

Stakeholder Engagement Questionnaire

Pre-Legislative Consultation

Ministry of Long-term Care

Question 1: Quality of Care – Staffing

Third-party reviews have stated that improving staffing and health human resources in long-term care homes is an important determinant of quality of care and positive resident outcomes.

What steps should the government take to increase staffing and improve quality of care in long-term care homes?

Staffing is a key determinant of quality of resident care. [Decades of evidence-based policy](#) points to the urgent need for better funding and staffing in the long-term care sector.

To provide healthy, safe and dignified care in Ontario's long-term care sector, RNAO urges the Ontario government to implement and enshrine in legislation [RNAO's Nursing Home Basic Care Guarantee \(NHBCG\)](#), included first in RNAO's [Mind the Gap Report](#). RNAO's NHBCG is informed by decades of research and represents the consensus views of Canadian and international experts. The provisions of RNAO's NHBCG were incorporated into the [LTC Commission Report](#) recommendations (see recommendations 44, 46, 24a). The NHBCG calls for the following minimum staffing standards:

- A minimum of four worked hours of direct nursing and personal care per resident, per day.
- A skill mix of 20 per cent registered nurse (RN) care, 25 per cent registered practical nurse care, and no more than 55 per cent personal support worker (PSW) care per resident, per day.
- One nurse practitioner (NP) and a minimum of one Infection Prevention and Control RN per 120 LTC residents.
- An average of one hour of care per resident, per day from allied health professionals.

The implementation of RNAO's NHBCG requires significant RN and RPN recruitment and retention support, specifically ensuring:

- A minimum of 70 percent full-time staffing.

- Harmonizing up salaries to match those of other health care sectors, such as hospitals.
- Recruitment of nurses to the sector to meet the NHBCG staffing standards, accounting for current staffing shortfalls and planned bed increases.
- Increased enrolment in nursing programs and access to bridging programs for career laddering from PSW to RPN and/or RN, RPN to RN, and RN to NP. Also important is optimizing the use of internationally-trained nurses.
- Sustainability of NHBCG staffing ratios.
- 100 Attending NPs per year over the next six years as per RNAO's NP Task Force report, *Vision for Tomorrow*, with the goal being that each nursing home will have a minimum of one (1) NP per 120 residents.
- RPN diploma programs and RN baccalaureate programs incorporate a mandatory 14-shift practicum in an LTC setting as a part of the curriculum.

Question 2: Quality of Care – Key Performance Indicators

Third-party reviews of the LTC sector have also indicated a need to increase quality of care standards in long-term care homes to improve outcomes and quality of life for residents.

What performance indicators should the government track and measure that will demonstrate improved quality of care?

The government should track and measure performance indicators in a number of areas to evaluate and demonstrate improvements in the quality of care in long-term care, including:

- **Quality of Care Indicators:** Fund and Implement the RNAO-PointClickCare proposal *Building Capacity and Achieving Excellence in Long-Term Care* to standardize care and optimize outcomes in all long-term care homes (RNAO, 2020a). The clinical pathways included in this digital health solution are evidence-based and provide key performance indicators for each of the required clinical programs that the government can track **in real time**. The proposal is fully supported by OLTCA and Advantage Ontario (Levin, 2020).
- **Resident/Family Satisfaction Indicators:** Standardize the Resident/Family Satisfaction Survey used in long-term care homes. A standardized assessment of key indicators will provide insights into quality of care from the resident/family perspectives.
- **Infection Prevention and Control Indicators:** In collaboration with Public Health Ontario, develop key performance indicators on infection prevention and control that can be publicly reported.

Human Resources Indicators: Develop human resource indicators to monitor staff turnover in key positions: Nursing, PSWs, Executive Director/Administrator, Director of Care, and Infection Control Lead, as well as staffing ratios, hours of care per resident per day, skill mix, and provider experience.

Question 3: Enhancing Accountability and Enforcement

The pandemic has highlighted the need for improved accountability and transparency within the long-term care sector, as well as robust enforcement, to better protect residents and build confidence for families and care partners.

How can the government improve accountability and strengthen the enforcement regime for Ontario's long-term care homes?

RNAO urges the Ministry of Long-Term Care (MOLTC) to implement the following strategies to improve accountability, transparency, and enforcement within the long-term care system in Ontario.

