

**RNAO submission to the
Standing Committee on
Social Policy re Bill 121,
Improving Dementia Care in
Ontario Act, 2024**

October 10, 2024



The Registered Nurses' Association of Ontario (RNAO) is the professional association representing more than 51, 650 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' contribution to shaping the health system, and influenced decisions that affect nurses and the public we serve.

Introduction

RNAO welcomes the opportunity to provide feedback on Bill 121, Improving Dementia Care in Ontario Act, 2024. We are encouraged that the legislature and this committee are focusing on the importance of dementia care. We applaud the strategies outlined in Bill 121, particularly the emphasis on improving access to dementia care across various sectors and the promotion of person-centred care, a foundational component of quality dementia care (Fazio et al., 2018).

RNAO has long-standing expertise designing capacity-building tools, resources and programs that aid health care providers in the areas of dementia care and person-and family centred care, flowing from two seminal best practice guidelines: [*Delirium, Dementia, and Depression in Older Adults: Assessment and Care*](#), and [*Person- and Family-Centred Care*](#). We help long-term care (LTC) homes across Ontario implement evidence-based practices through two programs: the [Long-Term Care Best Practices Program](#) and [RNAO Clinical Pathways](#). And, through our [Long-term Care Toolkit](#), we also curate and share resources with health providers, patients and families.

RNAO urges the committee to introduce amendments to ensure that the bill's objectives are realized in practice. Specifically, the bill does not adequately acknowledge: a) the vital role nurses, across all classifications, play in delivering person-centred and evidence-based dementia care, nor b) the nursing human resources crisis, which compromises the quality of care for dementia patients throughout the health system. Without addressing these issues, the aspirations and objectives of Bill 121 are at risk of being undermined.

We recommend that the bill be amended to include:

1. A health human resource strategy that includes a specific focus on the nursing profession
2. Periodic review of the nursing curriculum
3. Ongoing capacity building of staff and caregivers on person and family centered evidence-based dementia care
4. Nursing role and scope changes in the long-term care (LTC) sector
5. An expanded role for NPs in primary care
6. The ability of NPs to assume the medical director role in nursing homes
7. An expanded role for nursing care in retirement homes (RHs)
8. More home care options to allow older persons to age at home

Discussion

Dementia is an umbrella term for a series of chronic, progressive and complex neurocognitive disorders that affect the brain, impacting memory, mood, judgment, and activities of daily living. It requires

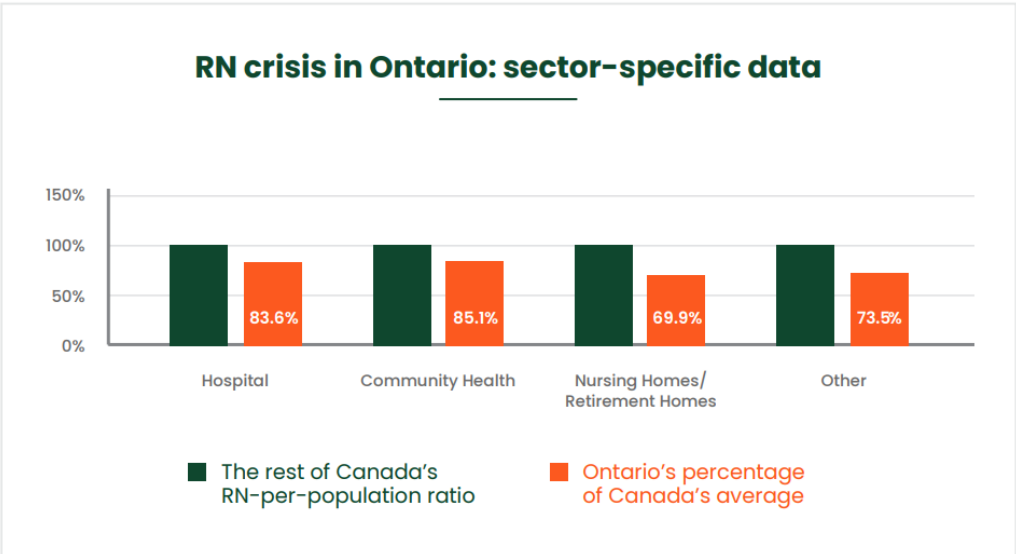
dynamic and coordinated health services that support individuals access health care throughout all stages of the disease process (Ontario Health, 2024; Public Health Agency of Canada, 2022).

