RNAO 2021 Pre-budget Submission

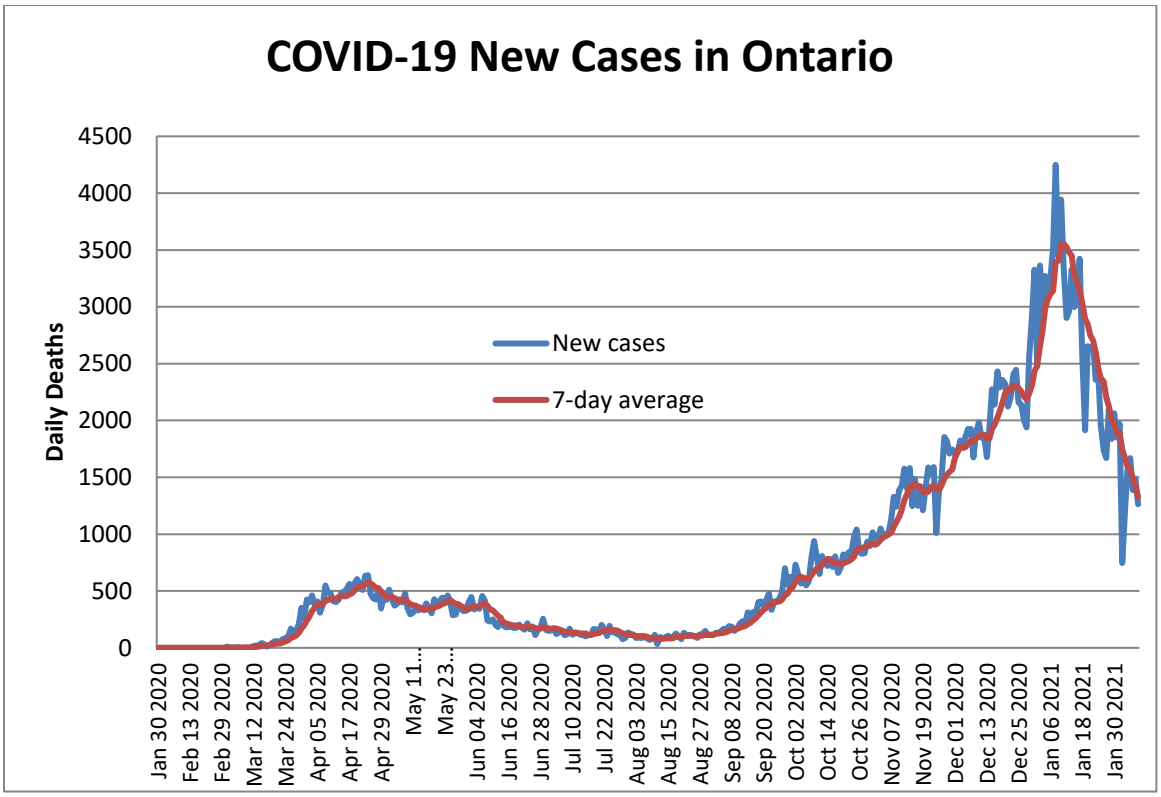
Feb. 12, 2021

The Registered Nurses' Association of Ontario (RNAO) represents more than 46,000 registered nurses (RN), nurse practitioners (NP) and nursing students across the province. For nearly a century, the association has advocated for changes that improve people's health. RNAO welcomes the opportunity to present the views of nurses on Ontario's spending priorities to the minister of finance.

Introduction

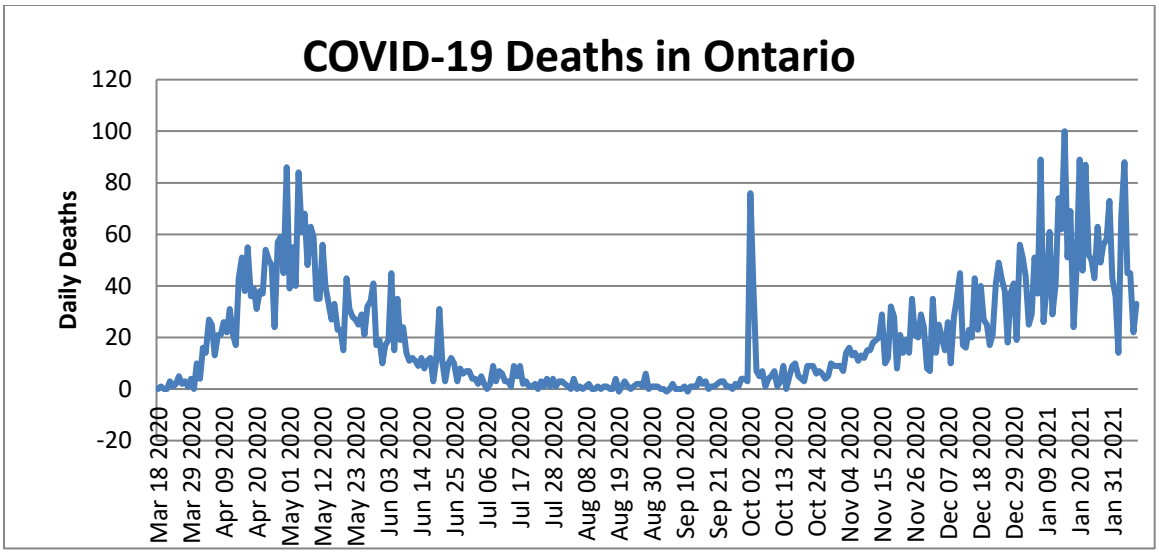
Ontario has been hit by a very sharp, pandemic-driven economic contraction. The economic devastation wrought by COVID-19, much like its health impacts, has been disproportionately and punishingly borne by low-income and racialized groups of the population. Like all Ontarians, nurses are anxious to defeat COVID-19 so the province can fully turn its attention and efforts to a just recovery for all. At this moment in time, however, COVID-19 and economic recovery are inextricably linked. There can be no economic recovery until COVID-19 is suffocated.

