



**RNAO submission on Fixing
Long-Term Care Act
regulations**

October 11, 2024



The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses (RN), nurse practitioners (NP) and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contributions to shaping the health system, and influenced decisions that affect nurses and the public we serve.

Introduction

RNAO welcomes the opportunity to provide feedback regarding proposed amendments to Ontario Regulation 246/22 under the Fixing Long-Term Care Act, 2021. This submission follows positions taken by RNAO in our submissions to the following postings:

- [Providing More Care, Protecting Seniors, and Building More Beds Act, 2021](#)
- [proposed phase one regulations to the Fixing Long-Term Care Act, 2021](#)
- proposed amendments to Ontario Regulation 246/22 under the Fixing Long-Term Care Act, 2021: [March 2023 submission](#) and [March 2024 submission](#)

According to the Ministry of Long-Term Care (ministry), the proposed regulatory amendments will “benefit long-term care residents, staff and licensees by supporting the ongoing delivery of quality care to long-term care residents in Ontario by enabling **innovative and flexible staffing solutions** while staffing continues to stabilize.” RNAO challenges that assessment. We have key concerns about the regulatory proposal, including the ministry’s ongoing efforts to develop “flexible staffing solutions” in an extremely fragile sector.

Analysis of the regulatory proposal

Resident support workers (RSW) were initially introduced into the LTC sector during the onset of the COVID-19 crisis to help address the severe staffing shortages resulting from the pandemic. The proposed regulation changes, if passed, would permanently allow resident support personnel to be employed in LTC homes to help provide personal support services.

Although RNAO acknowledges that the introduction of RSWs in LTC has provided some much-needed relief to LTC staff amid significant staffing challenges, the permanent introduction of this role into the LTC sector signals a fundamental disregard for appropriate staffing and skill mix. RNAO is particularly concerned that care provided by RSWs is being counted towards the legislated allied health professionals' direct hours of care target of 36 minutes.¹

The proposed amendments do not increase staffing and skill mix of registered health care professionals. Rather, these “staffing flexibility” measures dilute LTC staffing standards and open the door to negative outcomes for clients, nurses, health professionals, and organizations. They mirror other measures long discouraged by RNAO, including:

- the introduction of a “targeted provincial average” for direct nursing and personal care hours, rather than a **guaranteed minimum** standard of care per resident, per day
- the absence of any skill mix standards (particularly for more regulated nurses) for the four hours of nursing and personal care

- the absence of any public reporting requirements related to staffing levels in LTC homes
- the introduction of exemptions to the legislative requirement for 24-hour RN presence in all LTC homes, seven days a week
- the introduction of regulatory amendments that allow for personal support workers (PSW) to administer certain medications in LTC settings
- the introduction of regulatory amendments that weakened staffing qualification requirements for several positions in LTC

The decades of evidence highlighted in [RNAO's Long-Term Care Systemic Failings report](#)² underpin the need for **much more** stringent staffing and skill mix standards in LTC – not **less**. The collapse of Ontario's LTC sector under COVID evidences the need for this.

The resident support position does not solve the LTC staffing crisis. The Ontario government must instead refocus its efforts on measures to retain and recruit the nurses, PSWs and other health-care professionals in LTC. What is needed is stable, permanent and full-time staffing of regulated health professionals that enables care continuity and leads to residents and family satisfaction, improved health outcomes, and staff satisfaction.

Background

We offer the following context for our assessment of the proposed regulatory amendments.

1. Resident complexity

Recent statistics demonstrate that the acuity and complexity of Ontario LTC resident is on the rise:

- 20 per cent of people over the age of 80 have complex care requirements that can only be met safely in LTC.³
- More than half of all new LTC residents require a high level of care; compared to 2011, 41 per cent more residents entering LTC require higher levels of support.⁴
- 75 per cent of new residents entering LTC have three or more medical conditions.⁵
- 75 per cent of new LTC residents require eight different medications, with 30 per cent of these residents requiring 13 or more different medications.⁶
- 76 per cent of new residents entering LTC have mild to severe cognitive issues, representing a 25 per cent increase since 2011.⁷
- In 2022–2023, more than 40 per cent of LTC residents were assessed as having aggressive behaviours.⁸

2. Staffing crisis in LTC

The Auditor General of Ontario stated in 2023 that “recruitment and retention continue to be a significant challenge in the long-term care sector due to a shortage of health human resources in Ontario”.⁹ Their report also noted that “long-term care homes lack the resources and supports to provide their residents with care and a living environment that is centred on their needs.”¹⁰

The following evidence points to severe staffing shortages – particularly in relation to nursing – in Ontario LTC homes.

