Long-Term Care Systemic Failings: Two Decades of Staffing and Funding Recommendations

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Long-Term Care Best Practices Program

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RNAO.CA

Executive Summary

The Registered Nurses' Association of Ontario (RNAO) has advocated for changes in the long-term care sector for two decades, with the goal of enhancing outcomes for residents, their families and the staff that care for them. Many of RNAO's recommendations relate to staffing and the funding models required, ensuring safe, evidence-based resident care. We have also reiterated the need for a skill mix that reflects the increasing acuity of the residents that currently live in Ontario's long-term care homes, as well as funding models that address their needs.

To better inform the current discussion on changes in long-term care, RNAO has compiled reports, submissions and backgrounders, as well as a public inquiry and a coroner's inquest, that have identified problems and provided solutions to the issues in LTC over the past 20 years.

RNAO identified 35 reports available online related to staffing and funding models in long-term care, from 1999 to 2020. This list is not exhaustive, however reflects the consistent demand for attention to staffing numbers, staff mix and professional practice along with funding support to ensure safe, competent, evidence-based person-centred care.

We do not need another commission or inquiry to unearth the crisis in long-term care. You can see from this summary the myriad of recommendations that have not seen action. The results of studies and committees were presented, promises were made, and this document demonstrates that inquiries, inquests and reports have made recommendations that have been forgotten, or deliberately not acted upon.

The recommendations from the Long-Term Care Homes Public Inquiry, led by the Honourable Justice Eileen Gillese, were tabled in July 2019. And what action has been taken? One of the mandates was for the government to table in the legislature a detailed report on the adequacy of regulated staffing in LTC. The deadline set was July 31, 2020, and all have forgotten – the politicians, the media, and yes, even health providers themselves. This summary of 35 reports, inquest and inquiry provides a blueprint to guide Minister of Long-Term Care Dr. Merrilee Fullerton in what needs to be done. We can't afford another investigation – not financially and not at the expense of residents' quality of life. We know, as a collective, the need to address staffing and the skill mix in long-term care.

The time to act is July 31, 2020.

Table of Contents

I. Inquest:

1. July 2006 - Coroner's Inquest into the deaths of Pedro Lopez and Ezzeldine El Roubi - Casa Verde

Report released - July 2006 http://longtermcareinquiry.ca/wp-content/uploads/Exhibit-135_Report-on-the-inquest-into-the-deaths-of-Ezzeldine-El-Roubi-and-Pedro-Lopez.pdf

Recommendations - Staffing

Recommendation 28	That the MOHLTC retain PricewaterhouseCoopers, or a similar consultant, to update the January 2001 Report of a Study to Review Levels of Service and Responses to Need in a Sample of Ontario Long Term Care Facilities and Selected Comparators, and to have an evidence based study of the present situation determine the appropriate staffing levels for Ontario Long Term Care facilities given the significant number of Ontario residents with cognitive impairment and complex care needs in LTC facilities. This would include determining the appropriate amount of direct RN care that is required, the indirect RN care and the total hours per resident per day of overall Nursing and Personal Care (RN, RPN, and HCA) on average.
Recommendation 29	That the MOHLTC in the interim, pending the evidence-based study should fund and set standards requiring LTC facilities to increase staffing levels to, on average, no less than .59 RN hours per resident per day and 3.06 per resident per day overall nursing and personal car for the average Ontario case mix measure. The funding formula for the Nursing and Personal Care envelope must be immediately adjusted to reflect this minimum staffing.
Recommendation 30	That the MOHLTC, once the updated evidence based study is received, should set out standards based on this information, for all Ontario LTC facilities to ensure that Ontario LTC facility residents are given appropriate nursing and other staff hours. At a minimum the staff hours must be comparable to other similar jurisdictions and are sufficient to meet the needs of present and future Ontario LTC facility residents. Rationale: Report of a Study to Review Levels of Service and Responses to need in a Sample of Ontario Long-Term Care Facilities and Selected Comparators January 11,2001 PricewaterhouseCoopers Report - Report of a Study to Review Levels of Service and Responses to Need in a Sample of Long Term Care Facilities and Selected Comparators - January 11, 2001
Recommendation 34	In order to attract and retain sustainable Registered Nurses to provide the skilled continuity of care required, the MOHLTC should take

	immediate steps to enhance the working conditions in LTC facilities including: i) immediately change the funding system to ensure parity in wages and benefits with Ontario hospital Registered Nurses; and ii) increased number of full-time RN positions and increased the total percentage of fulltime RN positions significantly; iii) Monitor and track LTC facilities use of funds in the Nursing and Personal Care Envelope to ensure that funds are used to meet the agreed upon staffing mix and RN/resident ratios; iv) Monitor and decrease significantly the use of agency nurses and other LTC staff by LTC facilities.
Recommendation 35	Given the College of Nurses' Ontario mandate is to protect the public and that it has set standards of practice for RN's and RPN's (including different scopes of practice between RN's and RPN's and express responsibilities for RN's in supervision and delegation to unregulated health care workers) the RN staffing levels must be sufficient to allow the RN in the LTC facility to have time to adhere to the standards set out by the Ontario College of Nurses. Rationale: Chart - "Profile of Practice Expectations for RN's and RPN's - College of Nurses of Ontario Practice Guideline, "Utilization of Unregulated Care Providers (UCP's)
Recommendation 36	The MOHLTC staffing standards and the implementation of the staffing standards by the LTC facilities must ensure that the RN has sufficient time to ensure that she/he has time for collaboration with physicians, RPN's and Psycho geriatric Resource Consultants and sufficient time to adequately supervise, teach and delegate to the unregulated workers.
Recommendation 37	To ensure that the funding provided to long-term care facilities is sufficient to provide the level of care required by residents and that the assessed needs of the residents are being met, the MORLTC should, in keeping with the recommendations of the Office of the Provincial Auditor: i) Develop standards for staffing in LTC facilities including the number of RN hours of direct and indirect care per resident, the mix of registered and non-registered staff and the staff to resident ratios depending on the complexity of care needs of the residents at the facility; and ii) Track staff to resident ratios, the number of RN hours per resident and the mix of registered and non-registered nursing staff and determine whether the level of care provided are in accordance with the standard, the specific service agreements of the facility and are meeting the assessed needs of residents; and iii) Monitor to ensure compliance and accountability of funds given to LTC facilities. iv) Data regarding the facilities staffing levels, including RN to resident ratios and average numbers of RN hours (direct and indirect) per resident, in addition to compliance reports in LTC homes should be public and easily accessible for review by both request and on the public website. This

	will ensure that all relevant individuals and entities (including the families and CCAC employees) have this information to make decisions regarding appropriate facilities. This information must be kept current. Rationale: Pricewaterhouse Coopers Report - Report of A Study to Review Levels of Service and Responses to Need in a Sample of Ontario Long-Term Care Facilities and Selected Comparators -- January 11, 2001 Report - Commitment to Care: A Plan for Long-Term Care in Ontario - prepared by Monique Smith - Spring 2004