The evidence before us suggests that this pandemic will continue throughout much of the coming budget year. Ontario has suffered far worse during the second wave of the pandemic than the first wave. COVID-19 infections in the second wave peaked at a level eight times the peak of the first wave, while COVID-19 deaths in the second wave rival those of the first wave. While it is hoped that new infections and deaths have peaked, they remain alarmingly high. For example, on Feb. 8, 2021, the seven-day average number of cases was 1,327, while the number of reported deaths was 33.[1]



The Ontario government's decision to begin reopening the economy on Feb. 8, 2021 was premature and sets the stage for a third wave. The risks for Ontarians are inevitable and will result in continuing high levels of new infections, high usage of hospital ICUs, new COVID-19 variants and delays in vaccine supplies.[2]

Economic recovery and our response to COVID-19 are inextricably linked and cannot be considered separately. If the government does consider these separately, the virus will continue to cost lives, cause untold grief for families and frontline workers, and impose tremendous stresses and costs on our health system and on health-care providers. This will delay economic recovery even further when public health measures are reimposed. Further, efforts to relax public health measures in order to spur economic activity will induce another wave of COVID-19 cases and related deaths with inevitable impacts throughout the health system, such as delayed surgeries, procedures and treatments. This, in turn, will lead to deeper economic closures, making any trade-off between controlling the pandemic and economic recovery illusory.



Our submission focuses on the urgent pandemic-related challenges facing Ontario and, in particular, those most vulnerable to the impacts of COVID-19. First, we address the vaccination rollout. The timing of Ontario's economic recovery depends on the speed and success of its vaccination rollout. We then turn our attention to the immediate and longer-term needs of the health system. Finally, our recommendations focus on social and economic measures critical to saving lives during the course of the pandemic and to improving population health thereafter. The following table is a summary of recommendations contained in this submission:

Recommendation #	Recommendation Summary
Vaccination rollout	
1 – Community-led vaccination rollout	Start phase two of the rollout by putting vaccinations into the hands of the thousands of nurses, physicians and pharmacists working in community care across this province.
Health system	
2 – Public health	Maintain and extend the current level of surge funding for public health beyond the pandemic, including making the 625 new public health nurse positions permanent in Ontario schools and adding 50 community wellness nurses to serve First Nations communities.
3 – Primary care	Fund primary care to ensure all Ontarians are linked with a primary care team, delivering comprehensive care co-ordination 24-hours-a-day, seven-days-a-week.
4 – Primary care	Transfer the 4,500 RNs currently working as care co-ordinators in Local Health Integration Networks (LHIN) to primary care and other community-based organizations.
5 – Primary care	Invest funding to utilize NP primary care services by adding funding for three NP-led clinics in communities where there is or will be insufficient

	access to primary care based on increased demand and/or physician retirements.
6 – Long-term care	Immediately mandate and fund all long-term care (LTC) homes to deliver a minimum of four worked hours of direct nursing and personal care per resident, per day, including a minimum of 48 minutes of RN care, 60 minutes of RPN care and 132 minutes of PSW care.
7 – Long-term care	Fund and deliver one (1) NP per 120 LTC residents and, at a minimum, add 100 LTC attending NPs per year over six years. Immediately release the funding committed for the remaining 15 attending NP positions of the 75 positions that were to be released in the current budget year.
8 – Long-term care	Fund a minimum average of one Infection Prevention and Control (IPAC) nurse per LTC home.
9 – Long-term care	Review and transform funding models in LTC to account for both complexity of resident care needs and quality outcomes.
10 – Home care	Increase public funding to home care services by 20 per cent to enable increased access to home care.
11 – Indigenous health	Fund a multi-year project to develop, disseminate, implement and evaluate best practice guidelines (BPG) that meet the health and wellness needs of Indigenous communities, including mental health and addictions.
12 – Nursing education	In response to anticipated retirements post-pandemic, increase the number of seats in RN education programs by 10 per cent in the first year, 10 per cent in the second year and five per cent in the third year.
13 – Nursing education	Government, in partnership with academic institutions, to increase the funding and capacity for student-NP seats and associated program costs, including funding to enable NPs to be prepared at PhD and doctorate of nursing practice (DNP) levels to provide faculty support in expanded academic programs.
Social determinants of health	
14 – Addiction	Immediately utilize the temporary federal exemption under the *Controlled Drugs and Substances Act (CDSA)* to create and fund urgent public health needs sites (UPHNS) in a variety of settings across Ontario.
15 – Addiction	Approve, fund and fully staff all 21 Consumption and Treatment Services (CTS) sites announced in 2018 and lift the cap on CTS sites to expand lifesaving services to every community in need across Ontario.
16 – Addiction	Fund and support the expansion of safer supply programs for those at high risk of overdose as an alternative to the poisoned street-level drug supply.
17 – Housing	Invoke the following measures to arrest the flow of people into homelessness: re-impose the provincial moratorium on evictions of those unable to pay rent; deploy as much as possible of the $1.4 billion funding for rent payment support under the Canada-Ontario Housing Benefit and double Ontario's contribution of $700 million.
17 – Housing	Work with municipalities, Indigenous governing organizations and housing associations, and not-for-profit housing associations to assist with programs and funding to rapidly house people experiencing homelessness.