- Almost all Ontario homes reported difficulties in filling shifts for RNs and registered practical nurses (RPNs) in 2022.¹¹
- Many LTC homes have high vacancy and turnover rates for nursing and personal support positions, with about 8,000 open positions in 2022–23, and an average vacancy rate of 11 per cent for RNs.¹²
- Inadequate compensation, lack of full-time employment and career development opportunities, as well as discriminatory experiences have been highlighted as major reasons for staff members leaving a home.¹³
- Between 2020 and 2022, 50 per cent of LTC homes experienced turnover of their director of care, and more than 40 per cent lost their administrator.¹⁴
- The average hourly rate for RNs is 6 per cent higher in hospitals (\$40.47) than in LTC (\$38.05). These pay inequities have contributed to higher turnover and staff vacancies in LTC.¹⁵
- A quarter of Ontario LTC homes failed to consistently reach the provincial targets in from the 2021–22 fiscal year to the 2022–23 fiscal year for hours of direct care. Some LTC homes were found to have staff-to-resident ratios as high as one nurse per 80 residents.¹⁶
- LTC homes have increasingly relied on agency staff to fill staffing gaps, which negatively impacts costs and quality of care¹⁷:
 - The average direct-care hours provided by contracted nurses and personal PSWs rose from four per cent in Q1 2021–22 to 10 per cent in Q4 2022–23.
 - Agency RNs are paid 142 per cent more on average, compared to RNs employed directly by LTC homes.
 - With heavy reliance on agency staff, there is an increased likelihood for errors, such as medication errors.¹⁸

Moreover, Ontario’s vacancy rate for RNs is higher than ever before¹⁹, and Ontario has a deficit of 26,000 RNs benchmarked against the rest of Canada.²⁰ The shortage of RNs is growing more and more acute. By 2029, Ontario’s LTC homes will require at least 58,600 more nurses and PSWs, and the demand for LTC is projected to increase by 38 per cent in the next 10 years.²¹

To solve these issues in LTC, we must tackle the health human resources crisis head on. In RNAO’s 2024 [provincial pre-budget submission²²](#), we identified many policy solutions to address the nursing and health-care crises. If implemented, these solutions would lead to significant improvements to Ontario’s LTC sector and the entire health system.

Also crucial to retaining and recruiting staff in LTC is the consistent presence of medical directors. In RNAO’s [Vision for Tomorrow](#) report²³, we urged government and regulatory bodies to implement necessary regulatory and legislative changes to authorize nurse practitioners (NP) as medical directors, recognizing the major and very effective role of NPs as medical directors in numerous settings during the COVID-19 pandemic. We continue to press the government for the enactment of these changes, as this will greatly benefit staff, residents, and families in LTC.

Recommendations

The context set out above, points to the urgent need for more regulated nurses, especially RNs, in Ontario LTC homes to meet the growing demands of increasingly complex residents. Rather than creating “staffing flexibility” to respond to the acutely growing needs in Ontario’s LTC sector, the government must urgently adopt the following recommendations.

1. Increase nursing health human resources in Ontario

RNAO has issued several public policy reports containing recommendations for addressing Ontario’s nursing crisis. Most recently, RNAO released [*Nursing Career Pathways: Opportunities and Barriers*](#)²⁴, a report that identifies barriers to nursing careers, opportunities for increasing Ontario’s nursing workforce and 24 recommendations to address Ontario’s nursing crisis.

The government should remain focused on addressing the nursing crisis directly rather than implementing measures that compromise resident safety due to inadequate nurse staffing.

RNAO’s recommendations to retain and recruit RNs, NPs and RPNs in Ontario are as follows:

1. Incorporate principles of equity, diversity and inclusion (EDI) in all health human resource policies to ensure fair and equitable access to educational opportunities, professional development and career advancement.
2. Ensure programs that support EDI – such as mentorship arrangements – are available in all LTC workplaces.
3. Implement and fund NPs as medical directors and most responsible providers (MRP) in LTC settings, and immediately enable NPs to work as medical directors in all the homes where there is no medical director.
4. Support equitable and internationally competitive compensation for RN, RPNs, and NPs across all sectors and setting in Ontario. This should include harmonizing compensation upward across the health system to address pay disparities primarily affecting the LTC, home care and primary care sectors.
5. Implement evidence-based recommendations to retain and recruit nurses by providing fulltime employment (including benefits and paid sick days), mentorship and professional development (including leadership training), occupational health and safety measures and enforcement, healthy work environments, and safe workloads.
6. Increase funding support, schedule accommodation and resources for LTC PSWs, RPN, RN, and NPs to pursue continuing education, professional development, specialty certifications. Offer programs in workplaces to facilitate attendance.
7. Develop expanded and optimized nursing education pathways similar to Ontario’s Begin Program and New Brunswick’s Step Up to Nursing Initiative which combines work and education by providing salary and tuition support for PSW to bridge to RPN/LPN, or RPN/LPN to bridge to RN to encourage nurses to advance their nursing education and careers in Ontario. Also, expand Ontario’s Grow your Own NP program to encourage RNs to bridge to NP.