Recommendations - Funding Models

Recommendation 26	That the MOHLTC, in consultation with stakeholders, should revise the funding system presently in place for LTC facilities within the next fiscal year. Any new system (such as the MDS (Minimum Data Set) model presently being contemplated by the MOHLTC) should be designed to ensure that the funding model is sufficient to take into account the higher skill level of staff required for residents with dementia and other mental health problems and, in particular, give sufficient weight to actual and potential aggressive behaviours to ensure adequate staffing, sufficient time and resources for LTC facilities if they are responsible to manage residents with such behaviours. Rationale: Commitment to Care - A Plan for Long-Term Care In Ontario Prepared by Monique Smith - Spring, 2004
Recommendation 31	Pending the remodelling of the funding system, the MOHLTC immediately review and revise the present CMI system to ensure cognitive impairment and behavioural problems are sufficiently weighted in the CMI system to ensure sufficient funding for appropriate skilled staff for assessment, monitoring and management of residents prone to these behaviours. Rationale: “Report on Individuals Who Present Challenges to Placement in a Long-Term Care Facility” - Interim Report - March 2001
Recommendation 32	Pending the remodeling of the funding system, the MOHLTC immediately review the present CMI system to ensure that cognitive impairment and behavioural problems are properly identified and captured under the system. As the present system depends on charting of behaviours, the system should ensure that those RN’s who are assessing and charting the behaviours have sufficient time to actually assess and record the behaviours. In addition, all staff that the RN’s are supervising must also have the training and time to report the behaviours in order that the `behaviours be appropriately picked up by the system.

II. Inquiry:

2. Gillese, E. (2019). The Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System.
https://longtermcareinquiry.ca/en/

Recommendations - Staffing

Recommendation 85	The Ministry of Health and Long-Term Care should conduct a study to determine adequate levels of registered staff in long-term care (LTC) homes on each of the day, evening, and night shifts. The Minister of Health and Long-Term Care should table the study in the legislature by July 31, 2020. If the study shows that additional staffing is required for resident safety, LTC homes should receive a higher level of funding overall, with the additional funds to be placed in the nursing and personal care envelope.

Recommendations - Funding Models

Recommendation 19	The Ministry of Health and Long-Term Care must expand the funding parameters of the nursing and personal care envelope to permit long-term care homes to use these funds to pay for a broader spectrum of staff, including porters, pharmacists, and pharmacy technicians.
Recommendation 21	The Ministry of Health and Long-Term Care (Ministry) should create a new, permanent funding envelope for long-term care (LTC) homes to fund training, education, and professional development for all those providing care to residents in LTC homes. The Ministry should permit LTC homes to use the funding envelope for, among other things: •costs of staffing the shifts of those away on training;•stipends for staff completing training that requires a leave of absence; •course fees; •development of training materials; and •costs of annual membership fees associated with joining organizations such as the Ontario Long Term Care Association and AdvantAge Ontario.

III. Reports (1999 - 2019)

1. Nursing Task Force. January 1999. Good Nursing, Good Health: An Investment for the 21st Century. Report of the Nursing Task Force

http://www.health.gov.on.ca/en/common/ministry/publications/reports/nurserep99/nurse_rep.aspx

In total, there were 8 recommendations outlined in the report of Nursing Task Force related to the Ontario health care system in general rather than the long term care sector, specifically.

Recommendations - Staffing

Recommendation 4	Continuity and quality of care are highly dependent on the retention of experienced and knowledgeable nurses and require not only a sufficient number of permanent positions for RNs and RPNs but also a working environment that offers flexibility and professional satisfaction. It is therefore recommended that employers of nurses mount pilot projects to test alternative models of nursing care (e.g. flexible hours, environments that enable nurses to develop clinical skills, etc.) and that these models be evaluated to assess the impact on client outcomes and the working environment for nurses.
Recommendation 8	To ensure that these recommendations are continuously reviewed, evaluated and adjusted, as required, to meet changing needs, we recommend that a process be established to monitor their implementation, effectiveness and outcomes. We further recommend that the Joint Provincial Nursing Committee be charged with this responsibility.
Recommendation 2	In order to improve patient outcomes and the level of nursing services provided to consumers, it is recommended that on-going structured opportunities be provided for RNs and RPNs to participate in a meaningful way in decisions that affect patient care on both a corporate and an operational level. In addition, health care delivery organizations must ensure that there is specific responsibility and accountability, at a senior management level, for professional nursing resources. It is recommended that this be achieved through amendments to relevant legislation. It is also recommended that the Ministry of Health work with health care facilities and educational institutions to ensure nurses are prepared for their ongoing leadership roles.

Recommendations - Funding

Recommendation 1	To immediately enhance health care delivery through nursing services by stabilizing the nursing workforce and improving the retention of the existing nursing workforce, it is recommended that the Minister of Health: Ensure that no further losses to aggregate professional nursing positions take place across all spectrums of health care delivery and immediately invest, on a permanent basis, $375 million to create additional permanent front line nursing positions before the Year 2000. The first $125 million of this investment should be made, no later than March 31, 1999, to create additional permanent front line nursing positions across all sectors of the health care system. It is further recommended that a specific portion of the $375 million be directed to the employment of trained and qualified nurse practitioners. While there may be areas of urgent need for nursing services in the short term, the remainder of the investment ($250 million) will be determined by a method of funding nursing services that ensures health care consumers receive appropriate nursing care regardless of the setting in which it is received. (See Recommendation 5)
Recommendation 3	To ensure that nursing resources are available to health care consumers and are based on reliable, relevant and timely evidence, it is recommended that the Ministry of Health invest an additional $1 million annually for research to support a comprehensive nursing resource database. This database can be used to determine the appropriate number and skill mix of professional nurses and non-professional providers for optimal client outcomes.
Recommendation 5	To ensure that health care consumers have access to appropriate nursing services, regardless of the setting in which they receive them, the Ministry of Health must develop a comprehensive method of funding nursing services by November 1999. This funding method should be : • Responsive to the changing needs of the health care consumer; • Based on performance standards for nursing services that promote quality outcomes; and Based on health information systems that provide comprehensive and reliable data on nursing services, workload and productivity.