19 – Employment standards	Amend the *Employment Standards Act* to provide for 10 paid sick days and a $15/hour minimum wage.

Recommendations

1. Vaccination Rollout

Recommendation 1: Start phase two of the rollout by putting vaccinations into the hands of the thousands of nurses, physicians and pharmacists working in community care across this province. By making use of existing community care providers and their existing infrastructure, the vaccination rollout can be accelerated.

Cost estimate: No extra costs anticipated.[3]

Discussion and References: The province needs to prepare for large-scale immunization starting in March**.** As of Feb. 9, Ontario had administered about 400,000 vaccine doses. However, Ontario can expect to receive about 600,000 more doses in February and 1.2 million in March. These numbers suggest that during March, Ontario should be administering about 40,000 doses per day, or about four times the current daily rate. The rate of immunization will scale up even more in April and beyond, when five million doses are expected in Ontario each month, or about 160,000 doses per day, until the campaign is over.

Immunization at this scale will require a plan to fully engage public health and community providers. As RNAO has indicated on various occasions, the successful rollout of Phase 2 should rely on thousands of nurses, physicians and pharmacists working in community care across this province. Every year, these skilled professionals provide routine vaccinations through public health and established networks, including primary care, pharmacies and home care.

These community-based infrastructures, and the health-care professionals who make them work, use tried and true distribution systems for vaccination. They must be utilized fully to deliver what is urgently needed – COVID-19 vaccinations – 24-hours-a-day, seven-days-a-week.

Letter: https://rnao.ca/fr/policy/letters/ontario%E2%80%99s-vaccine-rollout

Media release: https://rnao.ca/news/media-releases/distribute-covid-19-vaccines-through-community-providers-now.[4]

Action Alert: https://rnao.ca/fr/policy/action-alerts/use-community-care-providers-ramp-vaccinations.[5]

Joint letter: https://rnao.ca/sites/rnao-ca/files/Letter_Community_Providers_-_Jan_2021_.pdf.[6]

2. The Health System

Public Health

Recommendation 2: Maintain and extend the current level of surge funding for public health beyond the pandemic, including making the 625 new public health nurse positions permanent in Ontario schools and adding 50 community wellness nurses to serve First Nations communities.

Cost estimate: $67,500,000.[7]

Discussion and References: Prior to schools reopening in the fall of 2020, the government hired 625 school-focused public health nurses (PHN) to keep students and school staff safe during the pandemic. RNAO worked with the Ontario Association of Public Health Nursing Leaders (OPHNL) to develop a robust orientation program for these new hires. Within months, all 625 positions were filled and the PHNs were working with schools, school boards and parents to facilitate rapid response to COVID-19 cases in schools, engage in case, contact and outbreak management, and address elements of comprehensive school health.

The public health needs of Ontario's First Nations communities have traditionally been underserviced. RNAO is requesting 50 community wellness nurses be allocated to First Nations health authorities and directly to First Nations and organizations, which have the infrastructure and capacity to employ and add these nurses to existing nursing teams.

RNAO pre-budget submission, fall 2020: https://rnao.ca/sites/rnao-a/files/RNAO_Fall_2020_Pre-Budget_Submission_Oct_16_Final.pdf. [8]

Primary Care

Recommendation 3: Fund primary care to ensure all Ontarians are linked with a primary care team, delivering comprehensive care co-ordination 24-hours-a-day, seven-days-a-week.

Cost estimate: Net saving. [9]

Recommendation 4: Transfer the 4,500 RNs currently working as care co-ordinators in Local Health Integration Networks (LHIN), along with their funding, into primary care and other community-based organizations, with their contracts intact and no loss in compensation, benefits or seniority.

Cost estimate: Minimal net effect on costs in the system.[10]

Recommendation 5: Invest funding to utilize NP primary care services by adding funding for three NP-led clinics in communities where there is or will be insufficient access to primary care based on increased demand and/or physician retirements.

Cost estimate: $4,905,000, but expect costs will be offset by savings elsewhere.[11]

Discussion and References: Ontario's health system transformation provides an ideal opportunity to anchor an integrated health system in the community. With much of primary and community care sidelined, the pandemic has exposed both the hospital-focused approach of our health system and the lack of integration of other health sectors. This imbalance has left a huge majority of Ontarians without services that are necessary to prevent, treat and manage health issues. RNAO's *Enhancing Community Care for Ontarians* (ECCO) 3.0 report spells out our vision to strengthen community care and anchor the health system in primary care.[12]

Long-Term Care

Recommendation 6: Immediately mandate and fund all long-term care (LTC) homes to deliver a minimum of four worked hours of direct nursing and personal care per resident, per day, including a minimum of 48 minutes of RN care, 60 minutes of RPN care and 132 minutes of PSW care. Begin building up toward a Basic Care Guarantee with immediate recruitment of nursing and PSW staff.

