



Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

The Rt. Hon. Justin Trudeau
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON
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Delivered by email

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Dear Prime Minister Trudeau,

In light of the government's decision to prorogue parliament, I am writing to you in lieu of our planned submission to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA) on the matter of the government's response to the pandemic. We trust that our recommendations below are timely as the government puts its mind to how to build a post-pandemic Canada that is more resilient, healthier and safer.

The Registered Nurses' Association of Ontario (RNAO) represents more than 44,000 registered nurses, nurse practitioners and nursing students across Ontario. Its members have been on the frontlines of this pandemic from the start. Nurses, alongside other health workers, have witnessed close-up the devastating impact of COVID-19 as they have provided nursing care with expertise and courage – to the best of their abilities – in spite of a health-care system and a social safety net that let them and so many other Canadians down.

It has been said many times, in many places, and in many ways that COVID-19 has had a profoundly inequitable impact on Canadians. It is clear, nearly seven months into this pandemic, that COVID has preyed on the most vulnerable Canadians, and in doing so, has exposed our collective failure to build a country that provides health, safety and security to all.

This is not a failing of a single government or even a single order of government. And most certainly, a plan to “build back better” will need to involve all orders of government and the many of us who are eager and able to assist. A plan with ambition for this country, as is required at this moment, requires bold leadership. That, RNAO believes, falls first-and-foremost to you. We are, therefore, urging that your government's plan address two issues that through this pandemic have been exposed as critical to the health and well-being of Canadians: long-term care and housing.

Long-term care (LTC)

In your remarks announcing an upcoming speech from the throne, you made reference to “the shortfalls in health care that meant soldiers were caring for seniors.” The Canadian Armed Forces (CAF) report¹ on the Ontario long-term care homes it was helping recover from COVID-19 showed all of us in simple, stark

language how a severe shortage of staffing, equipment and support badly harmed and killed hundreds of the most vulnerable people in Ontario.

While the CAF was assigned to provincially prioritized homes, COVID-19 revealed systemic issues across Ontario's long-term care sector. As of Aug. 25, COVID-19 had claimed the lives of 1,847 long-term care home residents in Ontario, accounting for nearly two-thirds of COVID-19-related deaths in this province.²

Ontario's long-term care sector is not alone in its deficiencies. As of late May, Quebec, Alberta and Nova Scotia were faring worse, pointing to a national problem. Indeed, data gathered by the Canadian Institute for Health Information (CIHI) show that as of late May, "LTC residents accounted for 81 per cent of all reported COVID-19 deaths in Canada, compared with an average of 42 per cent in other OECD countries (ranging from less than 10 per cent in Slovenia and Hungary to 66 per cent in Spain)."³

Many of these deaths were preventable. In June 2020, RNAO released a list detailing dozens and dozens of recommendations in the areas of staffing and funding made in 35 reports as well as a public inquiry and a coroner's inquest looking into the problems in LTC in Ontario over the past 20 years.^{4 5} There are consistent themes and common recommendations in all of these reports. They point to the need for more staffing in long-term care homes, the proper mix of regulated and unregulated staffing to meet the increasing acuity of residents, and a funding model that responds to growing needs.

Also in June, RNAO submitted the "Nursing Home Basic Care Guarantee"⁶ to Ontario's Long-term care Staffing Study Advisory Group as its response, based on many years of engagement in long-term care sector issues.^{7 8 9 10 11}

Prime Minister Trudeau, we urge you and your team to consider the following basic care guarantee as a national standard in response to this workforce crisis:

1. Ensure each long-term care (LTC) home provides a minimum of four (4) worked hours of nursing and personal care to each resident per day, according to the following staff mix formula: 20 per cent registered nurses (RN), 25 per cent licensed practical nurses (LPN) (called registered practical nurses (RPN) in Ontario), and 55 per cent personal support workers (PSW), equating to the following number of resident direct care hours:
 - a) a minimum of 0.8 worked hours (48 minutes) of RN direct care per resident, per day
 - b) a minimum of 1.0 worked hour (60 minutes) of RPN/LPN direct care per resident, per day
 - c) a minimum of 2.2 worked hours (132 minutes) of PSW direct care per resident, per day
2. Ensure each LTC home employs a full-time equivalent (FTE) NP per 120 residents, in the role of attending nurse practitioner (NP).¹² In regions where there is a shortage of NPs, employ a clinical nurse specialist (CNS).
3. Ensure each LTC home employs an FTE nursing staff member (preferably an RN) to support the functions of infection prevention and control, quality improvement, staff education, onboarding and orientation.
4. Ensure each LTC home implements the following mandated standards:
 - a) Disallow LTC staff (RN, RPN/LPN, PSW) from working in other LTC homes.
 - b) Ensure nursing and personal care salaries in LTC are commensurate with those paid to the same health workers in other sectors, such as hospitals.
 - c) Ensure full-time employment with benefits is offered to staff interested in full-time work, to enable continuity of care for residents, improve staff retention and remove the need to work in multiple locations.