2. **Office of the Provincial Auditor (2000). Special Report: Accountability and Value for Money. Chapter 4: Follow-up to Recommendations in the 1998 Annual Report.**
https://www.auditor.on.ca/en/content/annualreports/arreports/en00vfm/4en00vfm.pdf

Recommendations - Funding

To assist it in making improvements to long-term care community services, the Ministry should develop a system to measure and report: • the costs of long-term care community services provided to individuals; and • the relevant performance indicators for Community Care Access Centres.
To better ensure equitable funding and access to long-term care community services, the Ministry should: • establish a plan to eliminate inequities in funding and differences in service levels among districts; • ensure that its funding formula takes into account service needs, ongoing demographic changes and changes in the health care system'

3. **PricewaterhouseCooper (Jan 11, 2001). Report of a study to review level of service and responses to need in a sample of long term care facilities and selected comparators**
http://longtermcareinquiry.ca/wp-content/uploads/Exhibit-158_Price-Waterhouse-Coopers-Report-of-a-Study-to-Review-Levels-of-Service-and-Responses-January-11-2001.pdf

Statements - Staffing

The data clearly indicates that Ontario LTC provides the fewest number of nursing hours per resident day when compared to other settings. This is an important finding given that from previous data, it has been demonstrated that Ontario LTC residents: • Are among the oldest, • Have one of the highest rates of dementias and Alzheimer's , • Have the highest proportion of residents with stroke in the Canadian sample, • Have high levels of cognitive and ADL impairment, and • Are the most depressed.
Ontario LTC facilities have a resident population which have higher care needs than a number of other jurisdictions. In almost all cases, residents in Ontario LTC facilities receive less nursing, aide and therapy care than found in the majority of comparators.

Statements – Funding Model

Factors such as wage rates and benefits, operating costs, labour laws, union contracts, infrastructure and regulatory environments all must be taken into account before any conclusions may be made about staffing levels

4. **Hall, L. McG., D.I. Doran, G.R. Baker, G.H. Pink, S. Sidani, L. O'Brien-Pallas, and G.J. Donner (2001). A Study of the Impact of Nursing Staff Mix Models and Organizational Change Strategies on Patient, System and Nurse Outcomes: A Summary Report of the Nursing Staff Mix Outcomes Study.' Faculty of Nursing, University of Toronto.**
   https://www.mcgillishall.com/wp-content/uploads/2010/05/ImpactOfNursingStaffMix_Report.pdf

A study across sectors, not specific to long-term care

Findings – Staffing

Staff mix was a significant predictor of five of the patient health and quality outcomes (functional independence, pain, social functioning, and satisfaction with obstetrical care) with higher proportions of RN/RPNs in the staff mix associated with better health and patient satisfaction outcomes and with lower unit rates of medication errors and wound infections
Patient age and complexity were found to be predictors of nursing hours utilization within the medical-surgical patient population in this study, with more nursing hours utilized for patients that were older and for patients with higher complexity levels

5. **Romanow, R. (2002). Building on Values: The Future of Health Care in Canada**
   https://www.canada.ca/en/health-canada/services/health-care-system/commissions-inquiries/federal-commissions-health-care/commission-future-health-care-canada-romanow-commission.html

Recommendations – Funding

The health care system needs a variety of resources in order to deliver services and meet the health care needs of the population. That includes not only financial resources but also human and physical resources such as equipment, facilities and technology

6. Ontario Health Coalition-Ownership Matters: Lessons Learned from Long-Term Care Facilities (2002).

http://www.ontariohealthcoalition.ca/wp-content/uploads/Full-Report-May-2002-Ownership-Matters.pdf

Findings – Staffing

1997 survey of nearly 2800 front-line workers in nursing homes, reveal a startling picture of intense workloads and staffing levels that border on neglect and abuse. In February and March 2001, an ad-hoc coalition of seniors' organizations, unions and health advocacy groups held seven public forums in cities across Ontario. More than 800 people participated in these forums and provided the material for the coalition's report Long-Term Care – In Limbo or Worse? In city after city, workers, family members and advocates for those living in long-term care facilities expressed their concern about inadequate staffing levels, especially in the face of increasingly complex care needs.
Armstrong et al (1997) surveyed front-line long-term care providers on a range of issues including quality of care, levels of care, needs of residents, workload, staff injuries, incidents of error, and the use of physical and chemical restraints. The results were staggering: ● 94% reported a significant decline in the quality of care after the government removed the minimum care requirement. ¾ 86% said workloads had increased and staffing levels were inadequate. ● 80% said they did not have enough time to do their jobs. ● 79% overall reported working in short-staffed units, ● 89% of workers in privately-owned, chain-operated facilities reported working short-staffed compared to 74% of those in publicly-owned facilities.

Findings – Funding Models

In the context of a highly privatized industry, it is important to understand how the provincial funding system works for one very simple reason. Private sector corporations have very basic and fundamental imperatives – to seek profit and growth. Because much of the funding to nursing homes comes from the provincial government and is therefore tightly controlled, profit margins must be found elsewhere. The alternatives are fairly limited: quality of the facilities; staffing levels and/or wages and working conditions; quality of patient care; and the imposition of new user fees.

7. Commitment to Care: A Plan for Long-Term Care in Ontario (2004)

https://collections.ola.org/mon/8000/243624.pdf

Recommendations - Staffing

Increased staff funding and a move towards ensuring more full time staff to provide consistent,

resident-knowledgeable care is recommended, even as we recognize the Province's current financial constraints. More nurse practitioners in LTC homes, more attention to activities / activation staff and increased dietitian time would improve the quality of life and care. These resources must be tied to specific outcomes and an annual audit must be undertaken to ensure that the funding designated for specific roles or resources is in fact spent on the intended priorities.
In addition, long-term care homes are currently staffed by a mix of many part-time nurses, health care aids and personal support workers resulting in "casualization" of this work force. Often, outside agency staff are hired on a short-term basis to care for residents. This results in greater staff turnover levels and the opportunity for increased staff error. More full time staff are required to provide consistent, resident-knowledgeable care.
We recommend returning to the 24-hour registered nurse standard. We see a great need to concentrate dollars in resident care and so we strongly recommend that any future spending for care be tied directly to the nursing and care envelope to ensure the money goes directly to frontline care. Also, strategic efforts need to be developed to promote the long-term care sector as a desirable career option as staff shortages and pay inequities are constant challenge.

Recommendations - Funding Models

We recommend revisiting the entire funding system in the next fiscal year to establish a model that provides homes with a base level of funding for consistency while still allowing some flexibility for the fluctuating levels of care. Stable funding is required to ensure more full time, resident knowledgeable staff. Consistency in funding would go a long way to ensuring consistency of care.

8. DIGNITY DENIED: Long-Term Care and Canada's Elderly (2007). National Union of Public and General Employees NUPGE

https://nupge.ca/sites/default/files/publications/Medicare/Dignity_Denied.pdf

Findings - Staffing

Provincial and territorial governments should provide new funding to: - Recruit and retain staff for facilities to improve staff-resident ratios, provide for an optimal mix of staff, and guarantee optimal standards and hours of care per resident. - Build more facilities and spaces needed to reduce wait lists. - Renovate LTC physical infrastructure and upgrade equipment.
Provincial and territorial governments should consolidate the legislation governing LTC facilities into a single, comprehensive Act to ensure consistent, high quality standards of care, as well as clear accountability and enforcement measures. Governments should include in this legislation the ratios and standards recommended by a Long-Term Care Commission, and make it

mandatory that facilities meet them.