Cost estimate: $1,756,674,903. Includes: $867,576,366 for 8,972 RN FTEs, $610,475,088 for 9,051 RPN FTEs, and $278,623,450 for 4,875 PSW FTEs.[13]

Recommendation 7: Fund and deliver one (1) NP per 120 LTC residents and, at a minimum, add 100 LTC attending NPs (ANP) per year over six years.[14] Immediately release the funding committed for the remaining 15 ANP positions of the 75 positions that were to be released in the current budget year.[15]

Cost estimate: Total first year: $17,283,879 for the 115 ANPs. After that, costs increase $15,029,460 per year for 100 additional ANPs for the next five years.[16]

Recommendation 8: Fund a minimum average of one Infection Prevention and Control (IPAC) nurse per LTC home.[17]

Cost estimate: $60,500,000. [18]

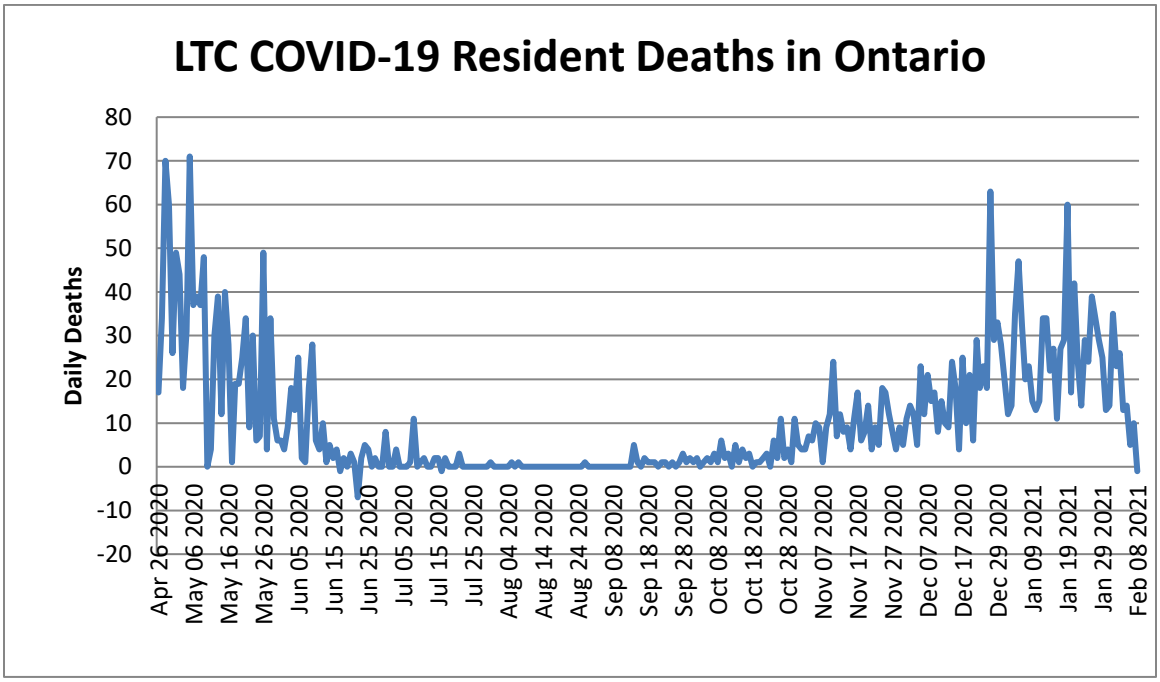
Recommendation 9: Review and transform funding models in LTC to account for both complexity of resident care needs and quality outcomes. LTC homes that decrease acuity (Case Mix Index, or CMI) due to evidence-based care should retain all funding to reinvest in staffing and/or programs for residents.

Cost estimate: Positive budgetary implication.[19]

Discussion and References:

For more than two decades, RNAO and other health organizations and experts from across Canada and around the world have been recommending improvements to staffing levels and skill mix in LTC homes. Staffing levels and skill mix were again identified as key factors in the number of cases and deaths in Ontario's nursing homes through the first wave of this pandemic. Insufficient action has been taken in response at the cost of hundreds more preventable COVID-19-related deaths in Ontario nursing homes through the second wave. RNAO recently set out its recommendations for funding, staffing and skill mix in LTC in the following key documents:

- Nursing Home Basic Care Guarantee[20]
- RNAO fall 2020 pre-budget submission[21]
- Long-Term Care Systemic Failings: Two Decades of Staffing and Funding Recommendations[22]



Home Care

Recommendation 10: Increase public funding to home care services by 20 per cent to enable increased access to home care.

Cost estimate: $636,864,880.[23]

Discussion and References: Home care is slated to consume just 5.5 per cent of ministry operating expenditures.[24] Increased investment in home care would relieve pressure on acute care facilities and provide alternative care arrangements for the one in nine LTC placements that could be better

cared for at home.[25] See RNAO's response to Bill 175, *Home Care Guarantee for the People of Ontario.*[26]

https://rnao.ca/sites/rnao-ca/files/RNAO_Bill_175_Written_Submisssion_2020-06-17.pdf

Indigenous health

Recommendation 11: Fund a multi-year project to develop, disseminate, implement and evaluate best practice guidelines (BPG) that meet the health and wellness needs of Indigenous communities, including mental health and addictions.