8. Identify and remove discriminatory barriers to registration for internationally educated health professionals who are already in Canada.
9. Increase the supply of nurses by: continuing to increase nursing school enrolments and corresponding funding; compressing RPN-to-BScN bridging programs; and supporting nursing faculty retention and recruitment.
10. Fund a “Return to Nursing Now” program to attract nurses back to the nursing workforce.
11. Fund innovative nursing education-practice partnerships across all health sectors, incorporating preceptor roles to ensure manageable workloads for staff and effective clinical placements for nursing students.
12. Increase the compensation and education allowances for directors of care in nursing homes, and provide supports and resources to ensure safe and healthy workloads for nurses in these roles.
13. Continue to collect race-based data for nurses and expand to include all health professionals.
14. Provide cultural safety education and awareness building at individual, organizational and policy levels.

2. Increase staffing and skill mix in Ontario long-term care homes:

RNAO issued evidence-based recommendations with respect to nursing home staffing in its [Nursing Home Basic Care Guarantee²⁵](#), and we have repeatedly called for the implementation of these standards. These recommendations include mandating and funding all Ontario LTC homes to provide a guaranteed minimum of four worked hours of direct nursing and personal care per LTC resident per day, with the following skill mix:

Role	Skill mix of care per day	Worked hours of care per day
RNs	Minimum of 20%	0.8 per resident
RPNs	Minimum of 25%	1.0 per resident
PSWs	Maximum of 55%	2.2 per resident

- one NP per 120 LTC residents
- one infection prevention and control RN per 120 LTC residents
- an average of one hour of care per day per LTC resident from allied health professionals

Conversely, RNAO estimates that the current skill mix in LTC is as follows, based on ministry data.

Role	RNAO recommended skill mix	Current estimated skill mix
RNs	Minimum of 20%	9%

RPNs	Minimum of 25%	19%
PSWs	Maximum of 55%	72%

The above data emphasizes the need to increase the complement of RNs and RPNs in LTC. The implementation of these direct care and skill mix recommendations will obviate the need for creating “innovative and flexible staffing solutions” to respond to the health human resource crisis in LTC.

3. Regulate and restrict the role of resident support workers

RNAO does not see the resident support worker (RSW) role as a solution to the staffing crisis in Ontario’s nursing homes. Assigning care responsibilities to RSWs involving any degree of risk will compromise resident health and safety. Integrating RSWs into LTC staffing requires regulatory restrictions so that the RSW role contributes to, rather than detracts from, quality care. Any regulation aiming to integrate the RSW role must:

- Stipulate that RSW care hours are **in addition** to the direct care targets required under the legislation, and not a substitute for care provided by PSWs, nurses or other health-care professionals.
- Require that RSWs work under the supervision of a regulated health-care worker – for example, a PSW, RPN, RN or NP - **at all times** when engaging in direct care.
- Stipulate that RSWs can only assist with low-risk tasks in the care of low-risk residents; they should not be tasked with providing care for moderate or high-risk residents.
- Set out a complete list of activities that RSWs are permitted to assist with, such as grooming, transfers, feeding and/or toileting.

RNAO asserts that government must provide an evidence-based regulatory framework for the proper use of RSWs if intending to make the RSW role permanent. This is needed to maximize resident safety and ensure that the RSW role is helpful rather than detrimental.

Conclusion

The performance of Ontario’s LTC sector through the COVID-19 pandemic was epically disastrous and tragic. Compared to like health systems around the world, it was dismal. The government’s obligation – indeed, our collective obligation – to do better does not dissipate with time. And yet, with regulatory proposals such as the instant, this government resorts to make-do strategies, shortcuts and compromises instead of acknowledging and correcting the failures of the past so that we do better going forward.

We need to do better for those of us who need the care of Ontario’s nursing homes, for those who will need the care of Ontario’s nursing homes and for the health-care workers who are charged with the very important job of keeping those residents healthy, safe and living with dignity.