5. Ensure each LTC home includes an appropriate complement of interprofessional staff, including: physiotherapy, rehabilitation therapy, speech therapy, social work, dietary and dental care.

HOUSING

Housing is a determinant of health. In the best of times, people experiencing homelessness are more vulnerable to illness and disease than the housed. Estimates suggest that many years of living without housing leads to age-related ailments typical of housed individuals 20 years older. But these are the worst of times, where vulnerability is targeted by a deadly, sweeping virus.

Public health advice during this pandemic has reinforced the importance of housing as a defence against COVID-19. “Stay home, self-isolate, wash hands frequently,” has been the constant refrain for months. Yet each year, nearly 250,000 Canadians experience homelessness – 35,000 on any given night. Another 1.7 million Canadians have core housing needs and, under the severe economic strain of this pandemic, are vulnerable to joining the numbers of homeless – or have already.

There is nothing inevitable about homelessness in a country as wealthy as ours. In such a country, allowing persons to experience homelessness should be seen as societal decay and government abandonment. Homelessness is the product of decades of public policy choices by all orders of government. We implore you to make different choices.

RNAO is joining thousands of Canadians and dozens of organizations – including the Canadian Network for the Health and Housing of People Experiencing Homelessness – in calling for the federal government to adopt the Recovery For All plan of the Canadian Alliance to End Homelessness (CAEH). The plan has six planks:

- Expanded federal investment in community-based homelessness responses.
- A national, guaranteed minimum income that will ensure those in greatest need have the necessary financial resources to meet their basic needs and prevent homelessness when times are tough.
- The construction of 300,000 new, permanently affordable and supportive housing units for enhanced rental support for low-income Canadians.
- Meaningful implementation of the right to housing, including the appointment of a national housing advocate and national housing council.
- Curtailment of the impacts of financialization of rental housing markets.
- Support and adequate resources for the development and implementation of an urban and rural Indigenous housing and homelessness strategy by urban, rural and northern Indigenous peoples and housing and service providers.

CAEH’s Recovery For All plan has the complementary benefit of spurring Canada’s post-pandemic economic recovery through investment in housing, creating nearly 500,000 much-needed construction and social services jobs over the next 10 years, and saving taxpayers over \$18 billion.

CONCLUSION

This pandemic has taught us lessons in the cruelest way – with the loss of life. It is, therefore, imperative that we take these lessons to heart and act on them. We owe it to those who lost their lives to COVID-19, as well as those who remain most vulnerable to this disease – the elderly and the homeless.

A lesson that we hope has not escaped our government is the value of nurses and nursing to our health system. We have been at the frontlines of this pandemic since COVID-19 struck our country, doing heroic

work with the resources available to care for all Canadians. But without question, a greater and more strategic deployment of nurses in our health system would have enabled Canada and Canadians to fare better through this pandemic.

In RNAO's recently released policy document, *Enhanced Community Care for Ontarians 3.0*,¹³ we argue for an accessible, equitable, person-centred, integrated and publicly funded health system that can only be realized when we have a fully integrated provincial health system anchored in primary care with enhanced community care capacity. Such a system depends on having RNs and NPs working upstream in public health, having RNs, NPs and RPNs/LPNs providing primary care to a much larger extent, having RNs, NPs, CNSs and RPNs/LPNs providing care in the home, having nurses providing minimum hours of direct care in nursing homes, and having all nurses practising to full scope. In short, nurses are central to achieving universal health care and advancing a healthier Canada.