Cost estimate: $750,000 per year.[27]

Discussion and References: RNAO proposes to build on its long-standing partnership agreement with the Chiefs of Ontario and its Relationship Accord with Nishnawbe Aski Nation with a government-funded, multi-year initiative for the development, dissemination, implementation and evaluation of BPGs that meet the health and wellness needs of Indigenous communities, including mental health and addictions.

RNAO has the knowledge and demonstrated experience to develop and implement BPGs specifically addressing the needs of Indigenous communities across the province. Through the RNAO network of existing and new Indigenous Best Practice Spotlight Organizations (BPSO), RNAO will identify health and wellness topics for guideline development in collaboration with Indigenous leaders. Implementation supports in the form of capacity building, knowledge translation and champion development have been proven over many years to be effective tools to improve patient outcomes for adults and youth within these communities.

Nursing education to meet future human resource needs

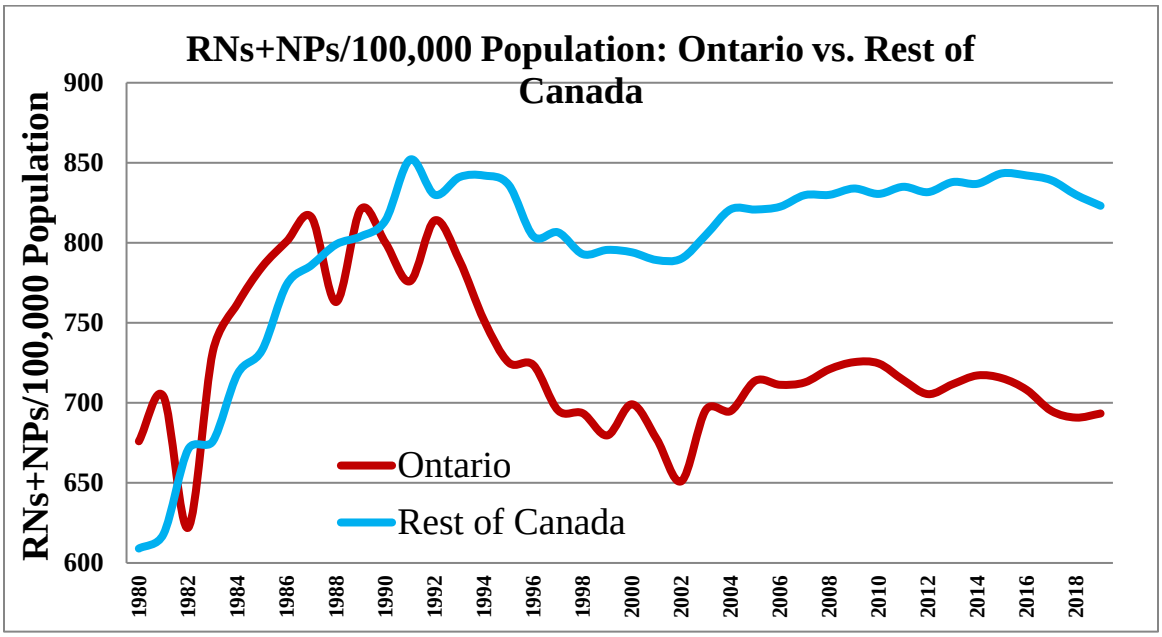
Recommendation 12: In response to anticipated retirements post-pandemic, increase the number of seats in RN education programs by 10 per cent in the first year, 10 per cent in the second year and five per cent in the third year.

Cost estimate: Lecturing component of costs rise from $4,880,000 in first year to $14,200,800 in second, $25,278,400 in third, $35,746,000 in fourth, $41,894,800 in fifth and $43,920,000 annually after that. Clinical placement grants would be an additional expense.[28]

Discussion and References: Undergraduate nursing enrolment increases are imperative as we are aware of the impact of the pandemic on the nursing workforce. A survey of RNAO members revealed that 10.9 per cent of respondents planned to retire within one year. Within two years, a total of 19.8 per cent of respondents planned to retire.[29] The same survey found that 11.2 per cent

of respondents were very likely to leave nursing for a different profession post-pandemic. A further 6.8 per cent were "likely" to leave, and 26.5 per cent were "somewhat likely."[30] The survey points to the probability of a dramatic decline in Ontario's RN and NP workforce within two years of the pandemic ending.

Ontario entered the pandemic with a gap of nearly 19,000 RNs and NPs, which sets it apart from provinces and territories in the rest of the country, as the graph below shows:



It is essential to restore RN and NP employment and to make full use of RN and NP knowledge, competencies and skills by ensuring RNs and NPs work to full scope and expanded scope. For example, the government must deliver on the promise to expand NP authority to order and perform diagnostic testing necessary to their patients' care, and to enable independent RN prescribing of medications for non-complex health conditions within their clinical competency area.[31]

https://rnao.ca/sites/rnao-ca/files/RNAO_Bill_175_Written_Submisssion_2020-06-17.pdf.

Recommendation 13: Government, in partnership with academic institutions, to increase the funding and capacity for student-NP seats and associated program costs, including funding to enable NPs to be prepared at PhD and doctorate of nursing practice (DNP) levels to provide faculty support in expanded academic programs.