Findings – Funding Models

Provincial governments should increase the public per diem to a level that ensures all health services (personal and medical) are covered for residents. Further, the per diem should have a built-in escalator to ensure increased funding as costs rise.
Governments must make a financial commitment to improve the wages, benefits and working conditions of currently employed LTC workers, and to provide additional training for staff to deal with the increasingly complex needs of LTC residents.
Governments should ensure that compensation, benefits and working conditions are equalized across the health care system.
Ultimately the answer to Canada's crisis in LTC must be the recognition that it is an essential part of our health care system. LTC must become an ensured service under the umbrella of the Canada Health Act. It is time for Canada to provide its most vulnerable citizens with the quality of life and care they need and deserve. We propose enhancing the role of public, not-for-profit LTC which has been proven to provide better services at less overall cost.

9. Staffing and Care Standards for Long-Term Care Homes Submission to the Ministry of Health and Long-Term Care Registered Nurses' Association of Ontario (2007)

https://rnao.ca/sites/rnao-ca/files/storage/related/3163_RNAO_submission_to_MOHLTC_--_Staffing_and_Care_Standards_in_LTC_-_Dec_21_20071.pdf

Recommendations - Staffing

Given the available evidence, and the staffing standards in other jurisdictions, pending a more rigorous evidence-based study to determine appropriate staffing levels, a minimum staffing standard of 3.5 hours per day should be established for facilities with an average case mix.
Extrapolating from the experiences of other jurisdictions and considering the differences in levels of educational preparations within different contexts, RNAO suggests a staff mix of: 1 nurse practitioner per facility, 20% registered nurse, 25% registered practical nurse, 55% personal support workers/health care aides.

Recommendations - Funding Models

Funding to ensure an adequate number of staff to provide a minimum staffing standard of 3.5 hours per day, with the appropriate competencies (one NP per facility, 20% RN, 25% RPN, and

55% PSW) to perform all the required elements of nursing and personal care.

10. Canadian Nurses Association Policy Brief #4, (2008), HHRP issues: A series of policy options the long-term care environment: Improving outcomes through staffing decisions

Findings - Staffing

In 2005/2006, more than 215,000 staff provided care in residential facilities,6 including more than 55,000 registered nurses, licensed practical nurses and registered psychiatric nurses. Still, there may not be enough staff or the right mix of regulated and unregulated providers to provide the appropriate quality and quantity of care. Absenteeism, one factor in workforce productivity, is higher in LTC than in other settings. It was noted that 36 per cent of LTC nurses work part-time but would prefer to work full-time.

11. Sharkey, Shirley (2008) People Caring for People: Impacting the Quality of Life and Care of Residents of Long-Term Care Homes.

https://www.hhr-rhs.ca/index.php?option=com_mtree&task=viewlink&link_id=5987&Itemid=109&lang=en

Findings - Staffing

Currently there is no provincial staffing standard for LTC homes. Nor is there a requirement related to fixed hours of care per resident per day or staffing levels. There are requirements in regulation relating to specific staff including the presence of a registered nurse on a 24 hour basis seven days a week and that each home have a Director of Nursing and Personal Care. There is no indication of sector-wide health human resources planning.
Establish provincial guidelines to support annual funding for enhanced capacity for resident care to achieve (at this time, pending the results from the annual evaluations and learnings) a provincial average of up to 4 hours of care per resident perday over the next four years, including: Up to 2.5 hours to be provided by PSWs; Up to 1 hour to be provided by licensed nurses (RNs and RPNs); Up to 0.5 hours to be provided by therapists, dieticians/nutritionists, social workers and other allied health professionals.
All stakeholders overwhelmingly supported the need for increased staffing ratios in LTC homes. This includes additional capacity in all categories of staff -- those providing direct care such as PSWs and nurses and those who provide and support the provision of special programs such as therapists, nutritionists and social workers. Residents, their families, staff and LTC home operators all suggested that the staff-to-resident ratio is too low.
While some research found that staff skill mix with higher proportions of RNs is associated with

better quality of care, there is no consensus among experts on a minimum staffing standard and the link to quality of care. More recent studies point to the complex nature of staffing in LTC homes. They urge consideration of a range of issues related not only to sufficient staffing capacity, but also to such factors as: the mix of residents and their care needs; a home's philosophy of care; the service delivery model; the use of team approaches to care; and staff skill mix and experience.

Recommendations - Staffing

Based on these findings, we are recommending enhancements in the areas of nursing, personal care, program and support services staff to ensure there are adequate resources for planning and providing individualized resident care. We expect this to lead to increased capacity for hands-on care which will enhance quality of care for residents and provide more emotional support, comfort measures and programs to enhance their quality of life. We expect that more resources will also be freed up to provide adequate supervision and mentorship of health care team members.

Recommendations - Funding Models

The current Levels of Care Classification Tool (based on the Alberta Resident Classification System) is primarily used by the MOHLTC to determine the distribution of available nursing and personal care funding to each LTC home based on an annual assessment of residents. A new resident assessment system— Resident Assessment Instrument Minimum Data Sets (RAI-MDS) is being implemented at about 217 LTC homes. While we did not assess the various tools that are available, we are convinced that a more comprehensive resident assessment system is needed that can provide a more evidence-based decision-making environment for addressing resident needs and changes in their health condition, as well as care planning and quality management.

12. Registered Nurses' Association of Ontario (2009). Response to the Minister of Health and Long-Term Care on: Part 2 of the Draft Regulation under the Long-Term Care Homes Act, 2007.

https://rnao.ca/sites/rnao-ca/files/storage/related/5625_RNAO_response_to_2nd_LTCHA_draft_regulation_Oct_15_2009_-_FINAL.pdf

Recommendations - Staffing

RNAO strongly urges the Ministry of Health and Long-Term Care to legislate and fund a minimum of 3.5 hours of nursing and personal care for residents of long-term care homes,

attached to average acuity. Greater acuity would require more hours of care.
RNAO urges the Ministry of Health and Long-Term Care to establish by regulation a staff mix in long-term care homes of one nurse practitioner per long-term care home or 200 to 300 residents, 20 per cent registered nurses, 25 per cent registered practical nurses and 55 per cent PSW, supported by adequate funding.

13. Auditor General's Report (2009) Infection Prevention and Control at Long-term-care Homes Follow-up on VFM Section 3.06, 2009 Annual Report.

https://www.auditor.on.ca/en/content/annualreports/arreports/en09/306en09.pdf

Recommendations - Staffing

Recommendation 4 To enhance the effectiveness of infection prevention-and-control programs, the Ministry of Health and Long-Term Care, in conjunction with the long-term-care homes, should: • require long-term-care homes to identify and track infections in a consistent and comparable manner, using standard definitions and surveillance methods; • establish reasonable targeted maximum rates/benchmarks for the more prevalent infections; and • look into requiring that long-term-care homes report publicly, as hospitals do, on certain patient-safety indicators, such as cases of C. difficile and hand-hygiene compliance among resident-care staff, using standard definitions and surveillance methods. As well, long-term-care homes should ensure that staff, including designated infection prevention-and-control professionals, have the infection-surveillance training recommended for their position.