Canada's population is aging, leading to a rise in the prevalence of dementia. The province is projected to have a 202 per cent increase in the prevalence of dementia over the next two decades – this is not expected to peak until 2050 (Alzheimer's Society of Canada, n.d.). Presently, nearly nine per cent of individuals aged 65 and older are living with dementia (Alzheimer's Society of Canada, n.d.). The prevalence of dementia increases with advancing age as a risk factor impacting 25 per cent of individuals 85 or older (Canadian Institute for Health Information, 2024, n.d.a).

Ontario's health care system was not designed to meet the needs of an aging population and the corresponding needs of individuals living with dementia, including support for their care partners (friends and chosen family). There is an urgent need for system transformation, including the skill mix of providers and their competencies. A strained system from health human resource shortages and dwindling access to primary care alongside insufficient access to home care services -- creates an enormous barrier for individuals to access the right services at the right time and consequently for bill 121, as currently drafted, to have the necessary impact. We recommend the following:

1. Incorporate a health human resource strategy into the bill, focusing specifically on the nursing profession

Rationale: Nursing is the largest regulated health workforce, serving as an entry point to the health system, with nurses providing direct care to individuals living with dementia across settings and sectors throughout the care continuum (National Academies of Sciences, Engineering, and Medicine, 2021). Historical data shows that the number of RNs per capita continues to drop dramatically in Ontario, with the province having the lowest RN per capita ratio compared to the rest of Canada (RNAO, 2024a). Ontario currently requires nearly 26,000 more RNs in the nursing workforce to catch up with the rest of the country - with this gap expected to reach 33,200 by 2032 (RNAO, 2024b). The health system cannot function effectively without nurses. Substantial improvement to person-centred and evidence-based dementia care cannot be provided without addressing the nursing crisis.



Source for graphic: Calculation by RNAO. RN statistics from Canadian Institute for Health Information (2022). Population statistics from Statistics Canada (2022).

RNAO has long urged the government to implement a comprehensive health human resource plan to support the retention and recruitment of nurses in Ontario, including most recently in our [2024 Provincial Pre-Budget Submission](#) and our [Nursing Career Pathways report](#) (RNAO, 2022; RNAO, 2023; RNAO, 2024b). The provincial government and health system partners must take the necessary steps to build the nursing the workforce to strengthen Ontario’s health system. This can be done, by:

- improving nurses’ working conditions
- harmonizing compensation upwards in all roles, domains, and sectors to address pay disparities
- incorporating principles of diversity, equity and inclusion into all systemic and organizational policies, and acting on them
- expanding Ontario’s nursing workforce, and nursing student population.

2. Ensure periodic reviews of nursing curriculums

Rationale: RNAO applauds Bill 121 for the requirement of the Ministry of Colleges and Universities to review its “Personal Support Worker Standards” to determine whether changes should be made to personal support worker programs to support in-depth learning about person-centred dementia care with experiential training and learning about communication/de-escalation techniques such as gentle persuasive approaches.

Given the significant role that nurses have in delivering care to individuals living with dementia across settings and sectors, including within leadership and management roles, it is also imperative that the nursing curriculum be reviewed periodically to ensure that new graduates have an in-depth understanding of person-centred dementia care. Therefore, we recommend that Bill 121 be amended to include a periodic review of the diploma program for registered practical nurses, the baccalaureate program for RNs, and the new education requirements for NPs to strengthen the delivery of person-centered dementia care in Ontario’s health system. We also recommend that the bill require a periodic review of relevant nursing standards of practice.

3. Promote ongoing capacity building of staff and caregivers on person and family centered evidence-based dementia care

Rationale: It is vitally important to build the capacity of health-care providers and family members alike to provide care tailored to the individual needs of people with dementia. Providing unique individualized care for people in this context is complicated by behavioural and psychological symptoms of dementia (BPSD) – estimated to occur in about 80% of people with dementia (RNAO, 2016). BPSD presents as changes in mood, delusions, apathy, agitation, wandering, calling out, repetitive questioning and sexual disinhibition that may negatively impact on the relationship with the care provider and family (RNAO, 2016). Person and family centred-care recognizes that care must be organized around, and respectful of the person and that person’s life contexts despite the impact of BPSD on relationships.