Cost estimate: To deliver 255 more NP grads in second year, first- and second-year costs will be $5,069,000 and $14,641,085, respectively; rising to 993 more NP grads and $38,751,765 annually by seventh budget year.[32]

Discussion and References: Later this month, RNAO will release its Nurse Practitioner Task Force *Vision for Tomorrow* report, complete with several important recommendations to maximize and enhance the NP role. While NP numbers have been increasing in the province, there is a tremendous need to bolster the NP output into the health workforce, in particular post-pandemic. Gaps in primary care access, skyrocketing needs of vulnerable and marginalized populations, and the health transformation agenda all demand increases in the NP resources. NPs are needed most in regions that are underserviced and in settings and sectors with high system utilization. A comprehensive health human resource (HHR) strategy for NPs must account for a total of at least 250 additional NPs annually. They must be available in the system to adequately respond to the needs of vulnerable and underserviced populations across the province. Concurrent enhancements to nursing graduate education programs are also necessary to ensure the resulting needs for faculty are met. Additionally, increased NP programs and positions in NP programs across the province, including preceptors and relevant placements, are critical.

Nurse Practitioner Task Force *Vision for Tomorrow* report (forthcoming)

3. Social Determinants of Health

Opioid overdose crisis

Recommendation 14: Immediately utilize the temporary federal exemption under the *Controlled Drugs and Substances Act (CDSA)* to create and fund urgent public health needs sites (UPHNS) in a variety of settings across Ontario.

Cost estimate: $ 1,000,000 per site.[33]

Recommendation 15: Approve, fund and fully staff all 21 Consumption and Treatment Services (CTS) sites announced in 2018 and lift the cap on CTS sites to expand lifesaving services to every community in need across Ontario.

Cost estimate: $13,000,000.[34]

Recommendation 16: Fund and support the expansion of safer supply programs for those at high risk of overdose as an alternative to the poisoned street-level drug supply.

Cost estimate: $2,400,000 million per program.

Discussion and References: Between January 2016 and June 2020, more than 17,000 Canadians died from accidental opioid overdose.[35] Ontario is not immune to this tragedy. It accounts for 6,196 of those deaths.[36] As we have seen globally and nationally, Ontario's overdose crisis has deepened with the onset of the COVID-19 pandemic. Opioid overdoses are taking, on average, six lives a day

across the province — a near 40 per cent increase over pre-pandemic deaths. An estimated 2,200 people died in Ontario last year from opioid overdose, with a disproportionate number of deaths occurring in neighbourhoods with higher ethno-cultural diversity.[37]

Action Alert: https://rnao.ca/policy/action-alerts/sound-alarm-surging-opioid-overdose-deaths

Action Alert: https://rnao.ca/policy/action-alerts/end-opioid-overdose-crisis-2020

Housing

Recommendation 17: Invoke the following measures to arrest the flow of people into homelessness:

- Re-impose the provincial moratorium on evictions of those unable to pay rent.
- Deploy as much as possible of the $1.4 billion funding for rent payment support under the Canada-Ontario Housing Benefit and double Ontario's contribution of $700 million.

Cost estimate: $700,000,000.

Recommendation 18: Work with municipalities, Indigenous governing organizations and housing associations, and not-for-profit housing associations to assist with programs and funding to rapidly house people experiencing homelessness, including:

- Immediately deploy Ontario's share (about $400 million) of federal funding under the $1 billion Rapid Housing Initiative to acquire, develop and maintain affordable housing and match that with Ontario's own contribution of $400 million.
- Provide additional funds to support the provision of wrap-around services for those housed through the Rapid Housing Initiative.

Cost estimate: $400,000,000 plus associated supports.

Discussion and References: Having a home in which one can safely distance from others remains the most effective means of protecting against COVID-19. Emergency measures to stop the flow of the precariously housed into homelessness and rapidly house those experiencing homelessness must, therefore, be policy and spending priorities for the government for as long as the virus remains a public health threat.

Employment standards

Recommendation 19: Amend the *Employment Standards Act* to provide for:

- 10 paid sick days

- A $15/hour minimum wage

Cost estimate: minimal provincial budget implications. [38] [39]

Discussion and References:

Action Alert: https://rnao.ca/fr/policy/action-alerts/tell-premier-suffocate-covid-19-now

Conclusion

RNAO thanks you for your consideration. If questions arise with respect to any of the recommendations above, please contact RNAO Chief Executive Officer, Dr. Doris Grinspun (dgrinspun@rnao.ca) and/or RNAO Director of Nursing and Health Policy, Matthew Kellway (mkellway@rnao.ca).