14. Registered Nurses' Association of Ontario (2010). Position Statement: Strengthening Client Centred Care in Long-Term Care.

https://rnao.ca/sites/rnao-ca/files/Position_Statement_LTC_client_centred_care.pdf

Recommendations - Staffing

Researchers have confirmed that efficiency oriented minimum LTC nurse staffing points exist. Recommendations based on a synthesis of the literature include: • direct care RN staffing levels of .75 hours of care per resident day, not including administrative RNs, which should be subject to change to account for co-morbidity or resident case-mix differences, and 24 hour RN staffing.

Recommendations - Funding

RNAO recommends that the Ministry act on their provincial promise to hire additional nurses

by funding and mandating a new minimum of two RNs per 24/7 rather than the currently mandated one RN per 24/7 in LTCHs across Ontario per 100 beds.

15. Registered Nurses' Association of Ontario (2011). Response to the Ontario Seniors' Secretariat on: Initial Draft Regulations under the Retirement Homes Act, 2010.

https://rnao.ca/sites/rnao-ca/files/response_to_Initial_Draft_Regulations_under_Retirement_Homes_Act_Final_110408.pdf

Recommendations - Staffing

That the regulation establish a minimum staff mix in retirement homes of one registered nurse full-time equivalent (FTE) per 100 residents, and one FTE registered practical nurse per 50 residents for homes that provide one care service or more.
That the government stay on track with its commitment to achieving 70 per cent full-time employment for nurses and personal support workers as crucial in ensuring continuity of caregiver and positive outcomes for retirement home residents.
That the Ministry of Health and Long-Term Care commission research to determine appropriate staffing levels and staff mix in retirement homes to allow retirement homes to better plan staffing needs in the short and medium term.

Recommendations - Funding

That the government address the inequity in wages between the acute care and community and retirement home sectors to facilitate recruitment and retention and ensure continuity of care-giver and the best quality patient care.

16. Sinha, SK. (2012). Living Longer, Living Well Report. Submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors on recommendations to Inform a Seniors Strategy for Ontario.

http://health.gov.on.ca/en/common/ministry/publications/reports/seniors_strategy/docs/seniors_strategy_report.pdf

Recommendations - Staffing

The Ministry of Health and Long-Term Care should support mechanisms to maximize the knowledge and skills of long-term care home staff with additional training opportunities and support them in releasing their time to care through quality and process improvement initiatives in programs such as Residents First, the BSO Initiative, the Long-Term Care Best

Practice Guideline Coordinator Initiative, and the new Centres for Learning Research and Innovation in Long-Term Care.

Recommendations - Funding Models

The Ministry of Health and Long-Term Care should at least maintain its commitment to increase home and community sector funding for this current fiscal year and the next two years by four per cent and is encouraged to invest future additional budget increases and savings achieved through future efficiency gains into its home and community care sector.
The Ministry of Health and Long-Term Care should ensure that future funding allocations will adhere to HBAM funding criteria to help address the existing base-funding discrepancies that exist across LHINs and their sectors and contribute to differential pressures around service provision and quality in each LHIN.

17. Donner, G. (May 2012) Ontario Long-Term Care Task Force on Resident Care and Safety, "Report: An Action Plan to Address Abuse and Neglect in Long-Term Care Homes

http://longtermcaretaskforce.ca/images/uploads/LTCFTReportEnglish.pdf

Recommendations - Staffing

Recognizing that there are not enough direct-care staff to meet the needs of all long-term care residents safely, the Long-Term Care Task Force on Resident Care and Safety strongly recommends that the Ministry of Health and Long-Term Care implement the recommendations of the Sharkey report on strengthening staff capacity for better care (People Caring for People: Impacting the Quality of Life and Care of Residents of Long-Term Care Homes. A Report of the Independent Review of Staffing and Care Standards for Long-Term Care Homes in Ontario. May 2008).

Recommendations - Funding Models

The Ministry of Health and Long-Term Care should address and resolve issues related to meeting the needs of residents with specialised (complex care) needs in partnership with the Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, and other relevant organisations. Areas to be addressed include, but are not limited to, specialised facilities, dedicated specialised units in long-term care homes, appropriate physical plant conditions, funding to cover specialised programs and the high needs of residents, and appropriate staffing with specialised skills.

18. Long Term Care Innovation Expert Panel. (2012). WHY NOT NOW? A Bold, Five-Year Strategy for Innovating Ontario's System of Care for Older Adults.

https://www.oltca.com/oltca/Documents/Reports/WhyNotNowFULL_March2012.pdf

Recommendations - Staffing

Recommendation 21	Put a nurse practitioner in every long term care home
Recommendation 22	Increase the proportion of LTC nurses with advanced or specialized training
Recommendation 25	Ensure all self-regulated professions work to full scope of practice, which includes delegation of acts to other health professionals and unregulated staff
Recommendation 32	Create multidisciplinary LTC team core competencies task force to examine the composition, skill set, knowledge base and level of interdisciplinary integration required to support the delivery of safe high quality care in skilled nursing centres and other models of care delivery.

Recommendations - Funding Models

Recommendation 34	Ensure service-based funding considers optimal staffing mix for different groups of residents, along with outcomes of care.

19. Registered Nurses' Association of Ontario (2012). Submission to the Government of Ontario's Seniors Care Strategy.

https://rnao.ca/sites/rnao-ca/files/RNAOs_Submission_to_the_Government_of_Ontarios_Seniors_Care_Strategy_-_Sept._6.pdf

Recommendations - Staffing

Long-term care homes should embrace RNAO's Position Paper on Strengthening Client-Centred Care in Long-Term Care, where each resident is assigned one RN or RPN per shift, with the most appropriate caregiver based on the resident's complexity and care needs and the degree to which outcomes are predictable. Evidence-based legislated minimum standards of care should be adopted, including funding for no less than an average of 4.0 hours of nursing care per resident, per day and no less than .59 RN hours per resident, per day; with greater acuity requiring more hours of care. Resident clinical and social outcomes are maximized with a staff

mix of: (1) one NP per LTC Home, with no less than one NP per 120 residents, (2) at least 20 per cent RNs, (3) 25 per cent RPNs and (4) 55 per cent personal support workers (PSWs), subject to increases that align with greater acuity. Two RNs working 24/7 per 100 beds are the recommended minimum to allow for surge capacity as it becomes necessary.

