



**Submission to the  
Government of Canada re proposed  
Safe Long-Term Care Act**

**September 2023**



## Introduction

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. RNAO welcomes the opportunity to engage in public consultations to inform the development of the Safe Long-Term Care Act in Canada.

## Implementation of national long-term care standards

**How can governments and stakeholders cooperate to help foster the implementation of the new national long-term care (LTC) standards?**

### **Embed mandatory and enforceable national LTC standards into the Safe Long-Term Care Act.**

RNAO welcomes the development of federal legislation focused on improved care for nursing home residents. Federal leadership is required to improve the quality and availability of LTC across the country. RNAO believes that stakeholders across the country – including provincial and territorial governments – are ready to accept national leadership and federal legislation for two fundamental reasons:

1. It is obvious to all Canadians – and to the international community – that the current state of LTC across the country failed Canadians in the most tragic way. The COVID-19 pandemic laid bare a fundamentally flawed LTC sector. According to the most recent data (from July 2022), nearly 40,000 nursing and retirement home residents in Canada died of COVID-19. LTC residents in Canada accounted for 43 per cent of COVID-19 related deaths by December 2021 – among the highest proportion of COVID-19 related deaths in LTC worldwide (Estabrooks et al., 2023). Compared to other Organization for Economic Co-operation and Development member countries, the percentage of COVID-19 fatalities in Canadian LTC homes was close to double throughout the pandemic (Akhtar-Danesh et al., 2022; Grinspun et al., 2023; Morciano et al., 2021).
2. There is an almost complete consensus on the standards required for safe and dignified care that has emerged over a long period of time (and, tragically, well in advance of the COVID-19 pandemic). Research has shown for decades that each LTC resident requires a minimum of four worked hours of direct nursing and personal care per day (Armstrong et al., 2020; Feuerberg, 2001; Grinspun et al., 2023; Ontario, 2017; RNAO, 2020b; RNAO, 2020c; Sharkey, 2008). The need for an appropriate skill mix of health professionals is also key to the provision of safe and dignified care (RNAO, 2020b; RNAO, 2020c; Estabrooks et al., 2020; Flanagan et al., 2023; Grinspun et al., 2023). The recently developed Health Standards Organization (HSO) national LTC standard acknowledges evidence supporting minimum staffing standards in LTC, including the need for a minimum of 4.1 hours of direct care per resident per day. RNAO laments the failure to make these standards mandatory and urges the federal government to embed them as mandatory and enforceable in the proposed Safe Long-Term Care Act.

Notwithstanding our continued commitment to mandatory and enforceable federal LTC standards, RNAO recommends that, at a minimum, the federal government exercise its leadership authority and fiscal powers to incent provincial implementation of national standards. Therefore, we recommend that the federal government embed national LTC standards in the proposed act, and leverage provincial adoption of these standards through the authority of national leadership and the incentive of earmarked federal funding.

## Quality and safety

### How should governments and stakeholders cooperate to improve the quality and safety of LTC?

#### Urge LTC homes to use RNAO's LTC Best Practices Program as a resource for the purpose of implementing continuous quality improvement initiatives.

RNAO's work includes the [world-renowned Best Practice Guidelines Program](#) (BPG Program). This program, launched in 1998, includes leading-edge support and monitoring of the uptake of nursing BPGs through our LTC programming. This pillar of the BPG Program was introduced by the Ontario Ministry of Health and LTC in 2005, with RNAO partnering in an advisory role, and transferred to a [program led by RNAO](#) in 2008. RNAO expanded this program in 2014 by introducing the Long-Term Care Best Practice Spotlight Organization® (BPSO®) model to ensure sustained organization-wide use of evidence in practice with [impressive outcomes](#) for residents, staff and LTC homes. The program has been further expanded with the introduction of [RNAO's LTC Clinical Pathways](#), in 2020, discussed below.

RNAO's LTC Best Practices Program enables LTC homes – including RNAO's many BPSO LTCs across Ontario – to implement and sustain evidence-based practices through systematic and consistent approaches to ensure quality care for residents and their families. The LTC Best Practices coordinator role has been funded by the provincial government since 2005. Benefits of the LTC Best Practices Program include enhanced capacity for knowledge transfer and evidence uptake resulting in improved resident experience and outcomes.

The program actively supports nurses, personal support workers and other staff in LTC homes to implement BPGs, and improved quality of work environments. The program provides an important opportunity for LTC homes to access expertise in implementing evidence-based recommendations to enhance resident care.

#### Implement RNAO Clinical Pathways.

The RNAO Clinical Pathways embed RNAO's BPGs in electronic medical records. They help standardize care, measure outcomes consistently, and optimize residents' care experiences and outcomes in all LTC homes (RNAO, 2020a). RNAO Clinical Pathways are evidence-based, providing key performance indicators for each of the required clinical programs that government can track in real time.