1. Modernize the LTC funding formula by:

- Updating the funding formula to be based on **both** the complexity of resident care needs and quality outcomes. As such, LTC homes that decrease case mix index ("CMI") due to evidence-based care should be able to retain all funding to reinvest in staffing and/or programs for residents, rather than facing a financial penalty (RNAO, 2018a; RNAO, 2018b; RNAO, 2018c; RNAO 2020d; RNAO 2021a).
- Ensuring the funding model is based upon current resident acuity and care needs, rather than using retroactive data that does not account for the rapidly changing acuity profile of long-term care residents (RNAO 2018b).

2. Ensure yearly inspections for all long-term care homes:

After introducing a risk-based inspection and enforcement program in 2018, the rate of annual **Resident Quality Inspections (RQI)** is minimal. Only 27 homes received an annual RQI in 2019. The MOLTC must:

- Ensure annual comprehensive Resident Quality Inspections (RQI), which need to be unannounced and performed yearly for every Ontario LTC home, without compromising inspections triggered by Critical Incident reports and complaints relating to high-risk incidents.
- Hire and train a sufficient number of inspectors to maintain a robust inspection regime.

3. Improve inspection processes by:

- Ensuring that inspection reports recognize areas of compliance as well as areas of non-compliance. Reports of compliance will positively impact the morale of staff and recognize the efforts of compliant homes (RNAO, 2018b).

4. Improve enforcement processes by:

- Imposing a higher standard of accountability and compliance on homes with chronic compliance issues, including escalating stringency of

responses to non-compliance and stronger enforcement of licence revocation/transfer.

- Ensuring follow-up inspections are completed when non-compliance is identified, to verify that remediation occurs.
- Ensuring current compliance and enforcement data, such as inspection reports, enforcement/remediation status, and other matters related to legislative and regulatory compliance, including staffing mix and ratios, are available, intelligible, and transparent to the public.

5. Incorporate enhanced accountability and transparency into inspection processes by:

- Establishing provincial targets for all reportable performance indicators (see response to question #2 above).
- Establishing a publicly available report card with real-time information about a home's performance indicators and inspections.
- Requiring homes to share their report card with each placement applicant and essential caregivers.
- Requiring homes that fail to meet the provincial targets to participate in the provincially-funded [RNAO LTC Best Practices Program](#) to develop and implement evidence-based quality improvement plans (2018b).
- Providing clear direction on when and how inspectors should direct LTC homes to consult [best practice resources](#) (2018b).

Question 4: Improving Diversity in Long-term Care

Ontario is an increasingly diverse province. Most long-term care residents are at a life stage where their mental and cognitive health is declining, and deeply ingrained cultural characteristics become more salient. It is important for long-term care homes to recognize and appropriately respond to residents' sociocultural needs.

How can the government enhance access to and appropriateness of culturally specific long-term care in Ontario?

Respecting Sexually and Gender Diverse Communities in Long-term Care:

RNAO recognizes the inherent dignity and worth of every senior and endeavors for equal rights and opportunities without discrimination including in long-term care settings. Residents regardless of their gender identity, gender expression and sexual orientation should be able to live in a long-term care home free of any kind of stigmatization, discrimination and social exclusion. (RNAO, 2021b&c). This is aligned

with the Resident Bill of Rights, from the *Long-term Care Homes Act (2007)* which addresses residents' right to live in a home free of discrimination and freedom of expression. See in particular sections 1. Respect and Dignity, 2. Protection from abuse, 6. Exercise the rights of a citizen, and 19. Lifestyle and choices respected of the bill of rights.

RNAO recommends that the Ontario government mandate that all LTC homes implement two RNAO best practice guidelines (BPGs): "Person-and Family-Centred Care" (2015) and "Promoting 2SLGBTQI+ Health Equity" (2021c). All LTC homes should ensure that all staff are provided education about the Resident Bill of Rights including specific content related to person and chosen family-centred care and respecting sexually and gender diverse communities in long-term care. Managers and staff should receive specific education on methods for creating a long-term care home that respects the rights of each senior regardless of their gender identity, gender expression and sexual orientation and is free of any kind of stigmatization, discrimination and social exclusion. This includes ways to ensure that other seniors do not discriminate against each other based on any types of differences. [RNAO Long Term Care Program's Coordinators](#) can facilitate implementation of these BPGs and education to the long-term care homes.

Providing culturally and linguistically appropriate care options in Long-term Care:

Racism and cultural oppression have been realities for many in Canada, especially Indigenous people, with longstanding impacts of poverty, poor health, loss of identity and marginalization (RNAO, 2007). Cultural diversity within LTC homes is expected to increase. LTC homes are challenged to recognize and support the culture of their residents at a time when their health and mental capacity are declining. (Cragg et al., 2017a). According to the Resident Bill of Rights, every senior living in long-term care should be treated with dignity and respect (2007), prevent social isolation (Region of Peel), and should have their cultural, spiritual and linguistic needs met (Cragg et al, 2017a).