There are several organizations across the province that support individuals, families, and health care providers in the delivery of dementia care; however, system navigation of the various resources, and leveraging of these supports can be challenging, creating a barrier to their use. RNAO proposes to develop and administrate a **Dementia Care Centre for Excellence** to advance excellence in caring for persons with cognitive impairment living in LTC homes, leveraging and sharing resources from multiple organizations and developing new tools as needed. Activities would include:

1. Coordination of efforts from multiple organizations to support LTC homes in caring for residents with dementia
2. Creation of a committee inclusive of key dementia care partners to launch the Dementia Care Centre of Excellence.
3. Development of a website – a “one-stop shop” for resources, tools and events from multiple partner organizations
4. Advancement of research in dementia care and educational support/resources for individuals, families, health care providers and organizations.

4. Make crucial changes to nursing roles and scope in the LTC sector

a) Ensure that there is 1 NP per 120 residents in LTC homes

Rationale: LTC resident populations across Ontario have shifted over the last decade, with nearly 75 per cent of individuals admitted with cognitive impairment and complex comorbidities, creating challenges for care providers and organizations (Ontario Long Term Care Association, n.d.). Many LTC care homes lack the necessary resources to deliver adequate dementia care including the availability of attending NPs (Office of the Auditor General of Ontario, 2023). Attending NPs play a critical role in improving the delivery of high-quality person-centred care to residents in LTC care homes, by positively shaping the experiences of individuals with dementia and their care partners with reduced emergency department transfers, improved in quality of life and timely access to care (Dangwa et al. 2022). RNAO has long advocated for the role of attending NPs in LTC to enhance care delivery by adding value to interdisciplinary care, including within our [Nursing Home Basic Care Guarantee](#), a submission to the Long-Term Care Study Staffing Advisory Group (RNAO, 2020b; RNAO, 2021; RNAO 2024a).

b) Improve access to RN-led behavioural support services

Rationale: More than 40 per cent of individuals living in LTC homes with dementia exhibit responsive or aggressive behaviors increasing the risk for physical harm or the harassment of other residents and/or staff (Office of the Auditor General of Ontario, 2023). Responsive behaviors can often be minimized by addressing the underlying cause such as unmet needs. However, few LTC homes in Ontario have the necessary resources to support the delivery of evidence-based person-centred care to meet the needs of these residents (Office of the Auditor General of Ontario, 2023). Behavioral support services are critical for the delivery of person-centred care, system navigation, and for supporting staff and organizations with safe and efficient dementia care (RNAO, 2016). Therefore, Bill 121 should take measures to improve access to RN-led behavioral support services on site in LTC homes to improve the delivery of dementia care for residents with responsive or aggressive behaviours.

5. Implement attending NPs as medical directors and most responsible providers

Rationale: The pandemic highlighted many system insufficiencies and vulnerabilities within Ontario's LTC sector, including the need to improve the delivery of medical services (Collins et al., 2020). The role of the medical director in Ontario must evolve to meet the growing demands of a complex and evolving LTC sector, such as the ability to support an organizational culture designed to meet the needs of individuals living with dementia and their care partners (Bethune, 2007; Collins et al., 2022; Frank, et al., 2006; Goldwein et al., 2024). Current legislation requires that medical directors be physicians (Fixing the Long-term Care Act, 2021). Attending NPs are well-positioned to assume the MRP and medical director role in LTC homes, given their clinical, policy and administrative expertise, as well as the advantage of full-time on-site presence. These strengths enable NPs to contribute substantively to capacity-building and retention of staff (McGilton et al., 2022). NPs are recognized as a strong asset by residents, care partners, staff and organizations (RNAO, 2021).

RNAO urges that amendments be made via Bill 121 to legislation and/or regulations to permit NPs to assume the role of medical director and most responsible provider in LTC homes.

6. Expand roles for NPs in primary care

Rationale: Approximately 60 per cent of older adults in Canada living with dementia reside in the community – with 25 per cent exhibiting responsive behaviors (Canadian Institute for Health Information, n.d.b). As dementia progresses, the requirement for care increases (Ontario Health, 2024). Wait times for LTC home admissions in Ontario have increased over the last decade with individuals in the community waiting up to 200 days for a bed (Health Quality Ontario, n.d.). Community-dwelling older adults with dementia require regular access to primary care for their general health needs and dementia related care, with more than 90 per cent of individuals having two or more to chronic health conditions (Health Quality Ontario, n.d.). An increasing shortage of primary care providers across the provinces impedes access to timely and efficient care, including the diagnosis and management of dementia, and the coordination of speciality services (Health Quality Ontario, n.d.). Evidence shows that primary care NPs can support the delivery of high-quality cost-effective care for individuals with complex medical conditions, including dementia (Liu et al., 2020; RNAO, 2021). Bill 121 presents an opportunity to expand the role of NPs in primary care.

