

**RNAO submission on the
proposed Support for Seniors
and Caregivers Act, 2024 –
proposed amendments to the
Fixing Long-Term Care Act**

Jan. 6, 2025



The Registered Nurses' Association of Ontario (RNAO) is the professional association representing more than 54,400 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 the Support for Seniors and Caregivers Act, 2024: Proposed amendments to the Fixing the Long-Term Care Act (FLTCA) public consultation.

RNAO's analysis of the proposed amendments draws heavily on our leadership in the long-term care (LTC) sector. To advance the joint commitment of the Ontario government and RNAO to improving LTC, RNAO launched the [Long-Term Care Best Practices Program](#) in 2005 and the [RNAO Clinical Pathways Program](#) in 2021. Other outcomes and successes that have helped strengthen the sector to date include:

- developing more than 50 evidence-based [best practice guidelines](#)¹,
- conducting extensive research and preparing reports to inform national standards for LTC,
- advancing the RNAO [Nursing Home Basic Care Guarantee](#),
- securing RN prescribing and NP expanded roles and scope of practice, and
- improving the quality of care for residents by promoting evidence-based best practices.

RNAO's response to this consultation is informed by the work described above and the research that supports it. First, in our **analysis of proposed elements**, we focus on suggestions that would strengthen several of the proposed amendments to the FLTCA:

1. Enhancing dementia care and supports for residents, families and caregivers.
2. Recognizing the cultural needs of 2SLGBTQI+ residents and families, ensuring inclusive and gender-affirming care and services.
3. Adopting a systems approach to reducing abuse and neglect.
4. Improving the ability of the Ministry of Long-Term Care (MLTC) to conduct inspections of LTC homes and investigate and prosecute offences.
5. Expanding data collection authority for the director.
6. Enabling NPs to fulfil clinical director roles.

¹ See Appendix A to this submission for a list of RNAO BPGs that have been implemented to date in LTC homes across Ontario.

Second, we **address health human resource gaps**; this step is necessary to accelerate the implementation of the amendments proposed by both the government and our association. In particular, we call for creating more supports for health human resources, with steps to target anti-Black racism, ensure competitive compensation and advance a [Nursing Home Basic Care Guarantee](#).

Analysis of proposed amendments

1. Enhancing dementia care and supports

RNAO is pleased to see the requirement in the proposed amendments to the FLTCA for all LTC homes to have an **organized program of dementia care and services**. RNAO proposes to further amend this important new requirement to ensure all LTC homes are successful in delivering person-centred evidence-based dementia care in Ontario.

Issue

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, presenting challenges for care providers and organizations (Ontario Long Term Care Association, n.d.). Sustainable efforts are needed to support LTC homes in optimizing the delivery of high-quality person-centred care to residents with a history of cognitive impairment. Several organizations across the province support individuals, families and health-care providers throughout the delivery of dementia care. However, navigating the available resources and leveraging these supports is challenging, creating barriers to their use.