20. Government of Ontario. Ministry of Health and Long-Term Care. (2012). Long-Term Care Sector Overview. Report. Toronto, Ontario.

http://longtermcareinquiry.ca/wp-content/uploads/Exhibit-169-Long-Term-Care-in-Ontario-Sector-overview.pdf

Findings - Staffing

In 2013, there were more than 45,000 full-time equivalent (FTE) nurses and personal support workers (PSW). PSWs accounted for more than 70 per cent of FTE staff. Together, these staff provided an average of approximately three hours of care per resident, per day. PSWs accounted for the majority of FTE staff (more than 70 per cent in each year analyzed), and provided the bulk of direct care hours (consistently 2.2 hours over the five years examined.

21. Long-Term Care Task Force On Resident Care and Safety (2013). Progress Report - Delivering on the Action Plan to Address Abuse and Neglect in Long-Term Care Homes

https://neltoolkit.rnao.ca/sites/default/files/Long-Term%20Care%20Task%20Force%20on%20Resident%20Care%20and%20Safety_Progress%20Report_2013.pdf

Recommendations - Staffing

Action 13

- Recognising that there are not enough direct care staff to meet the needs of all long-term care residents safely, the Long-Term Care Task Force on Resident Care and Safety strongly recommends that the Ministry of Health and Long-Term Care implement the recommendations of the Sharkey report on strengthening staff capacity for better care (People Caring for People: Impacting the Quality of Life and Care of Residents of Long-Term Care Homes. A Report of the Independent Review of Staffing and Care Standards for Long-Term Care Homes in Ontario. May 2008).
- Ms. Sharkey also recommended the implementation of staffing plans that facilitate collaboration, transparency and local responsibility for leadership, training, teamwork and staffing patterns in LTC homes. Existing LTC home legislation requires LTC home licensees to have a written staffing plan for nursing services and personal support services. This staffing plan must ensure a staffing mix that is consistent with residents assessed care and safety needs and that meet the requirements set out in the legislation. An opportunity exists to align the existing staffing plan requirements with quality improvement activities identified in this report aimed at improving collaboration between management, residents, families and staff.

22. The Need is Now: Addressing Understaffing in Long Term Care. (2014). Ontario Association of Non-Profit Homes and Services for Seniors

https://theonn.ca/wp-content/uploads/2015/04/Ontario-Association-of-Non-Profit-Homes-and-Services-for-Seniors-BUDGET-SUBMISSION.pdf

Recommendations - Staffing

Recommendation 1	That the Ministry of Health and Long-Term Care set and fund over the next three fiscal years a system target of 4.0 paid hours of direct care per resident day (PHPRD).

Recommendations - Funding Models

Recommendation 2	That the Ministry of Health and Long-Term Care collapse the current Nursing and Personal Care and Program and Support Services funding envelopes into a single, flow through, acuity-adjusted envelope and retain the Other Accommodation (OA) and Raw Food envelopes as a non-care, unadjusted envelope.
Recommendation 3	That the Ministry of Health and Long-Term Care implement a fixed-variable (50% fixed and 50% variable) approach to the CMI adjustment of the proposed care envelope.
Recommendation 4	That the Ministry of Health and Long-Term Care make the development of a measure of year over year change in LTC resident acuity a priority for 2015-16.
Recommendation 5	That the Ministry of Health and Long-Term Care consolidate the Equalization, High Wage Transition, Pay Equity and Municipal Tax Allowance funds and add a balancing increment that results in a per diem value that is equal to the highest aggregate per diem found for municipal, charitable or nursing homes. In addition, a mitigation strategy should be developed to ensure homes with an aggregate per diem greater than the highest average per diem be provided with assistance to avoid hardship for residents.
Recommendation 6	That the Ministry of Health and Long-Term Care consolidate the RAI Coordinator, RPN, Physician On-call, and Laboratory Services funding and add a balancing increment that results in a per diem value that is equal to the highest aggregate per diem found for municipal, charitable or nursing homes. In addition, a mitigation strategy should be formulated to ensure homes with an aggregate per diem greater than

	the highest average per diem be provided with assistance to avoid hardship for residents.
Recommendation 7	That the Ministry of Health and Long-Term Care budget for an increase in the Accreditation per diem from its current $0.33 PRD to $0.43.
Recommendation 8	That the Ministry budget for a 2% increase to the OA envelope in order to maintain the physical well-being of the long term care homes as well as other OA pressures.
Recommendation 9	That the Ministry of Health and Long-Term Care budget for a 5% increase to the raw food per diem to compensate for the variance between actual food costs and funding levels over the past five years.

23. Auditor General of Ontario. (2015). Long-Term-Care Home Quality Inspection Program Standing Committee on Public Accounts Follow-Up on Section 3.09, 2015 Annual Report.

https://www.auditor.on.ca/en/content/annualreports/arreports/en15/2015AR_en_final.pdf

Recommendations - Staffing

Ontario legislation does not require a minimum front-line-staff-to-resident ratio at long-term-care homes—Home administrators identified insufficient staffing and training as the main reasons for their failure to achieve compliance. In 2014, long-term-care homes provided an average of 3.4 direct care hours per resident per day, while the Ontario Association of Non-Profit Homes and Services for Seniors recommends four hours.

24. Registered Nurses' Association of Ontario (2016). Mind the Safety Gap in Health System Transformation: Reclaiming the Role of the RN.

https://rnao.ca/sites/rnao-ca/files/HR_REPORT_May11.pdf

Recommendations - Staffing

That the MOHLTC legislate minimum staffing standards in LTC homes: one attending NP per 120 residents, 20 per cent RNs, 25 per cent RPNs and 55 per cent personal support workers. While the government’s series of policy papers attempts to build a stronger health system, LTC is largely missing from these documents despite having an important role to play. This creates a significant planning gap. RNAO believes that LTC home placement should only occur when it is absolutely necessary, and ideally only when the patient and his or her family makes that choice. A person’s move to a nursing home should be seamlessly co-ordinated with other health sectors (i.e. primary care).

Today, despite the best efforts of care providers, the needs of many LTC residents remain underserviced. This is the result of a myriad of factors and, most notably, limited access to nurses. To ensure evidence-based minimum standards of care are established within each home, RNAO continues to call on the province to require and enforce staffing standards that include a minimum of one NP per LTC home, with no less than one NP per 120 residents, and a workforce that consists of at least 20 per cent RNs, 25 per cent RPNs and no more than 55 per cent personal support workers, subject to increases due to greater acuity and complexity (RNAO, 2012b).

25. Government of Ontario. (2017). Aging with Confidence Ontario Action Plan for Seniors.

https://files.ontario.ca/ontarios_seniors_strategy_2017.pdf

Promises - Staffing

'Recognizing that the needs of long term care residents are becoming more complex, the province will increase the provincial average to four hours of direct care per resident per day, once fully phased in, to ensure that residents in Ontario's long-term care homes receive the highest quality of care. This will mean an additional 15 million hours of nursing, personal support and therapeutic care for long-term care residents across Ontario.'