References

[1] Ontario. (2021). *All Ontario: Case numbers and spread. https://covid-19.ontario.ca/data.*
[2] RNAO. (2021). RNAO statement on the government's re-opening announcement. February 8. https://rnao.ca/news/media-releases/rnao-statement-governments-re-opening-announcement.
[3] Cost estimate: No extra costs anticipated from using existing healthcare providers and vaccination distribution networks.
[4] RNAO. (2021). Distribute COVID-19 Vaccines Through Community Providers NOW. January 14. https://rnao.ca/news/media-releases/distribute-covid-19-vaccines-through-community-providers-now.
[5] RNAO. (2021). Use community care providers to ramp up vaccinations! February 5. https://rnao.ca/fr/policy/action-alerts/use-community-care-providers-ramp-vaccinations
[6] RNAO, AFHTO, Bayshore Healthcare, OCFP, Saint Elizabeth Health, VON Canada. (2021). *Vaccination roll-out.* January 27. https://rnao.ca/sites/rnao-ca/files/Letter_Community_Providers_-_Jan_2021_.pdf.
[7] Cost Estimate: $62.5 million annually and an additional $5 milion for FN Community Wellness Nurses. Both estimates based on $100,000 annual cost per public health nurse, implied by Ontario's budgeting of "$50 million to hire up to 500 additional school-focused nurses in public health units to provide rapid-response support to schools and boards in facilitating public health and preventative measures, including screening, testing, tracing and mitigation strategies", Ontario. (2020). *Ontario Releases Plan for Safe Reopening of Schools in September.* July 30. https://news.ontario.ca/en/release/57838/ontario-releases-plan-for-safe-reopening-of-schools-in-september.
[8] RNAO. (2020.). *RNAO Fall Pre-budget Submission 2020: The Pandemic Recovery.* October 16. https://rnao.ca/sites/rnao-ca/files/RNAO_Fall_2020_Pre-Budget_Submission_Oct_16_Final.pdf.
[9] Estimated cost: This should be a net saving to the health system as it will prevent morbidity due to lack of primary care.
[10] Estimated cost: This is a transfer of payments, with minimal net effect on costs in the system.
[11] Expected cost: the average clinic cost of $1.635 million will be offset by the savings achieved in hospital emergency department visits and preventable hospitalizations.
[12] RNAO. (2020). *ECCO Enhancing community Care for Ontarians.* May. https://rnao.ca/sites/default/files/2020-05/ecco-report-3.0.pdf?_ga=2.160355258.683847916.1612887125-1320658966.1612887125.
[13] RNAO. (2020). Nursing Home Basic Care Guarantee: RNAO Submission to the Long-Term Care Staffing Study Advisory Group. June 9. 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.

[14] Based on figures of 79,000 residents in Ontario's LTC Homes

[15] The positions were promised by the previous government. Ministry of Health and Long-Term Care. (2017). *Attending Nurse Practitioners in Long-Term Care Homes: Recruitment and Integration Toolkit. April.* http://www.health.gov.on.ca/en/pro/programs/hhrsd/nursing/docs/2017_NP_LTCH_Rec_int_toolkit.pdf.

[16] Based on $114,340 per NP + 24% employment costs + overhead ($8,513). These costs based on: Ontario Ministry of Health and Long-Term Care. (2015). *Long-Term Care Homes Funding Policy.* December 7. http://www.health.gov.on.ca/en/public/programs/ltc/docs/att_nurse_practitioners_ltc_home_funding.pdf. "Every LTCH that is eligible for this funding will receive $114,340 in salary and benefits and $8,513 in overhead (see Appendix B for further information) per Attending NP full-time equivalent (FTE). Benefits for the Attending NP FTE are not to exceed 24% of the $114,340 figure. Funding will be prorated in the first year that a LTCH participates in this initiative."

[17] Add IPAC positions according to the formula: "start with a base of 0.5 FTE for homes with up to 50 beds. Homes with 51 to 150 beds should be funded and allocate one (1) full-time FTE. Homes with 151 to 200 beds should be funded and allocate 1.5 FTE. Homes with 201 to 250 beds should be funded and allocate 1.75 FTE; and those with over 251 beds should receive funding for two (2) FTEs." RNAO. (2020*). Ontario's Long-Term Care Homes: IPAC Human Resources: Survey Report.* December 4. https://rnao.ca/sites/default/files/2020-12/IPAC%20Survey%20Results%20Report-final.pdf.

[18] Estimated cost: Total: $60.5 million. 626 homes @ $96,696 /RN = $60.5 million. For RNs, we used midrange of the ONA acute care RN contract and scaled it up 24% for employment costs, to get $96,696 per year. Canadian Federation on Nursing Unions. (2019). Overview of Key Nursing Contract Provisions. November. P. 2. https://fcsii.ca/wp-content/uploads/2019/11/Contract_comparison_english_2019.pdf.

[19] Estimated cost: Positive budgetary implication, as more appropriate incentives will drive the efficiency that would save more money than clawbacks would produce, while incentivizing safe and quality care and resident satisfaction

[20] RNAO. (2020). Nursing Home Basic Care Guarantee: RNAO Submission to the Long-Term Care Staffing Study Advisory Group. June 9. 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.

[21] RNAO. (2020.). *RNAO Fall Pre-budget Submission 2020: The Pandemic Recovery.* October 16. https://rnao.ca/sites/rnao-ca/files/RNAO_Fall_2020_Pre-Budget_Submission_Oct_16_Final.pdf.

[22] RNAO. (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.

[23] Estimated cost: $636,864,880. 20 per cent of 2020-21 expenditure estimates of operating expenses in home care of $3,184,324,400 is $636,864,880.

[24] Ontario. (2020). *Expenditure Estimates for the Ministry of Health (2020-21).* https://www.ontario.ca/page/expenditure-estimates-ministry-health-2020-21.