RNAO acknowledges that doing better is not easy. The pandemic, we know, took its toll on the supply and health of the nursing workforce. It has yet to recover. But so, too, has the government yet to commit

to building nursing careers back up in Ontario with the evidence-based measures that RNAO has repeatedly proposed. We repeat them again in this submission. We add to them a recommendation that this government regulate and restrict the role of resident support workers in the sector. The backbone of the LTC sector, with its ever-increasing resident complexity, must be a highly-educated and skilled nursing workforce supported by educated and skilled PSWs.

RNAO, out of respect for those who reside in Ontario's nursing homes and those who serve them, continues to insist that now is not the time to give up by "enabling innovative and flexible staffing solutions." RNAO urges the government to follow evidence-based recommendations that address the nursing crisis in Ontario. To accomplish this, the government must:

1. apply an EDI lens to LTC staffing,
2. ensure competitive compensation and benefits,
3. ensure safe staffing,
4. guarantee career development and progression, and
5. regulate and restrict the role of resident support workers in Ontario's LTC sector.

Let's make the LTC sector a sector of choice to build a health worker's career.

References

¹ Duggal, S. (2024). "Abominable": Untrained aides should not count toward LTC direct care targets, advocates say. The Trillium. https://www.thetrillium.ca/insider-news/health/abominable-untrained-aides-should-not-count-toward-ltc-direct-care-targets-advocates-say-9483698?utm_source=TheTrillium.ca&utm_campaign=988db84b86-TrilliumNewsletterPM&utm_medium=email&utm_term=0_b3cbcfadf7-988db84b86-324340498

² RNAO. (2020). *Long-Term Care Systemic Failings: Two Decades of Staffing and Funding Recommendations*. https://rnao.ca/sites/rnao-ca/files/RNAO_LTC_System_Failings_June_2020_1.pdf

³ Ontario Long-Term Care Association (OLTCA). The Data [Internet]. Available from: <https://www.oltca.com/about-long-term-care/the-data/>

⁴ See note 1.

⁵ See note 1.

⁶ See note 1.

⁷ See note 1.

⁸ Office of the Auditor General of Ontario Long-Term Care Homes: Delivery of Resident-Centred Care [Internet]. 2023. Available from:

https://www.auditor.on.ca/en/content/annualreports/arreports/en23/AR_LTCresidential_en23.pdf

⁹ See Office of the Auditor General, note 8.

¹⁰ *Ibid.*

¹¹ See OLTCA, note 1.

¹² See Office of the Auditor General, note 8.

¹³ Grinspun D, Matthews J.H., Bonner R., Moreno-Casbas T., Mo J. (2023). COVID-19 pandemic in long-term care: An international perspective for policy considerations. *International Journal of Nursing Sciences*, 10(2):158-166. doi: 10.1016/j.ijnss.2023.03.017. Epub 2023 Mar 31. PMID: 37095850; PMCID: PMC10063321.

¹⁴ See OLTCA, above note 1.

¹⁵ See Office of the Auditor General, note 8.

¹⁶ *Ibid.*

¹⁷ *Ibid.*

¹⁸ See Office of the Auditor General, note 8.

¹⁹ Statistics Canada. Job vacancies, proportion of job vacancies and average offered hourly wage by selected characteristics, quarterly, unadjusted for seasonality. 2024. Retrieved from: <https://www150.statcan.gc.ca/t1/tbl1/en/cv!recreate.action?pid=1410032801&selectedNodeIds=1D7,2D358,2D386,3D1,4D1&checkedLevels=0D1&refPeriods=20150101,20221001&dimensionLayouts=layout3,layout3,layout3,layout3,layout2&vectorDisplay=false>

²⁰ RNAO's calculation. Original data source: Nursing in Canada, 2022– Data Tables [https://www.cihi.ca/en/registered-nurses; population figures from Table: 17-10-0005-01 \(formerly CANSIM 051-0001\), <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1710000501>](https://www.cihi.ca/en/registered-nurses; population figures from Table: 17-10-0005-01 (formerly CANSIM 051-0001), https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1710000501)

²¹ See OLTC, note 1.

²² Registered Nurses' Association of Ontario (RNAO). (2024.) *RNAO 2024 Provincial Pre-budget Submission*. <https://rnao.ca/media/6919/download?inline>

²³ RNAO. (2021). *Nurse Practitioner Task Force: Vision For Tomorrow*. https://rnao.ca/sites/rnao-ca/files/NP_TF_Feb_25_FINAL_3.pdf

²⁴ RNAO. (2023). *Nursing Career Pathways: Opportunities and Barriers*. <https://rnao.ca/policy/library/nursing-career-pathways-2023>

²⁵ RNAO. (2020). *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>