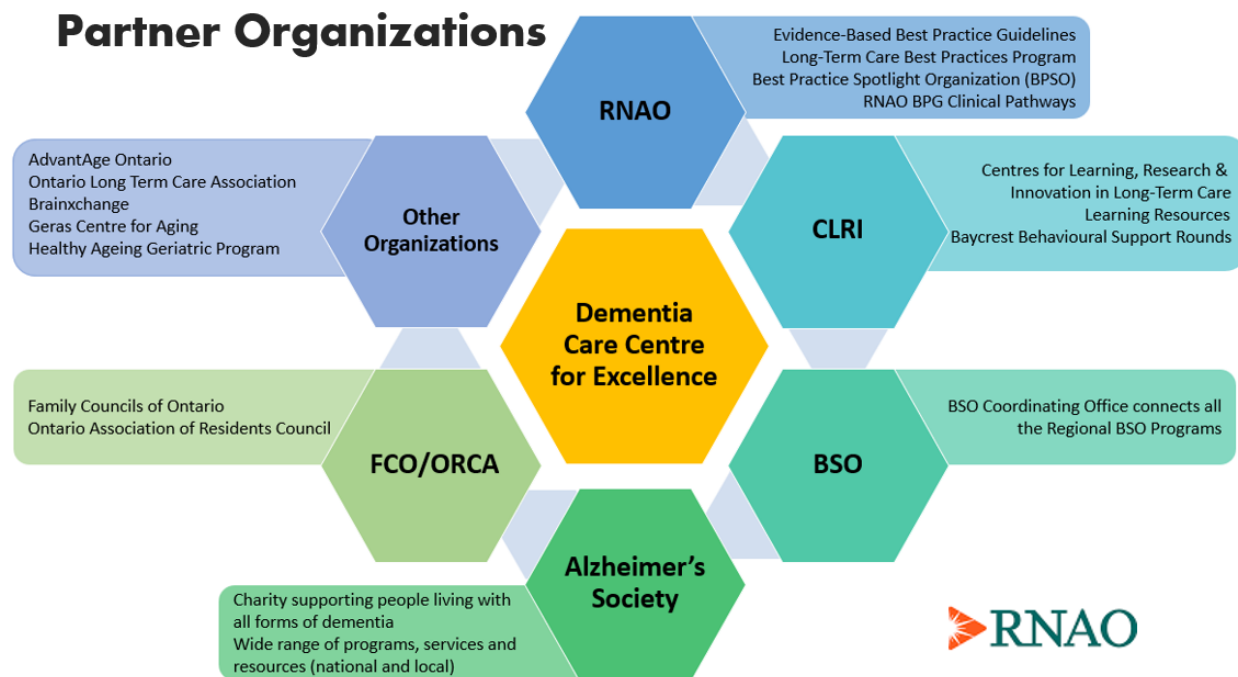
Solution

Substantive support and capacity building among staff and families is required to strengthen the quality of care for individuals living with dementia in LTC. RNAO proposes to develop and administer a **Dementia Care Centre of Excellence** (Centre) to promote the delivery of evidence-based and compassionate dementia care.

The Centre will advance excellence in caring for persons with cognitive impairment living in LTC homes by leveraging and sharing resources from multiple organizations and developing new tools as needed. It will coach LTC homes on how to best set up and deliver their program of dementia care and services, develop key performance indicators to measure progress and outcomes, and provide additional support, resources and tools for LTC homes. Activities will include:

- a. Creating a committee of key dementia care partners to launch the Dementia Care Centre of Excellence.
- b. Coordinating efforts from multiple organizations to support LTC homes in caring for residents with dementia.
- c. Serving as a referral for coaching and mentorship services.

- d. Developing a website – a “one-stop shop” for resources, tools and events from multiple partner organizations.
- e. Advancing research in dementia care and educational support/resources for individuals, families, health-care providers and organizations.



2. Recognizing the cultural needs of 2SLGBTQI+ residents and families

Bill 235 proposes amendments to address religious and spiritual needs in LTC homes (see section 18) and empowering the Lieutenant Governor in Council to make regulations concerning provision of information in both official languages (see section 25.1). RNAO notes with grave concern that Bill 235 omits to address sexual orientation and gender identity needs. RNAO urges to amend the Bill to include gender-affirming care and services for Two-Spirit, lesbian, gay, bisexual, transgender, queer and intersex (2SLGBTQI+) residents living in LTC homes – a large swath of the Ontario demographic not even captured in the Auditor General’s 2023 value-for-money audit (2023b).

Issue

The widening diversity of residents entering LTC homes across Ontario – including 2SLGBTQI+ adults – has increased the demand on LTC homes to support the delivery of person-centred care that meets the cultural, linguistic, spiritual, and religious needs of residents and their families to improve the delivery of equitable care and optimize health outcomes (Ministry of Francophone Affairs, 2024; Office of the Auditor General of Ontario, 2023b; RNAO, 2021a; RNAO, 2024c).

The COVID-19 pandemic served as a cruel reminder that the LTC system in Ontario is neglectful and largely unresponsive to the needs of older adults who identify as 2SLGBTQI+ (Canadian Institute of

Actuaries, 2024). Indeed, many homes have claimed to not have any 2SLGBTQI+ residents, and data on the number of 2SLGBTQI+ residents – including the number who contracted COVID-19 or those who died after contracting it – is lacking.