Ontario will strengthen the healthcare workforce's ability to provide specialized care in geriatrics by increasing training opportunities for healthcare providers.' 'The province is investing more than $100 million over three years to improve access to quality care for people living with dementia and their care partners.'

Promises - Funding Models

'Ontario is supporting the redevelopment of more than 30,000 existing long-term care beds in more than 300 long-term care homes by 2025, eliminating all four-bed wards in the province's long term care homes.'

26. Registered Practical Nurses Association of Ontario, (2018), Changing An Unacceptable Reality: Enabling Nursing Knowledge for Quality Resident Outcomes in Ontario's Long Term Care Homes.

https://www.werpn.com/wp-content/uploads/2019/11/RPNAO_LTC_2018_ONLINE-v.2_0_0.pdf

Findings - Staffing

For regulated nursing staff, the mean number of residents was 36, which coincides with the

average number of residents per unit as reported earlier. The range of residents per assignment differed between the RN and RPN, in that the RPN assignment ranged from 20 to 45 residents while the RN assignment ranged from 25 to 80 residents. The wide range in the RN assignment could reflect an RN role providing coverage for more than one unit.

Numerous factors limit the ability of regulated nursing staff to utilize the depth and breadth of their nursing-specific knowledge in the provision of individualized resident care. For example, regulated staff—predominantly RPNs—are the sole regulated care providers for approximately 36 residents, with most of their time spent on medication administration and treatments.

As evidenced in the literature, nurses in LTC experience and struggle with the increasingly complex resident care needs, resource constraints, and an augmented workload, which collectively result in high degrees of moral distress and job dissatisfaction (Anderson, Taha, & Hosier, 2009; Havaei, MacPhee & Dahinten, 2016; Pijl-Zieber et al., 2008; Spenceley et al., 2014). Heavy workloads and rushed work environments did not promote collaboration or adequate time for nursing assessment and team meetings to discuss resident care (Sharkey, 2008).

Although the challenges experienced by nurses in LTC have been described in previous studies, this is the first known study that considered factors that influence nurses' ability to apply their full depth and breadth of knowledge in the delivery of high-quality resident care and assimilated findings with nationally-recognized LTC resident indicators.

27. Registered Nurses' Association of Ontario. Transforming long-term care to keep residents healthy and safe. 2018 Provincial elections backgrounder.

https://rnao.ca/sites/rnao-ca/files/Transforming_long-term_care_backgrounder.pdf

Recommendations - Staffing

Legislate minimum hours of care as a home average of four hours of nursing and personal care per resident per day. Legislate minimum nursing and personal care staffing and skill mix standards in LTC, accompanied by the necessary funding to support these changes o We urge no less than one attending NP for every 120 residents, and a nursing and personal care staff mix consisting of at least 20 per cent RNs, 25 per cent RPNs, and no more than 55 per cent PSWs. This ratio would guarantee all LTC residents receive care when they need it from the most appropriate provider Attending NPs in LTC'

'Increase the number of funded positions in LTC to a minimum of one attending NP per 120 residents'

'These attending NPs must serve as primary care providers and practise to their full scope, as expressed in the role description provided in the MOHLTC Attending Nurse Practitioners in Long

Term Care Initiative Funding Policy. Develop and implement an accountability framework to hold Local Health Integration Networks (LHIN) and LTC homes accountable for hiring attending NPs in the manner specified by the MOHLTC role description and funding policy.'

Recommendations - Funding Models

'Review and transform funding models in LTC to support improved resident care. In particular, consider putting resident improvement funding in place to encourage and enable – rather than penalize – improvements in resident outcomes.

'Support the use of evidence-based practices in LTC homes to promote and sustain improvements in resident health and well-being'

'Incentivize LTC homes to proactively implement RNAO BPGs to meet legislative requirements'

28. Ontario Health Coalition (Jan 21, 2019) Situation Critical: Planning, Access, Levels of Care and Violence in Ontario's Long-Term Care

http://www.ontariohealthcoalition.ca/wp-content/uploads/FINAL-LTC-REPORT.pdf

Recommendations - Staffing

'The Ontario government must institute a regulated minimum care standard of an average of 4-hours of daily hands-on direct nursing and personal support per resident to provide care and protect from harm.'

'Long-term care homes must be resourced with trained staff able to deal with the increasing responsive behaviours in the homes. Homes should have in-house Behavioural Support Ontario (BSO) teams in addition to the 4-hour minimum care standard.'

Recommendations - Funding Models

'Levels of care in Ontario's long-term care homes must be improved and this improvement must be mandatory and enforceable. Increased funding must go to improving care.'

A plan must be developed and implemented to build capacity to meet the need for long-term care beds now, not a decade down the road, and this capacity should be built in public and non-profit homes that are operated for the public good. Long term care capacity planning must meet the ethno-cultural needs of all Ontario residents, and special attention and urgency must be given to redress the disproportionate wait times and differential access issues experienced by equity seeking communities.

29. Registered Nurses' Association of Ontario (2019). Ontario Pre-Budget Submission 2019: Improving Ontarians' health and health care.

https://rnao.ca/sites/rnao-ca/files/RNAO_Pre-Budget_Submission_Final-1.pdf

Recommendations - Staffing

Legislate minimum nursing and personal care staffing and skill mix standards in LTC, accompanied by the necessary funding to support these changes. We call for no less than one attending NP for every 120 residents,28 29 and a skill mix of RNs, RPNs, and unregulated care providers consisting of at least 20 per cent RNs, 25 per cent RPNs, and no more than 55 per cent PSWs. This ratio would advance safe and quality care

30. Ontario Long Term Care Association, (April 2019). This Is Long-Term Care 2019.

https://www.oltca.com/OLTCA/Documents/Reports/TILTC2019web.pdf

Recommendations - Staffing

Giving long-term care homes more flexibility in the type of staff they can hire would help homes to address staffing shortages and be more creative in the way they meet residents' needs. Nearly 50% of personal support workers' current work is unrelated to direct resident care and could be done by other staff such as health care aides. This would help to ease the PSW shortage, but there are currently legislative and funding restrictions that discourage this type of flexibility. Registered practical nurses (RPNs) could play a much larger role in long-term care. Nearly 40% of Ontario's RPNs are already employed in long-term care homes and provide the majority of nursing care. RPNs have the knowledge and skills required for providing all but the most complex care, and could take on some of the roles that currently only registered nurses (RNs) are allowed to do according to the Long-Term Care Homes Act. There is no shortage of registered practical nurses in the province, and many would be eager for this leadership opportunity. A number of factors have come together to create a staffing shortage in long-term care, from the increased pressures on homes to a workforce that is generally older than in other areas of health care. Long-term care homes need government support in areas such as grants to reduce tuition, rural and northern training programs, international recruitment, and a campaign to promote working in long-term care as a meaningful career choice for young Canadians. By working together on a provincial staffing strategy, the government and long-term care homes can create a new generation of health care staff for the future.