7. Expand nursing care roles in retirement homes (RHs)

Rationale: Older adults living in RHs have similar clinical comorbidities to LTC residents, including high rates of dementia with many RHs now offering similar services to LTC homes (Manis et al., 2022a; Office of the Auditor General of Ontario, 2020; Roblin et al., 2019). Evidence has shown that RH residents have higher rates of emergency department visits and prolonged hospital admissions, including alternative level of care days with 26 per cent of RH residents waiting for a LTC bed (Cann & McCloskey, 2021; Manis et al., 2022a; Manis et al., 2022b; Office of the Auditor General of Ontario, 2020). However, on-site medical care is not mandatory under the Retirement Homes Act, making it difficult for residents to access timely and efficient care and limiting the ability to manage medical conditions and meet resident

needs proactively (Manis et al., 2022b; Retirement Homes Act, 2010). Bill 121 presents an opportunity to bring vastly improved and needed dementia care into Ontario's RHs through attending NPs and RN-led behavioural support services.

8. Strengthen home care to allow older people to age at home

Rationale: Increasing access to home care is crucial for a comprehensive approach to person-centred dementia care. The number of people in Ontario receiving home care services has stagnated in recent years – despite population increases – and nursing and personal home care service hours for Ontarians aged 65+ are in decline (Financial Accountability Office of Ontario, 2023; Kralh & Sweetman, 2024). Demand for home care will grow by 12.1 per cent in 2024–25 (OCSA, 2024). Moreover, the province will need to service an additional 23,000 home and community care clients per year as the population ages (OCSA, 2024).

Despite increasing demand for home care, the sector experiences a turnover rate of up to 40 per cent, with staff members leaving to pursue work in better-paying sectors (RNAO, 2011; RNAO, 2020c; RNAO, 2023b; SE Health et al., 2022). Home and community care organizations currently battle front-line vacancy rates of 20 per cent on average (OCSA, 2024). There was a 421 per cent increase of vacant RN positions from 2020 to 2021 (OCSA, 2022c), and the sector lost approximately 3,000 nurses during the pandemic (Home Care Ontario, 2021a).

Home-care specific retention and recruitment strategies must include full-time employment opportunities and increased compensation (RNAO, 2011; RNAO, 2020a; RNAO, 2020c; RNAO, 2023b). A home care retention and recruitment strategy will serve to improve the quality of work for nurses and will foster continuity of care and caregiver (RNAO, 2011; RNAO, 2020a; RNAO, 2020b; RNAO, 2023b), allowing for:

- more advanced practice nurses (such as clinical nurse specialists and NPs) in 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).
- home care contracting and care models that provide baskets of services encompassing a range of nursing interventions – including health promotion – rather than the present “per visit” transactional models. This allows for caregiver continuity, emphasizing expert clinical and relational care (RNAO, 2011; RNAO, 2012; RNAO, 2014; RNAO, 2020b; RNAO, 2020c; RNAO, 2023b).

Introducing more RNs and advanced practice nurses into a person-centred model of home care services will facilitate specialized home care supports for persons with dementia. Person-centred dementia support at home needs to include health education and teaching, treatment, health maintenance, social adaptation and integration, support for the family caregiver, and when appropriate end-of-life and palliative care (RNAO, 2020a).

Conclusion

RNAO applauds Bill 121 and the effort to respond to burgeoning health care needs. We support the strategies identified in the bill as currently drafted. We encourage the committee to seize the opportunity to ensure that the bill can fully realize its aspirations and objectives in practice by making amendments to the bill that recognize the critical role that nursing necessarily plays in person-centred dementia care. The increasing prevalence of dementia in Ontario requires health system transformation to support the delivery of high-quality care across settings and sectors. That transformation must be focused on boosting the health human resources available for people living with dementia – and it must leverage the skills and expertise of nurses.