Moreover, the measures and care protocols implemented to respond to COVID-19 failed to acknowledge the existence of 2SLGBTQI+ residents and consider their vulnerabilities, inter-related health issues and the unique care needs of 2SLGBTQI+ older adults (Canadian Institute of Actuaries, 2024). Roughly 10 per cent of the general population identifies as 2SLGBTQI+ (Ontario Centres for Learning, Research and Innovation [CLRI] in Long-Term Care, 2021). Given that the diversity of LTC residents reflects the general population, we know that 2SLGBTQI+ residents must also be living in LTC homes across our province (Ontario CLRI in Long-Term Care, 2021).

Older adults who identify as 2SLGBTQI+ experience increased morbidity and mortality from contracting COVID-19 due to increased vulnerabilities. Specifically:

- 29 per cent are living with a chronic health condition, compared with 15% of other people.
- 21 per cent of 2SLGBTQI+ people who also identify as Black, Indigenous and/ or People of Colour (BIPOC) have been admitted to the hospital for COVID-19 compared to 9 per cent of both 2SLGBTQI+ non-BIPOC people in general and the national population, and
- Those who identify as BIPOC are more likely than the general population to know somebody who has died from COVID-19 (Egale and INNOVATIVE Research Group, 2020).

Many 2SLGBTQI+ older adults experience heightened social isolation following admission to LTC, after having already experienced social isolation in the community. In addition, 2SLGBTQI+ residents experience anxiety and concern about LTC staff due to past stigma, which has negatively impacted their psychological wellbeing and access to care (Ontario CLRI in Long-Term Care, 2021). Staff, with few exceptions, are untrained or ill-trained in 2SLGBTQI+ residents' specific care issues and needs.

2SLGBTQI+ residents also often experience or fear discrimination, harassment and physical or verbal abuse in LTC homes. Staff may be uncomfortable with 2SLGBTQI+ people or have biases or negative attitudes (including homophobia, transphobia and biphobia).

Solution

There is a pressing need to integrate awareness and inclusivity of 2SLGBTQI+ older adults to ensure the delivery of meaningful and high-quality person-centred care within Ontario's LTC sector. To achieve this, RNAO urges the following (RNAO, 2021b, Ontario CLRI in Long-Term Care, 2021):

- a. All health-care workers in LTC homes must receive training in culturally safe care that includes cultural competency training, scenario-based sensitivity training and discussions around staff feelings, and resources to help address bullying (Sue Cragg Consulting and the CLRI Program, 2017, Scott et al., 2022).

- b. All LTC homes must start collecting socio-demographic data to better understand the diverse needs of LTC residents. This understanding should inform targeted interventions to address health disparities (National Institute on Ageing, 2021).
- c. All LTC homes must create inclusive environments through policies and procedures that demonstrate respect for 2SLGBTQI+ residents and their families. Suggestions include making gender-neutral washrooms available throughout the LTC home; respecting clothing and grooming choices made by residents expressing their gender identity; using gender-neutral language; using preferred pronouns of residents and their chosen family members; and increasing 2SLGBTQI+ visibility through awareness campaigns.

RNAO has existing and forthcoming BPGs that can be used to inform training and approaches to improve care for 2SLGBTQI+ people, including [Embracing Cultural Diversity in Health Care: Developing Cultural Competence](#) and [Promoting 2SLGBTQI+ Health Equity](#).

3. Adopting a systems approach to address abuse and neglect

RNAO is pleased to see the proposed amendments to the FLTCA for introducing a new offense for persons found guilty of the abuse or neglect of an LTC resident, including the licensee or person who manages the home, staff, volunteers, and any person who provides professional services (Bill 235, 2024). Although an important inclusion, this should not be a stand-alone measure to target abusive behaviour in LTC settings. An upstream and system-wide approach is essential to prevent and mitigate the risk of abuse and neglect (RNAO, 2014).