As a final recommendation to you – and as a reminder of our original ask during Nursing Week, when you so kindly visited the Ottawa Public Health Unit – RNAO urges you to end this year, the Year of the Nurse, by re-instating a national chief nursing officer. Countries around the world, and provincial governments such as Ontario, as well as major health organizations, have chief nursing officers who play a critical role in focusing attention on social determinants of health, transforming health policies, improving health outcomes and advancing health systems. You may remember your pledge to consider re-instating a national chief nursing officer position when, in 2019, you responded to RNAO's federal election survey.¹⁴ We believe this pandemic has proven our case. Canada would be a healthier country if nurses and nursing had a voice in our federal government.

Prime Minister Trudeau, we thank you for this opportunity to share our thoughts and concerns, born of much experience, research, hard work and, of late, grief. We wish you courage to make the changes necessary to ensure our most vulnerable are put first among us. If there is anything worthy at all that can come of the lives lost to COVID-19 and the grief it has caused, that would be it. Canada ought to be a place where we assume a duty to care for each other, to protect each other from harm, to secure for each other our human rights, and to lift each other up as high as we can. In light of what COVID-19 has exposed, that is no small task. It is, however, a necessary one. And it is yours to lead. RNAO is here to help, support and, if the goal is delivered, applaud. Please call on us.

Yours warmly,



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The Hon. Patty Hajdu, Minister of Health
The Hon. Ahmed Hussen, Minister of Families, Children and Social Development
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Erin O'Toole, Leader of the Official Opposition
Matt Jeneroux, MP
Stephanie Kusie, MP
Jagmeet Singh, MP and Leader of the Federal NDP
Jenny Kwan, MP
Don Davies, MP
Elizabeth May, MP and Leader of the Federal Green Party

¹ Mialkowski, C.J.J. (2020). *OP Laser -- JTFC Observations in Long--Term Care Facilities in Ontario*. May 14. https://www.cmfmag.ca/todays_brief/canadian-armed-forces-long-term-care-facility-report-released/.

² LTC deaths and total deaths for the ratio are taken from Ontario. (2020). *Long-Term Care Home COVID-19 Data*. <https://data.ontario.ca/dataset/long-term-care-home-covid-19-data> and Ontario. (2020) *Status of COVID-19 cases in Ontario*. <https://data.ontario.ca/dataset/status-of-covid-19-cases-in-ontario>.

³ Canadian Institute for Health Information. (2020). *Pandemic Experience in the Long-Term Care Sector: How Does Canada Compare With Other Countries?*. June 25. P. 2. <https://www.cihi.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf>.

⁴ Registered Nurses' Association of Ontario. (2020). *RNAO releases list of 35 reports and recommendations dating back 20 years documenting the government's failings of Ontario long-term care sector*. June 5. <https://rnao.ca/news/media-releases/2020/06/05/rnao-releases-list-35-reports-and-recommendations-dating-back-20-year>.

⁵ Registered Nurses' Association of Ontario. (2020). *Long-Term Care Systemic Failings: Two Decades of Staffing and Funding Recommendations*. June 5. https://rnao.ca/sites/rnao-ca/files/RNAO_LTC_System_Failings_June_2020_1.pdf.

⁶ Registered Nurses' Association of Ontario. (2020). *RNAO Nursing Home Basic Care Guarantee*. <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>.

⁷ 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.

⁸ 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>.

⁹ Registered Nurses' Association of Ontario. (2019). *RNAO Fact Sheet: A better approach to long-term care in Ontario*. <https://qpor.rnao.ca/sites/default/files/A%20better%20approach%20to%20long-term%20care%20fact%20sheet%202019.pdf>.

¹⁰ Registered Nurses' Association of Ontario. (2018). *Long-Term Care Best Practices Toolkit, 2nd edition* <https://ltctoolkit.rnao.ca/>.

¹¹ Registered Nurses' Association of Ontario. (n.d.). Long Term Care Best Practice Spotlight Organization (BPSO) Program <https://rnao.ca/bpg/bpsoltc>.

¹² Ontario. (2017). Long-Term Care Homes Funding Policy: Attending Nurse Practitioners in Long-Term Care Homes Initiative. (As amended). http://www.health.gov.on.ca/en/public/programs/ltc/archived_ltc.aspx.

¹³ Registered Nurses' Association of Ontario. (2020). May 12. *ECCO 3.0: Enhancing Community Care for Ontarians*. https://rnao.ca/policy/ecco-30-enhancing-community-care-ontarians?_ga=2.249996484.35281702.1598362041-992521518.1556641499.

¹⁴ Registered Nurses' Association of Ontario. (2019). *A platform for a healthy Canada*. <https://rnao.ca/federal-election-2019>.