Recommendations - Funding Models

Homes need an overall higher level of funding to ensure that they can hire enough staff — and the right mix of staff — for their residents' specific needs. This applies not only to funding for more direct care staff, but also for specialized mental health teams that help homes to reduce challenging behaviours and improve quality of life for residents with dementia and/or psychiatric conditions.

31. Registered Nurses' Association of Ontario (2019). Ontario Pre-Budget Submission 2019: Improving Ontarians' health and health care.
https://rnao.ca/sites/rnao-ca/files/RNAO_Pre-Budget_Submission_Final-1.pdf

Recommendations - Staffing

Legislate minimum nursing and personal care staffing and skill mix standards in LTC, accompanied by the necessary funding to support these changes. We call for no less than one attending NP for every 120 residents,28 29 and a skill mix of RNs, RPNs, and unregulated care providers consisting of at least 20 per cent RNs, 25 per cent RPNs, and no more than 55 per cent PSWs. This ratio would advance safe and quality care

Recommendations - Funding

Transform funding models in LTC to account for complexity of resident care needs and quality outcomes. LTC homes that improve residents' outcomes due to evidence-based care and decrease acuity should retain all funding to reinvest in additional staffing for residents.
Release funding for the outstanding attending NP in LTC positions. Hold LTC homes accountable for hiring attending NPs in the manner specified by the MOHLTC role description and funding policy.

32. Registered Nurses' Association of Ontario (2019). A better approach to long-term care in Ontario.
https://qpor.rnao.ca/sites/default/files/A%20better%20approach%20to%20long-term%20care%20bulletin%202019.pdf

Recommendations - Staffing

As per ECCO 3.0

RNAO has long called for the following staffing mix: • 20 percent RNs and NPs; • 25 percent RPNs; and, • 55 percent PSWs. In addition, RNAO calls for: • One Attending Nurse Practitioner for every 120 residents; At least four hours of nursing (NP, RN and RPN) and personal care per resident per day; All regulated staff working to their full scope of practice with assistance from PSWs; and, A care model that assigns a primary nurse provider for each resident. And, this staffing model provides continuity of care, person-centred care and results in improved health outcomes.

Recommendations - Funding

Disincentives to improve patient outcomes: Under the current funding structure, there is a financial disincentive to improve patient outcomes. When evidence-based practices are implemented (e.g. RNAO's BPGs and other resources available through our Long Term Care Best Practices program) and resident complications are prevented or resolved, resident acuity decreases. While this is good for residents, the home's CMI falls and funding in future years is decreased. In other words, the unintended and negative consequence of quality improvement is that LTC homes are financially penalized. This penalty acts as a disincentive to improve patient outcomes.
Gaps in funding coverage: Funding is not provided for activities or conditions that are not captured in the resident assessment tool, including some preventative interventions. For example: if a resident is incontinent, funding is provided for incontinence care and supplies, but funding is not provided for the staff hours required to implement prompted toileting at regular intervals to reduce the frequency of incontinence. Similarly, the highest level of funding that can be provided for the responsive behaviours of residents with dementia is inadequate to cover the more costly and time-consuming interventions required for residents displaying severe or very severe aggressive behaviours.
Retroactive data used to determine current funding: LTC homes receive funding based on retroactive data. For example: funding for 2018-19 was based on the case-mix data that was submitted at the end of the four quarters in 2016-17. Therefore, funding fails to keep pace with and account for actual resident acuity.

33. Food and Nutrition in Long-Term-Care Homes (Dec 2019)

https://www.auditor.on.ca/en/content/annualreports/arreports/en19/v1_305en19.pdf

Recommendations - Staffing

We recommend government work with the sector to move forward on the development of a

health human resources strategy to address the staffing crisis and nutrition issues in long-term care homes.

Recommendations - Funding Models

The issues outlined in the report are a symptom of a systemic shortfall of funding and other supports that have contributed to a severe staffing shortage.

34. Registered Nurses' Association of Ontario (2020). Ontario Pre-Budget Submission 2020: Investing in Health.

https://rnao.ca/policy/%5Bpolicytype%5D/ontario-pre-budget-submission-2020-investing-health

Recommendations - Staffing

Increase direct care per resident day in LTC to four hours, as per Ontario's Action Plan for Seniors.
Mandate by 2025 a nursing and personal care staffing skill mix of at least 20 per cent RNs, inclusive of NPs and Clinical Nurse Specialists, and 25 per cent RPNs (and no more than 55 per cent personal support workers (PSW).

Recommendations - Funding

Release the funding committed for the remaining 15 Attending NP positions in long-term care of the 75 positions that were to be released in the current budget year.
Commit funding to add 50 Attending NPs in long-term care positions per year in order to move towards appropriate staffing levels.
Review and transform funding models in LTC to account for both complexity of resident care needs and quality outcomes. LTC homes that decrease acuity (CMI) due to evidence-based care should retain all funding to reinvest in staffing and/or programs for residents.

35. Registered Nurses' Association of Ontario (2020). Enhancing Community Care for Ontarians (ECCO) 3.0.

https://rnao.ca/policy/ecco-30-enhancing-community-care-ontarians

Findings - Staffing

LTC homes need adequate staffing levels and an appropriate staffing skill mix to keep residents

safe and healthy. However, the only legislated LTC staffing requirements in Ontario is a vague instruction for care "to meet the assessed needs of residents" and a minimum requirement of one registered nurse (RN) on site at all times, regardless of the size of the home. There is no legislated minimum staffing ratio (the number of nursing home staff members compared to the number of residents), and no legislated requirements related to how much care residents receive on a daily basis (paid hours of care per resident per day).

RNAO believes the rapidly increasing complexity, acuity, and unpredictability of the LTC population means residents should have a higher dose of regulated care at all times. However, the great majority of care is provided by unregulated staff in Ontario's LTC homes. Currently, RNs represent 10 percent of the care. RPNs represent 18 percent of the care and PSWs account for 71 percent of the care.

The evidence is clear that RNs improve the quality of care in LTC homes. Research demonstrates that increasing RN staffing ratios in LTC homes reduces mortality, improves resident outcomes and lowers the probability of hospitalizations and associated health system costs. On the other hand, the absence of appropriate regulated staff within the home results unnecessary hospital transfers and care.

Recommendations - Staffing Models:

Consequently, RNAO has long called for the following staffing mix:

- 20 percent RNs and NPs;
- 25 percent RPNs; and,
- 55 percent PSWs.

In addition, RNAO calls for:

- One Attending Nurse Practitioner for every 120 residents;
- At least four hours of nursing (NP, RN and RPN) and personal care per resident per day;
- All regulated staff working to their full scope of practice with assistance from PSWs; and,
- A care model that assigns a primary nurse provider for each resident.

And, this staffing model provides continuity of care, person-centred care and results in improved health outcomes.