Issue

LTC homes have a duty to protect residents from all forms of abuse and neglect, ensuring quality of life and dignity (Baumann, et al., 2024). The abuse and neglect of residents in LTC homes is a significant public health concern that has profound health, social and economic consequences (Hirt et al., 2022; RNAO, 2014). Residents can experience a lost sense of safety and dignity, and increased morbidity related to trauma with reduced quality of life, including premature death (RNAO, 2014). The evidence is alarming with 62 per cent of Ontario's LTC homes having had a least one case of reported abuse between 2019 to 2022, and with more than 55 per cent of these homes having repeat incidents despite multiple reports of ministry inspections (Baumann et al., 2024). Moreover, the risk for resident-to-resident violence is increasing in Ontario's LTC homes, pointing to the need for urgent action.

Solution

A system-wide approach in all LTC homes must be implemented to reduce the risk for abuse and neglect of residents. To achieve this, RNAO urges, at minimum, the following interventions:

- a. Meet the staffing levels and skill mix called for in [RNAO's Nursing Home Basic Care Guarantee](#) (see discussion below).

- b. Provide ongoing education and training for all employees, caregivers and volunteers that addresses older adult rights, types and signs of abuse and neglect, risk factors and individual roles and responsibilities (Baumann et al., 2024; RNAO, 2014),
- c. Foster healthy work environments with appropriate staffing and skill-mix levels (Gillese, 2019; Hirt et al., 2022; RNAO, 2014).
- d. Respond appropriately to alleged or suspected abuse and neglect (RNAO, 2014).
- e. Educate residents and their families on abuse and neglect, including their rights (RNAO, 2014).

RNAO has several existing resources that LTC homes can use, including its BPG *titled [Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches](#)*.

4. Improving the ability of the MLTC to inspect and investigate LTC homes

RNAO is pleased to see proposed amendments to enhance the MLTC's ability to conduct inspections of LTC homes and investigate and prosecute offences under the FLTCA. However, RNAO will continue to hold Ontario's premier and minister of long-term care accountable for the dignity, respect and wellbeing of LTC residents across the province.

5. Expanding data collection authority for the director

RNAO is pleased to see proposed amendments to the FLTCA that will enable the director to request information about LTC placements and admissions from the placement coordinator to support local and system planning. RNAO recommends that this data be used to strengthen the development of system performance indicators for quality improvement to advance the LTC sector. This should include collecting sociodemographic data to support equity, diversity and inclusion (EDI) given Ontario's diverse population.

See the discussion under the item above, "Providing person-centred care for 2SLGBTQI+ residents," for additional context on why socio-demographic data is important.

6. Enabling NPs to fulfil clinical director roles

RNAO applauds the proposal to rename the "medical director" role to "clinical director", which will enable NPs to fulfill this role in 670 LTC homes across Ontario in the same way as physicians do. RNAO has long advocated for the expansion of NP scope of practice to enable NPs to support LTC homes in this capacity to optimize resident care. For more information, see our most recent submissions and reports covering the need for expanded NP scope of practice: RNAO's [submission to the Standing Committee on Social Policy related to Bill 121](#), RNAO's [2024 Provincial Pre-budget Submission](#); and our Nurse Practitioner Task Force [Vision for Tomorrow](#) report.

Issue

LTC homes provide 24-hour accommodations and care to an increasingly medically-complex population with multimorbidity, including rising rates of dementia, with many homes lacking the necessary resources to meet the demands of their resident populations (Collins et al., 2020). 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).

For many years there has been a call to evolve the role of the medical director in Ontario in order to meet the growing demands of a complex and evolving long-term care sector (Bethune, 2007). Current legislation under the FLTCA states that medical directors must be physicians, placing a risk to resident wellbeing due to an increasing shortage of family physicians who may not be able to sustain the role adequately and dismissing the significance that NPs play in the delivery of care within Ontario's LTC sector and the health system (Fixing Long-Term Care Act, 2021).