#### Ensure the funding formulas for LTC homes account for complexity of residents and quality outcomes.

Across Canada, LTC funding formulas need to incent improvements in quality outcomes. For example, Ontario's funding formula needs to change as it relies solely on retrospective case mix index (CMI) data, and does not account for the rapidly changing acuity of LTC residents (RNAO, 2018a; RNAO, 2018b; RNAO, 2018c; RNAO 2020d; RNAO 2021a). The *Long-Term Care Staffing Study* (2020) indicated that the

current funding model for Ontario LTC settings “may inadvertently provide disincentives to homes from doing the best work they can.” Moreover, reports from the Ontario Long-Term Care Homes Public Inquiry (2019) and the Ontario Long-Term Care COVID-19 Commission (2021) both recommended that the province’s ministry of long-term care should “encourage, recognize, and financially reward LTC homes that have demonstrated improvements in the wellness and quality of life of their residents.”

To make improvements, the LTC funding formula for all provinces and territories of Canada should incent – not discourage – quality outcomes. Funding of LTC homes should be based on:

- an approach reflecting both the complexity of resident care needs and quality outcomes. LTC homes that improve resident outcomes due to evidence-based care should be able to retain all funding to reinvest in staffing and programs for residents rather than face a financial penalty (RNAO, 2018a; RNAO, 2018b; RNAO, 2018c; RNAO, 2020d; RNAO, 2021a; RNAO, 2021b).
- current resident acuity and care needs, as opposed to using retrospective data that does not account for the rapidly changing acuity profile of LTC residents (RNAO, 2018b; RNAO, 2021b).

**Health human resources in LTC**

**How can governments and stakeholders cooperate to address health human resource (HHR) challenges in LTC, including staff retention and recruitment?**

**Enshrine national minimum staffing and skill mix standards in the Safe Long-Term Care Act, per RNAO’s Nursing Home Basic Care Guarantee.**

RNAO is deeply concerned that while the HSO national standards recognize the need for a minimum of 4.1 hours of direct care per resident per day and skill mix based on residents’ needs, they fall short of setting out minimum staffing ratios to provide quality care. The current standards leave too much room for variation between different LTC homes in terms of staffing and skill mix standards and fail to account for the rising acuity profile of LTC residents (Grinspun et al., 2023; RNAO, 2020c).

RNAO recommends that the Nursing Home Basic Care Guarantee staffing standards be enshrined in the Safe Long-Term Care Act as a minimum standard to ensure resident safety and quality of care. These standards are as follows:

**a) a minimum of four worked hours of direct nursing and personal care per LTC resident per day, provided by the appropriate staffing mix as outlined in the following table:**

Role	Skill mix of care per day	Worked hours of care per day
Registered nurse (RN)	Minimum of 20%	0.8 per resident
Registered practical nurse (RPN)	Minimum of 25%	1.0 per resident
Personal support worker (PSW)	Maximum of 55%	2.2 per resident

**b) one NP per 120 LTC residents**

**c) one infection prevention and control RN per 120 LTC residents**

**d) an average of one hour of care per day per LTC resident from allied health professionals**

Implementation of national staffing standards require a comprehensive national nursing retention and recruitment program. The COVID-19 pandemic exposed the chronic understaffing of critical health-care professions – especially nursing – across Canada. There are currently 28,335 RN and registered psychiatric nurse job vacancies in Canada – nearly triple the number of vacancies compared to 2019 (Statistics Canada, 2023). Moreover, RN-per-capita nursing ratios have been falling across the country for decades (CIHI, 2022; Statistics Canada, 2022). In particular, the RN-to-population ratio in Canada’s nursing and retirement homes has decreased drastically over the past decade. Current levels of regulated nursing staff in LTC – especially RN staffing – are dangerously low.

<b>Nursing home/retirement home RNs/100,000 population</b>	
<b>Year</b>	<b>Canada</b>
2013	70
2014	69
2015	73
2016	72
2017	71
2018	69
2019	67
2020	67
2021	66
2022	53

**Sources:** 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> Note: Analysis completed by RNAO.

LTC homes are facing significant challenges with retaining and recruiting staff to care for the increasingly complex health needs of LTC residents (Flanagan et al., 2023; Grinspun et al., 2023). Staffing shortages, pay inequities and systemic racism are key contributors to the HHR challenges in the LTC sector (Grinspun et al., 2023; RNAO, 2023a; RNAO, 2023d). Retention and recruitment of health-care workers in LTC is paramount to the provision of safe and high-quality care. Based on a 2022 estimate from Ontario researchers, approximately 30,000 LTC staff will be needed by 2035 in Ontario’s LTC homes – a nearly 50 per cent increase from current levels. Moreover, this figure is an underestimate as it does not account for the staffing needed to increase direct resident care hours (Estabrooks et al., 2023). The researchers indicate that there will be similar staffing needs in other provinces as well.