RNAO has considerable expertise and resources to help advance person-centred and evidence-based dementia care. We are eager to collaborate by contributing our talent to help strengthen the care of older persons afflicted by dementia, their families and communities. The goal of aging in place for as long as possible should move from elusive to reality – and RNAO is committed to advance it.

We thank the committee for the opportunity to comment on this important bill. We look forward to the implementation of strategies to address dementia care in Ontario. And we look forward to participating in any future consultations regarding dementia care that flow from the passage of Bill 121.

References

- Alzheimer's Society of Canada. (n.d.). *Dementia numbers in Canada*. <https://alzheimer.ca/en/about-dementia/what-dementia/dementia-numbers-canada#:~:text=Ontario%20will%20have%20a%20202%25%20dementia%20increase%20betwe en,780%2C000%20new%20cases%20of%20other%20types%20of%20dementia>.
- Bethune, G. (2007, January). The role of the medical director in long-term care. http://www.stacommunications.com/customcomm/Back-issue_pages/AD_Review/adPDFs/2007/January2007/018.pdf
- Bill 121, *An Act to enact the Improving Dementia Care in Ontario Act*, 1st session, 43rd parliament, 2023. <https://www.ola.org/en/legislative-business/bills/parliament-43/session-1/bill-121>
- Canadian Institute for Health Information. (n.d.a). *Dementia in Canada: Summary*. <https://www.cihi.ca/en/dementia-in-canada/dementia-in-canada-summary#:~:text=The%20prevalence%20of%20dementia%20more%20than>
- Canadian Institute for Health Information. (n.d.b). Dementia in home and community care. <https://www.cihi.ca/en/dementia-in-canada/dementia-care-across-the-health-system/dementia-in-home-and-community-care>
- Canadian Institute for Health Information. (2022). Nursing in Canada, 2021 – Data Tables. Nov. 17, 2022. <https://www.cihi.ca/en/registered-nurses>
- Cann, P., McCloskey, R. (2021). Improving primary care for residents living in assisted living: Evidence for practice and policy. *Canadian Journal on Aging*, 40(2), 354-363. 10.1017/S0714980820000422

- Collins, R. L., Charles, J., Moser, A., Birmingham, B., Grill, A., & Gottesman, M. (2020, October). *Improving medical services in Canadian long term care homes*. <https://www.cfp.ca/news/2020/10/07/10-07>
- Collins, R. L., Williams, E. M., Moser, A. L., Varughese, J. M., & Robert, B. (2022). Role of medical directors in Ontario long-term care homes: Impact of covid-19. *Journal of the American Medical Directors Association*, 23(9), 1603-1607. 10.1016/j.jamda.2022.07.005
- Dangwa, P., Scanlan, J., & Krishnan, P. (2022). Integrating nurse practitioners into long-term care homes: A call for action. *The Journal for Nurse Practitioners*, 18, 488-492. <https://doi.org/10.1016/j.nurpra.2022.02.010>
- Enguidanos, S., Gibbs, N., & Jamison, P. (2012). From hospital to home: A brief nurse practitioner intervention for vulnerable older adults. *Journal of Gerontological Nursing*; 38(3), 40-50.
- Fazio, S., Pace, D., Flinner, J., & Kallmyer, B. (2018). The fundamentals of person-centred dementia care for individuals with dementia. *The Gerontologist*, 58(S1), S10-S19. 10.1093/geront/gnx122
- Frank, C., Seguin, R., Haber, S., Godwin, M., & Stewart, G. I. (2006). Medical directors of long-term care facilities: Preventing another physician shortage? *Canadian Family Physician*, 52(6), 752-753. <https://www.cfp.ca/content/52/6/752.long>
- Fixing Long-Term Care Act*, R.S.O., 2021 C-39. <https://www.ontario.ca/laws/statute/21f39#BK101>
- Goldwein, E. L., Mollot, R. J., Dellefield, M. E., Wasserman, M. R., & Harrington, C. A. (2024). Medical director presence in U.S. nursing homes, 2017 – 2023. *Journal of the American Geriatric Society*, 1-10. 10.1111/jgs.19161
- Health Quality Ontario. (n.d.). *Wait times for long-term care homes*. <https://www.hqontario.ca/System-Performance/Long-Term-Care-Home-Performance/Wait-Times#:~:text=Find%20out%20the%20median%20number%20of%20days>
- Home Care Ontario. (2021a). 97 Per Cent of Ontario Seniors Want Increased Home Care Funding: Poll. Retrieved from <https://homecareontario.ca/wp-content/uploads/2024/01/6-97-Per-Cent-of-Ontario-Seniors-Want-Increased-Home-Care-Funding-Poll.pdf>
- Kralj, B., & Sweetman, A. (2024). The Impact of Ontario's Aging Population on the Home Care Sector. <https://homecareontario.ca/wp-content/uploads/2024/03/KraljSweetman-Home-Care-Ontario-Report-06Feb2024.pdf>
- Lewandowski, W., & Adamle, K. (2009). Substantive areas of clinical nurse specialist practice: A comprehensive review of the literature. *Clinical Nurse Specialist*, 23(2), 73-90.