Solution

Throughout the pandemic, NPs demonstrated a commitment to delivering safe, efficient and high-quality resident care with positive outcomes by decreasing morbidity and mortality. NPs were instrumental in supporting infection prevention and control practices, developing policies and procedures, facilitating system navigation, providing oversight of resident care including the management of medically complex conditions, working safely as sole medical providers onsite, and much more to decrease emergency department transfers – meeting many of the requirements of medical directors under subsection 251 (4) in O.Reg 246/22 of the FLTCA (Fixing Long-Term Care Act, 2021; McGilton et al., 2021; McGilton et al., 2022a).

NPs – including attending NPs – are well-positioned to fulfil the clinical director role, 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 the retention of staff (McGilton et al., 2022b).

The NP clinical director role will improve collaboration among interprofessional health teams, optimize resident health outcomes, improve LTC organizational performance, and improve staff retention and recruitment. It also offers an important career pathway for nurses. NPs are recognized as a strong asset by residents, care partners, staff and organizations (RNAO, 2021a).

Addressing health human resources gaps

The proposed amendments omit a critical component of enhancing person-centred care for LTC residents: health human resources (HHR). We underscore that the successful implementation of these amendments – such as new dementia programs, initiatives to combat abuse and neglect, and broader improvements to LTC quality of care – requires sustained and concurrent investments in HHR. Specifically, we highlight two pressing aspects of the HHR crisis in the LTC sector: inadequate compensation, as well as unsafe staffing levels and an insufficiently skilled workforce.

The Ontario government has legislated targets for the average number of hands-on hours of care that LTC residents receive and has implemented measures to improve staffing and skill mix. However, as RNAO described in its [October 11, 2024, submission](#) on Fixing the Long-Term Care Act regulations, staffing challenges remain acute.

Ensuring competitive compensation

Compensation is a key component to supporting effective health human resources. RNAO has conducted extensive research on the role of compensation in retaining and recruiting nurses. For more information, see three recent reports: [Nursing Career Pathways](#), [Nursing Through Crisis](#), and our Nurse Practitioner Task Force’s [Vision for Tomorrow](#).

Issue

Inadequate compensation has been identified as a significant barrier to nurse retention (Ben Ahmed and Bourgeault, 2022; RNAO, 2022b; Tomblin Murphy et al., 2022). In Ontario specifically, the 2019 introduction of wage-limiting legislation capping nursing annual salary increases at one per cent, via Bill 124, caused a serious nursing retention issue in Ontario compounded by the enormous stresses of the COVID-19 pandemic. Yet, the government did not repeal this legislation until 2024, and only after an unsuccessful appeal of a previous court decision declaring Bill 124 to be “void and of no effect” (RNAO, 2023).

Wage disparities among sectors like community and acute care in Ontario has negatively impacted retention and recruitment of nurses into sectors and roles where they are needed most (Eckler, 2023; RNAO, 2020). Long-standing compensation shortfall affect individual nurses and entire sectors, with the community sector experiencing a 17 per cent turnover and an eight per cent average vacancy rate due to compensation as a major contributor (Eckler, 2023). Organizations representing the Ontario home care and LTC sectors have long called for wage parity as a key recruitment and retention factor for nurses in these sectors (Home Care Ontario 2022; Ontario Community Support Association, 2022; AdvantAge Ontario, 2023).

Solution

Nursing is the largest regulated workforce. Nurses work across the care continuum, serving as an entry point to the health system across settings and sectors (National Academies of Sciences, Engineering, and Medicine, 2021). The retention and recruitment of nurses is a vital component of an effective health human resource strategy to support a high-performing health system in Ontario. Therefore, the Ontario government must (RNAO, 2020):

- a. increase compensation for Ontario nurses in all roles, domains and sectors so it is competitive with compensation in other jurisdictions, including the United States; and
- b. address pay disparities among nurses working in different sectors, including home care and LTC, by harmonizing their compensation upwards.

Meeting the expectation of an LTC staffing guarantee

Staffing is foundational to improving LTC residents' quality of life and outcomes. In 2020, in a submission to the Long-Term Care Staffing Study Advisory Group, RNAO called on the government to adopt, fund and implement a "[Nursing Home Basic Care Guarantee](#)" for residents of LTC homes to ensure safe and quality care, as well as staff retention.