Long-term care homes with residents of similar cultural backgrounds should (Cragg et al., 2017a):

- Be encouraged to create cultural units, floor or entire long-term care homes dedicated to specific cultural groups
- Always encourage resident choice to be in a mainstream unit or a cultural unit
- Be provided cultural meal options
- Be provided care in their language as much as possible through purposeful hiring practices
- Be provided cultural and linguistic programs from long-term care staff or volunteer community groups
- Be provided with translation services when needed
- Be provided with materials translated for residents and families who need them

RNAO recommends that the Ontario government providing financial incentive for long-term homes to meet the cultural needs of their residents. This would encourage innovation and the development of a cultural care perspective.

RNAO recommends that the Ontario government support cultural communities to build not-for-profit long-term care homes or partner with existing homes to build cultural units or floors that provide care to seniors from specific cultural groups in order to enhance the province's ability to meet the diverse needs of Ontario seniors.

Providing culturally and linguistically appropriate care options for Indigenous communities in LTC:

“Ontario’s Indigenous people have unique cultural requirements that must be supported by health care, including long-term care. A legacy of colonization, historical trauma, racism, distrust of western medicine and ways, and sometimes geographic isolation impact this population like no other. Respect for treaty rights and jurisdictional issues also need to be considered in planning for care and supporting the culture of this population.” (Craig et. al., 2017b, p1)

The development and implementation of any long-term care models to support Indigenous communities must be Indigenous led.

Key themes for addressing the needs of Indigenous communities in long-term care include (Cragg et al, 2017b):

- Cultural units, floors or entire long-term care homes for Indigenous communities
- Supporting spiritual wellbeing through providing space for smudging and other ceremonies, inviting spiritual leaders to perform ceremonies, encouraging and facilitating connections with elders, and supporting culturally appropriate end-of-life ceremonies
- Supporting mental wellbeing through provision of culturally appropriate dementia care, language support, and according respect
- Supporting physical wellbeing through complementary and traditional medicine, understanding values regarding treatment, providing traditional and familiar foods, providing caring and understanding care, and providing familiar elements in the environment
- Supporting Emotional wellbeing involves maintaining links with the cultural and home community and family, including family, reaching out to community services, ensuring a progressive response to racism, and providing cultural competency training.

RNAO recommends the Ontario government support the development of long-term care models to support Indigenous communities by Indigenous communities

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Question 5: Adding Long-term Care Bed Capacity

Decades of inaction from successive governments have resulted in a lack of long-term care bed availability across Ontario. Increasing the availability of long-term care spaces is a key priority for this government, evidenced by a commitment to add 30,000 net new beds over ten years.

How can the government eliminate existing barriers to long-term care home and bed development?

<p>RNAO urges Ontario to move away from for-profit provision of LTC care, and to ensure that all new LTC beds are developed by not-for-profit providers, including municipalities, for the following related reasons:</p>

- Health care funding should be fully used for health care and not leave the health system in the form of corporate and/or shareholder profits.
- Not-for-profit LTC provides higher quality, safer care, as evidenced by the COVID-19 pandemic (Chown Oved et al., 2020; Marrocco et al., 2021; Pue et al., 2020; Stall et al., 2020; Stall et al., 2021; Tubb et al., 2020).

Broadly, not-for-profit LTC providers face the following challenges with new bed development:

- Up-front development costs, including property acquisition.
- Government funding lagging inflationary costs in property development.
- Securing mortgages.

Not-for-profit providers need better government support to overcome these challenges. RNAO recommends that the government, in concert with Infrastructure Ontario, implement the following measures to facilitate not-for-profit development of LTC bed capacity:

- Work with the federal government to ensure that viable not-for-profit projects are able to receive necessary infrastructure funding and mortgage/lending arrangements on sustainable terms, whether or not the proponents have capital reserves.
- Ensure that construction funding subsidies and the development grants offered to not-for-profits are sufficient to meet expenses at current market rates. Funding must also be sufficient to provide for necessary consulting expertise. Funding has been a challenge for many not-for-profit providers.

- Work with relevant levels of government to streamline and expedite the approval process to create new and redeveloped long-term beds (without overriding legitimate concerns of local governments via the use of minister's zoning orders). The acquisition of all necessary approvals, including zoning changes, is a time-consuming and costly process for which most not-for-profit providers are insufficiently resourced.
- Make funding available to not-for-profit providers for the retention of development-related expertise when required.

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