- Liu, C. F., Hebert, P. L., Douglas, J. H., Neely, E. L., Sulc, C. A., Reddy, A., Sales, A. E., & Wong, E. S. (2020). Outcomes of primary care delivered by nurse practitioners: Utilization, cost, and quality of care. *Health Services Research, 55*(2), 178-189. 10.1111/1475-6773.13246
- Manis, D. R., Bronskill, S. E., Rochon, P. A., Sinha, S. K., Boscart, V., Tanuseputro, P., Poss, J. W., Rahim, A., Tarride, J.É., Abelson, J., & Costa, A. P. (2022a). Defining the assisted living sector in Canada: An environmental scan. *Journal of the American Medical Directors Association, 23*(11), 1871-1877. <https://doi.org/10.1016/j.jamda.2022.07.018>
- Manis, D. R., Poss, J. W., Jones, A., Rochon, P. A., Bronskill, S.E., Campitelli, M.A., Perez, R., Stall, N. M., Rahim, A., Babe, G., Tarride, J. É., Abelson, J., Costa, A. P. (2022b). Rates of health services use among residents of retirement homes in Ontario: a population-based cohort study. *CMAJ, 194*(21),E730-E738. [10.1503/cmaj.211883](https://doi.org/10.1503/cmaj.211883).
- McGilton, K. S., Bowers, B. J., & Resnick, B. (2022). The future includes nurse practitioner models of care on the long-term care sector. *Journal of the American Medical Directors Association, 23*(2), 197 – 200. <https://doi.org/10.1016/j.jamda.2021.12.003>
- Murtaugh, C. M., Pezzin, L. E., McDonald, M. V., Feldman, P. H., & Peng T. R. (2005). Just-in-time evidence-based e-mail “reminders” in home health care: Impact on nurse practices. *Health Services Research. 40*(3), 849-864.
- National Academies of Sciences, Engineering, and Medicine. (2021). *The future of nursing 2020–2030: Charting a path to achieve health equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25982>
- Office of the Auditor General. (2020, December). *Value-for-money audit- Retirement homes regulatory authority*. https://www.auditor.on.ca/en/content/annualreports/arreports/en20/20VFM_12retirement.pdf
- Office of the Auditor General. (2023, December). *Value-for-money audit- Long-term care homes: Delivery of resident-centred care*. https://www.auditor.on.ca/en/content/annualreports/arreports/en23/AR_LTCresidential_en23.pdf
- Ontario Community Support Association. (2022c). Staffing crisis threatens home and community care sector with 421% increase in vacant RN positions and 331% increase in vacant PSW positions. Retrieved from <https://www.ocsa.on.ca/staffing-crisis-threatens-home-and-community-care-sector-with-421-increase-in-vacant-rn-positions-and-331-increase-in-vacant-psw-positions>
- Ontario Community Support Association. (2024). *The Care That’s Needed – The Care That’s Wanted: Investing in home and community care to expand access to care and build a strong workforce*. https://irp.cdn-website.com/9100a73e/files/uploaded/OCSA-s_2025_Pre-Budget_Recommendations.pdf
- Ontario Health. (2024, September). *Quality standards – Dementia care: Care for people living in the community*. <https://www.hqontario.ca/portals/0/documents/evidence/quality-standards/gs->

[dementia-community-quality-standard-2024-en.pdf#:~:text=This%20quality%20standard%20addresses%20care%20for](#)