Issue

Ontario's 670 LTC facilities are home to many of the province's frailest seniors, with 44 per cent aged 85 to 94. These residents and their families trust the homes to meet their daily physical, social, emotional, spiritual and cognitive needs (Ministry of Long-Term Care, n.d.; RNAO, 2020). Advanced age and severe chronic conditions have increased acuity. To this end, there is an urgent need for changes in staffing (RNAO, 2020).

The pandemic highlighted the extreme vulnerability of the LTC sector with 80.1 per cent of COVID-related deaths in Ontario occurring in LTC homes (RNAO, 2020). The persistent issues contributing to this devastating outcome are well-reported, and include chronic staffing shortages, inadequate quality oversight, inconsistent management and funding issues (RNAO, 2020). One report highlights shocking findings in five Ontario LTC homes that military were brought in to assist during the pandemic (Mialkowski, 2020):

- dangerously inadequate infection control practices
- dismal quality of care and lack of sanitation
- severe rationing of supplies which were often expired
- poor communication between staff and during change-over
- serious understaffing, inadequate support and poor morale, inappropriate and abusive behaviour

Solution

It is evident that substantially more health human resources are needed to meet the needs of Ontario's LTC residents. Just as important as determining what those resources are, and their numbers, is to make sure that the required knowledge and skills are available for their care. A Nursing Home Basic Care Guarantee means establishing the right staff skill mix ratios (numbers, roles, types) needed to keep residents safe, healthy, functional and as independent as possible.

RNAO is pleased to see the following under O.Reg 246/22 of the FLTCA (Fixing the Long-Term Care Act, 2021):

- the target for an average of four hours of direct care to residents provided by individuals hired within the LTC such as personal support workers (PSW), registered practical nurses (RPN), and RNs by March 31, 2025, under subsection 8 (1)
- the requirement for an infection prevention and control program under subsection 23 (1)

- the requirement for an organized interdisciplinary program with a restorative philosophy that includes services to address a resident’s psychosocial needs including physiotherapy that is provided or arranged by the home under subsection 13 (1)

To best support the wellbeing of residents and families, RNAO continues to urge for full utilization of all strategies outlined in the Nursing Home Basic Care Guarantee. Therefore, the Ontario government must immediately adopt, fund and implement a Nursing Home Basic Guarantee as recommended by RNAO:

Recommendation 1: Fund each LTC home and require the provision of a minimum of four worked hours of nursing and personal care to each resident per day, according to the following staff mix formula:

- a. RN staff in all homes at 20 per cent of the total nursing and personal care staff hours
- b. RPN staff in all homes at 25 per cent of the total nursing and personal care staff hours
- c. PSW staff in all homes at 55 per cent of the total nursing and personal care staff hours

This equates to the following number of resident care hours:

- a. a minimum of 0.8 worked hours of RN care per resident per day
- b. a minimum of one worked hour of RPN care per resident per day
- c. a minimum of 2.2 worked hours of PSW care per resident per day

Rationale: All members of the LTC health team are essential, but the increasing complexity and growing acuity demand a higher and diverse skill mix with different levels of training, knowledge and skills to optimize the delivery of care to residents and improve health outcomes (RNAO, 2020).

Recommendation 2: Ensure there is one NP per 120 residents in LTC homes.

The Ministry of Long-Term Care (MLTC) must continue to fund one NP per 120 residents until all LTC homes reach this target. RNAO has long advocated for the role of attending NPs in LTC to enhance care delivery by adding value to interdisciplinary care (RNAO, 2020; RNAO, 2021a; RNAO 2024).