**To support the staffing and skill mix standards for safe and dignified care for LTC residents, implement evidence-based retention and recruitment strategies to build nursing careers across the health system, including the LTC sector (RNAO, 2022a; RNAO 2022b; RNAO 2023a; RNAO 2023c; RNAO 2023d).**

**This should include the following recommendations:**

- Support equitable and internationally competitive compensation for health professionals across the country. This should include harmonizing compensation upward across the system to address pay disparities primarily affecting the LTC, home care and primary care sectors.

- Implement evidence-based recommendations to retain and recruit nurses by providing full-time 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.
- Increase funding and resources for nurses to pursue continuing education, professional development and nursing specialty certifications, and provide nurses with time off, flexible work scheduling and compensation when pursuing continuing education.
- Identify and remove discriminatory barriers to registration for internationally educated health professionals who are already in Canada.
- Increase the supply of nurses by: continuing to increase nursing school enrolments and corresponding funding; compressing registered practical nurse-to-BScN bridging programs; and supporting nursing faculty retention and recruitment.
- Develop expanded and optimized nursing education pathways similar to the United States and other countries to encourage nurses to advance their nursing education and careers in Canada.
- Develop and fund a Return to Nursing Now program to attract nurses back to the nursing workforce.
- 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.
- 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.
- Collect race-based data for all health professionals.
- Provide cultural safety education and awareness building at individual, organizational and policy levels.
- Incorporate equity, diversity and inclusion (EDI) principles in all health human resource policies to ensure fair and equitable access to educational opportunities, professional development and career advancement potential.
- Ensure programs that support EDI, such as mentorship, are available in all workplaces.

**Create a pan-Canadian health workforce agency and develop a rolling 10-year health human resource plan using evidence-based measurements and targets.**

- collect comprehensive national health human resource data (including race-based data), create evidence-based tools for health workforce planning, and set minimum, evidence-based and enforceable standards for care (for example, nurse to patient ratios).
- annually update and publicly report outcomes and plan revisions (RNAO, 2023b).

## Public reporting on LTC

**How should we enhance public reporting on LTC to strengthen transparency and accountability in the sector?**

**Ensure federal funding is contingent on provincial and territorial government tracking, measuring and public reporting of key performance indicators (RNAO, 2021b; RNAO 2022c) per LTC residence. This should include key performance measures relating to:**

- **quality of care**
- **resident and family satisfaction**
- **infection prevention and control**
- **human resources**
- **resident Bill of Rights**

To improve transparency in LTC and to ensure that all residents are provided with the standard of care required, performance indicators should relate to and be measured against minimum performance standards set out in the Safe Long-Term Care Act. Therefore, the act should impose upon provincial and territorial governments in receipt of earmarked federal LTC funding the obligation to:

- establish and make publicly available a report card with real-time information about every LTC home's performance (RNAO, 2021b)
- share the LTC home's report card with each placement applicant and essential caregivers (RNAO, 2021b)

**What type of information would you like to see in a Pan-Canadian public report on long-term care?**

**Provide annual pan-Canadian public reports on the above key performance indicators.**

The federal government must take leadership over publishing comprehensive annual reports on the above data received from the provinces and territories. This will provide necessary pan-Canadian LTC data, which is needed to assess much-needed progress in provision of care for Canadian residents of LTC homes nationally.

## Conclusion

RNAO applauds the initiative to embed LTC standards in legislation. As evidenced by the tragedy that unfolded in LTC homes across Canada during the COVID-19 pandemic, and in spite of virtual consensus about the necessary standards to provide safe and dignified care to LTC residents, Canada has failed in its obligation to ensure that all Canadians receive the care they need and deserve. The Safe Long-Term Care Act provides an opportunity for the Federal government to lead in correcting Canada's course. RNAO will continue to call on the federal government to enshrine in legislation mandatory and enforceable standards for LTC.

## Appendix A: Supplemental RNAO documents

### RNAO's recent advocacy related to national LTC standards

RNAO. (2020). A message for Canada's First Ministers: RNAO says national standards in long-term care urgently needed. Retrieved from <https://www.newswire.ca/news-releases/a-message-for-canada-s-first-ministers-rnao-says-national-standards-in-long-term-care-urgently-needed-801179371.html>

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RNAO. (2023). National long-term care standards fall short of addressing staffing issues, says RNAO. Retrieved from <https://rnao.ca/news/media-releases/national-long-term-care-standards-fall-short-of-addressing-staffing-issues-says>

### RNAO's recent policy work related to LTC

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