- Ontario Long Term Care Association. (n.d.). *The data: Long-term care in Ontario*.
<https://www.oltca.com/about-long-term-care/the-data/>
- Ornstein, K., Smith, K. L., Foer, D. H., Lopez-Cantor, M. T., & Soriano, T. (2011). To the hospital and back home again: A nurse practitioner-based transitional care program for hospitalized homebound people. *Journal of the American Geriatrics Society*; 59(3), 544-551.
- Parab, C.S., Cooper, C., Woolfenden, S., & Piper, S. M. (2013). Specialist home-based nursing services for children with acute and chronic illnesses. *Cochrane Database Systematic Review*, (6).
- Public Health Agency of Canada. (2022). *A dementia strategy for Canada: Together we aspire*.
<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/dementia-strategy.html>
- Registered Nurses' Association of Ontario (RNAO). (2011). Position Statement: Strengthening Client Centred Care in Home care.
https://rnao.ca/sites/rnaoca/files/RNAO_Position_Statement_Strengthening_Client_Centred_Care_in_Home_Care.pdf
- RNAO (2012). Enhancing community care for Ontarians (ECCO 1.0). <https://rnao.ca/policy/enhancing-community-care-for-ontarians-ecco-a-three-yearplan-2012>
- RNAO. (2014). Enhancing community care for Ontarians (ECCO 2.0). <https://rnao.ca/policy/enhancing-community-care-for-ontarians-ecco-20-april-2014>
- RNAO. (2016). *Delirium, dementia, and depression in older adults: Assessment and care* (2nd ed.).
<https://rnao.ca/bpg/guidelines/assessment-and-care-older-adults-delirium-dementia-and-depression>
- RNAO. (2020a). *Nursing home basic care guarantee RNAO submission to the long-term care staffing study advisory group*.
<https://rnao.ca/sites/default/files/2020-06/Nursing%20Home%20Basic%20Care%20Guarantee%20-%20RNAO%20submission%20to%20LTC%20staffing%20study%20advisory%20group%20-%20Final%20-%20June%2009%2C%202020.pdf>
- RNAO. (2020b). Enhancing community care for Ontarians (ECCO) 3.0.
<https://rnao.ca/sites/default/files/2020-05/ecco-report-3.0.pdf>
- RNAO. (2020c) Home Care Guarantee for the People of Ontario- RNAO's Response to Bill 175: Submission to the Standing Committee on the Legislative Assembly.
<https://rnao.ca/media/2100/download?inline>
- RNAO. (2021). *Nurse practitioner task force – Vision for tomorrow*. <https://rnao.ca/policy/library/vision-for-tomorrow-2021#:~:text=Vision%20for%20Tomorrow%20and%20its>

- RNAO. (2022). *Nursing through crisis: A comparative perspective*. <https://rnao.ca/policy/library/nursing-through-crisis-2022>
- RNAO. (2023). *Nursing career pathways: Opportunities and barriers*. <https://rnao.ca/policy/library/nursing-career-pathways-2023>
- RNAO. (2023b). Submission to the Ministry of Health on Bill 135, Convenient Care at Home Act, 2023. <https://rnao.ca/media/6743/download?inline>
- RNAO. (2024a, January 31). *RNAO 2024 Provincial pre-budget submission*. <https://rnao.ca/media/6919/download?inline#:~:text=Fund%20RNAO%20to%20expand%20the%20Best%20Practice>
- RNAO. (2024b, June 26). RNAO submission re proposed amendments to a regulation under the Ontario Immigration Act, 2015 in respect of educational requirements for nurses under express entry streams. <https://rnao.ca/media/7527/download?inline>
- Retirement Homes Act. (2010, R.S.O., C-11). <https://www.ontario.ca/laws/statute/10r11#:~:text=1%20The%20fundamental%20principle%20to%20be>
- Roblin, B., Decker, R, Kuluski., & Silver, M. P. (2019). Ontario's retirement homes and long-term care homes: A comparison of care services and funding regimens. *Canadian Journal of Aging*, 38(2), 155-167. 10.1017/S07149808000569
- SE Health, Closing the Gap Healthcare, VON Canada, and Bayshore HealthCare. (2022). How to Bring Health Home & Stabilize Ontario's Health Care System. https://blueprint.sirv.com/sehealth/home-care/How_to_Bring_Health_Home_and_Stabilize_Ontarios_Health_System.pdf
- Statistics Canada. (2022). Population estimates on July 1st, by age and sex. Table: 17-10-0005-01 (formerly CANSIM 051-0001). Dec. 21, 2022. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501>