Rationale: Increasing complexity among Ontario's LTC home residents from advanced age, high rates of chronic disease, polypharmacy, physical and cognitive impairment, and discharges from hospital to LTC creates the demand for regular and timely access to care (Ng et al., 2020). Attending NPs play a critical role in delivering comprehensive care to meet the needs of Ontario's LTC residents, including timely access to primary care and palliative care. Evidence has shown that attending NPs improve access to high-quality, cost-effective care, increase resident, family and staff satisfaction, and improve health outcomes (Dangwa et al., 2022; McGilton et al., 2022a). LTC homes that have access to an NP have been found to have fewer hospitalizations related to congestive heart failure, asthma, chronic obstructive pulmonary disease and hypertension through the proactive management of medical conditions and timely access to care (Mileski et al., 2020).

Recommendation 3: Fund each LTC home with one additional nursing full-time equivalent staff (preferably an RN) to lead the functions of an infection prevention and control program, and to support quality improvement, staff education, onboarding and orientation.

Rationale: Transmission of COVID-19 during the pandemic and frequent outbreaks of viral infections in LTC homes highlight an urgent need for additional staff that must include a nurse (preferably a RN specialized in infection prevention and control), This would ensure the facility is always prepared and able to manage effectively during outbreaks. RNs who specialize in infection prevention and control have the knowledge and skill required to meet the ministry's standards and effectively lead an infection prevention and control program through their ability to facilitate quality assurance activities such as organizational risk assessments, support the development of evidence-based policies and procedures, and educate and mentor staff (Government of Ontario, 2023).

Recommendation 4: Mandate with attached funding the following standards that address long-standing human resource issues:

- a. Ensure nursing and personal care salaries in LTC are commensurate with those paid to the same health workers in other sectors, such as hospitals (as discussed in the previous section), and
- b. Ensure full-time employment with benefits is offered to all staff who want it.

Rationale: COVID-19 exposed the danger of workers in an LTC facility keeping employment in other workplaces – a danger that was also a lesson from the SARS epidemic in 2003 (RNAO, 2020). The government rightly banned the practice as an emergency measure during the pandemic, but moving backward to remove these restrictions is too dangerous and costly. LTC residents have increased vulnerability to many infectious diseases, and outbreaks of influenza, for example, increase morbidity and mortality in LTC homes.

Recommendation 5: Fund each LTC home to ensure the availability for an appropriate complement of interprofessional staff consisting of physiotherapy, rehabilitation therapy, speech therapy, social work, dietary and dental care.

Rationale: LTC residents have multiple chronic conditions that require specialized services and regular care to address quality of life challenges, promote optimal functioning and enhance independence. Interprofessional care is critical for maintaining the health and wellbeing of residents. For example, in falls prevention, occupational therapists select and adapt equipment that aids resident mobility, and physiotherapists help to maintain activity to prevent muscle loss and help restore mobility in the advent of a fall or injury (RNAO, 2020). Furthermore, oral health is a significant issue in LTC, that can have devastating consequences related to nutrition and infection, requiring services from registered dental hygienists and denturists to contribute to an oral care plan (RNAO, 2020).

Recommendation 6: Enhancing healthy work environments in LTC homes – eliminating anti-Black racism. To effectively address anti-Black racism in the LTC work environment requires a

multifaceted approach. Strategies include training and education, developing appropriate policies, reviewing hiring practices, and ensuring commitment from leadership.

Rationale: Anti-Black racism manifests through racial inequities and systemic oppression in the nursing profession, adversely affecting nurses' personal and professional growth and development (Cooper Brathwaite et al., 2022; Grinspun et al., 2023). This racism can be both subtle and explicit and comes from a variety of individuals such as residents, colleagues, and leaders, creating an unhealthy work environment. Despite this, the diversity within care teams in LTC homes is increasing, and strategies to enhance the conditions of work have a positive impact on care conditions for residents.

In 2022, RNAO issued the [Black Nurses Task Force Report](#), which highlights 19 key recommendations and accompanying actions to dismantle anti-Black racism at a systems level in nursing workplaces and academic settings using evidence obtained from a large mixed-methods study (RNAO, 2022a).

Priority recommendations include (RNAO, 2022a):

- a. the need for urgent advocacy to address racism against Black nurses,
- b. education and awareness building at individual, organizational and policy levels,
- c. greater mentorship and support for Black nurses,
- d. partnership with allies and stakeholders leading anti-Black racism initiatives, and
- e. equitable and fair human resources processes.