[25] Canadian Institute for Health Information. (2020). *1 in 9 new long-term care residents potentially could have been cared for at home*. August 6. . https://www.cihi.ca/en/1-in-9-new-long-term-care-residents-potentially-could-have-been-cared-for-at-home.

[26] RNAO. (2020). *Home Care Guarantee for the People of Ontario: RNAO's Response to Bill 175: Submission to the Standing Committee on the Legislative Assembly*. https://rnao.ca/sites/rnao-ca/files/RNAO_Bill_175_Written_Submisssion_2020-06-17.pdf.

[27] Estimated Cost: $750,000 per year for RN/NP FTEs, guideline research and development, educational resources, knowledge translation and guideline implementation and evaluation.

[28] Based on an attrition rate of 9% in the first year, 5% in the second, 3% in the third and 1% in the fourth (all percentage points off of the initial first year enrolment), in order to graduate 500 more RNs in the first cohort, 1,000 more in the second and 1,250 more in the third, the province would have to admit 610 more RN students in the first cohort, 1,220 more in the second, and 1,525 more in the third cohort, and keep enrolments at the new

level. Attrition rates estimated by RNAO based on Canadian RN admissions and graduation data from CASN: Canadian Association of Schools of Nursing. (2019). *Registered Nurses Education in Canada Statistics 2017–2018.* https://www.casn.ca/wp-content/uploads/2019/12/2017-2018-EN-SFS-DRAFT-REPORT-for-web.pdf and from previous years.

Costing Increased RN Enrolments with Attrition							
	Prog year 1	**Prog year 2**	**Prog year 3**	**Prog year 4**	**Grad**	**Total**	**Cost @ $8,000 per seat**
Budget year 1	610					610	$4,880,000
Budget year 2	1,220	555				1,775	$14,200,800
Budget year 3	1,525	1,110	525			3,160	$25,278,400
Budget year 4	1,525	1,388	1,049	506		4,468	$35,746,000
Budget year 5	1,525	1,388	1,312	1,013	500	5,237	$41,894,800
Budget year 6	1,525	1,388	1,312	1,266	1,000	5,490	$43,920,000
Budget year 7	1,525	1,388	1,312	1,266	1,251	5,490	$43,920,000

[29] RNAO (2021). RNAO Work and Well-Being Survey. Data as of February 4, 2021. https://myrnao.ca/node/142262/webform-results/analysis don't use this URL>

[30] RNAO (2021). RNAO Work and Well-Being Survey. Data as of February 4, 2021. https://myrnao.ca/node/142262/webform-results/analysis don't use this URL>

[31] Registered Nurses' Association of Ontario. (2019). *RNAO Submission on RN Prescribing – Proposed Regulation Changes*. January 28. https://rnao.ca/sites/rnao-ca/files/RNAO_Submission_RN_prescribing_Jan_28_2019.pdf.

[32]

NUMBERS of Additional NPs Needed Based on NPTF Vision for Tomorrow, 2021 Rec #1 Increase Supply							TOTAL NPs over 6 years
Area/year	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**	**2025-26**	
LTC	115	100	100	100	100	100	615
First Nations	50	50	50				150
Shelters for PEH**	50	50	50				150
Corrections	40	35					75
TOTAL	**255**	**235**	**200**	**100**	**100**	**100**	**990**

Based on the above table of NP needs, the estimated costs of delivering NPs are as follows. The costing assumes annual attrition rates of 3.5% per year and unit costs of $18,500. Admissions are increased to allow the number of graduates to align with the need above.

Costing Increased NP Enrolments with Attrition

	Prog year 1	Prog year 2	Total	Unit cost	Total cost	# grads
Budget year 1	274		274	$18,500	$5,069,000	0
Budget year 2	527	264	791	$18,500	$14,641,085	255
Budget year 3	742	509	1,251	$18,500	$23,135,268	491
Budget year 4	850	716	1,566	$18,500	$28,971,555	691
Budget year 5	958	820	1,778	$18,500	$32,897,625	792
Budget year 6	1,066	924	1,990	$18,500	$36,823,695	892
Budget year 7	1,066	1,029	2,095	$18,500	$38,751,765	993

[33] Estimated cost: $ 1 million per site to operate 24/7 (province to confer with municipalities to determine number of UPHNS required).
[34] Estimated Cost: Total $13 million. $8 million for 5 remaining sites; $1.6 million per additional site; $5 million additional for adequate staffing across 21 sites.
[35] Special Advisory Committee on the Epidemic of Opioid Overdoses. (2020, December) Opioid - *and stimulant-related harms in Canada.* Ottawa: Public Health Agency of Canada. *https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/*
[36] Ibid.
[37] Ontario Drug Policy Research Network, Office of the Chief Coroner for Ontario, Public Health Ontario & Centre on Drug Policy Evaluation. (2020, November*). Preliminary patterns in circumstances surrounding opioid-related deaths in Ontario during the COVID-19 pandemic*. https://www.publichealthontario.ca/-/media/documents/o/2020/opioid-mortality-covid-surveillance-report.pdf?la=en
[38] Estimated cost: minimal provincial budget implications, as few provincial workers are so close to the existing minimum wage. It will generate more income tax revenue from workers whose incomes were raised.
[39] Estimated cost: Minimal adverse budget implications. By reducing the spread of illness, the effect will likely be to reduce overall sick time.