nurses by: continuing to increase nursing school enrolments and corresponding funding; compressing registered practical nurse-to-BScN bridging programs; and supporting nursing faculty retention and recruitment (RNAO, 2023a; RNAO, 2023b; RNAO, 2024).
- Expand funding for the Return to Nursing Now program to attract nurses back to the nursing workforce (RNAO, 2023a; RNAO, 2023b; RNAO, 2024).
- Fund innovative nursing education-practice partnerships across all health sectors, incorporating preceptor roles to ensure manageable workloads for staff and effective clinical placements for nursing students (RNAO, 2023a; RNAO, 2023b; RNAO, 2024).

For further information on nursing retention and recruitment strategies, please refer to RNAO's following reports:

- [Nursing Career Pathways](#)
- [Nursing Through Crisis](#)
- [Black Nurses Task Force \(BNTF\) Report](#)
- [Work and Wellbeing Survey Results](#)

Question: Are there specific incentives to improving retention and recruitment that should be utilized in hard-to-serve geographies?

RNAO's response: For specific retention and recruitment strategies related to the rural, remote, and northern workforce, please refer to the 23 recommendations in RNAO's seminal report, [Coming Together, Moving Forward: Building the Next Chapter of Ontario's Rural, Remote & Northern Nursing Workforce Report](#)

Question: What are the most important opportunities to leverage technology to improve working conditions?

RNAO's response:

Expand technology in the home care environment – including virtual care that is safe and secure – by developing a robust set of quality standards that guides the use of technology and outlines virtual care as an adjunct to in-person care and not as a replacement.

- RNAO believes that technology must be strengthened by OHTs to increase access to vital home and community care services, yet it must be done in a manner preserves the safety, security, and quality of care that Ontarians need and deserve (RNAO, 2020a; RNAO, 2020b).
- RNAO has long recommended that the government optimize digital health technologies to improve access, enhance integration and support person-centred care (RNAO, 2020a; RNAO, 2020b).
- Home care providers and their staff require access patient information in real time at the point of care and allow for timely decision-making, which is increasingly important amid the growing complexity of patient care needs in the home (RNAO, 2020a; RNAO, 2020b).
- RNAO envisions a health system in which technology and virtual care provided by OHTs is standardized across the province with a single set of quality standards to maintain safety and security of patient information and ensure high-quality care (RNAO, 2020a; RNAO, 2020b).

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