RNAO is in the process of developing a BPG that will provide evidence-based guidance to help eliminate anti-Black racism in nursing and improve wellbeing and retention of Black nurses across sectors. The *Addressing Anti-Black Racism in Nursing BPG* (working title) will be released in 2026.

Conclusion

RNAO is pleased to see the proposed amendments to the FLTCA to enact a mandatory dementia care program, increase the delivery of culturally safe and linguistic care, expand NP scope of practice to support the clinical director role, introduce new offences for the abuse and neglect of residents, and increase authority for the director and MHLTC. Yet, more must be done to strengthen the delivery of care to residents and advance the LTC sector.

The suggestions arising from our analysis of the proposed amendments will further advance the LTC sector by:

1. Enhancing dementia care and supports for residents, families and caregivers.
2. Recognizing the cultural needs of 2SLGBTQI+ residents and families, ensuring inclusive and gender-affirming care and services.
3. Adopting a systems approach to reducing abuse and neglect.

4. Improving the ability of the MLTC to conduct inspections of LTC homes and investigate and prosecute offences.
5. Expanding data collection authority for the director.
6. Enabling NPs to fulfil clinical director roles.

To ensure successful implementation of these amendments and initiatives, RNAO also calls for more supports for health human resources with steps to target anti-Black racism, competitive compensation and advancing a [Nursing Home Basic Care Guarantee](#).

RNAO has considerable expertise and resources to help advance the LTC sector, along with a respected reputation among LTC residents and families, staff, owners, operators and other sector leaders. We are unwavering in our commitment to work hard to further strengthen the LTC sector.

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Appendix A: RNAO best practice guidelines deployed in LTC settings

Best practice guideline (BPG) title	Publication date	Anticipated next edition
RNAO Foundational Best Practice Guidelines		
Person-and Family-Centered Care	2015	2025
Establishing Therapeutic Relationships	2006	
Transition in Care and Services (2 nd edition)	2023	2029
RNAO Clinical/Older Adult Best Practice Guidelines		
A Proactive Approach to Bladder and Bowel Management in Adults (4 th edition)	2020	2028
Preventing Falls and Reducing Injury from Falls (4 th edition)	2017	2026
Assessment and Management of Pressure Injuries for the Interprofessional Team (3 rd edition)	2016	2024
Supporting Adults Who Anticipate or Live with an Ostomy (2 nd edition)	2019	2028
Vascular Access (2 nd edition)	2021	2028
Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches	2014	2027
Assessment and Management of Foot Ulcers for People with Diabetes (2 nd edition)	2013	2024
Assessment and Management of Pain (2 nd edition)	2013	2024
Promoting Safety: Alternative Approaches to the Use of Restraints	2012	2027
Assessment and Management of Venous Leg Ulcers	2007	2027
Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour	2009	2025
Delirium, Dementia and Depression in Older Adults: Assessment and Care (2 nd edition)	2016	2026
A Palliative Approach to Care in the Last 12 Months of Life	2020	2027
End-of-Life Care During the Last Days and Hours ²	2011	
Oral Health: Supporting Adults Who Require Assistance (2 nd edition)	2020	2028
Nursing Care of Dyspnea: The 6 th Vital Sign in Individuals with Chronic Obstructive Pulmonary Disease	2010	2027
RNAO Healthy Work Environment (HWE) Best Practice Guidelines		
Developing and Sustaining Interprofessional Health Care: Optimizing patient, organizational and system outcomes	2013	2028
Developing and Sustaining Safe, Effective Staffing and Workload Practices (2 nd edition)	2017	2028
Developing and Sustaining Nursing Leadership (2 nd edition)	2013	2027
Intra-professional Collaborative Practice among Nurses (2 nd edition)	2016	2028
Managing and Mitigating Conflict in Health-care Teams	2012	2028
Preventing Violence, Harassment and Bullying Against Health Workers (2 nd edition)	2019	2028
Professionalism in Nursing	2007	2028
Addressing Anti-Black Racism in Nursing (<i>for release</i>)	2026	