

# The Long Road to Restoring Long-Term Care



It has been an incredibly tumultuous few years for all of our members, particularly those who work in long-term care.

Our long-term care members endured the Ontario government's 2018 investigation into that sector that exposed its terrible inadequacies. They suffered, and continue to suffer, staffing shortages and underfunding, and they have been hit particularly hard by the COVID-19 pandemic, which shows no sign of letting up as we navigate through its second wave.

Thousands of Ontario long-term care residents have died as a result of COVID-19, as well as a number of health-care workers. On Monday, May 11, the start of Nursing Week 2020, we lost cherished member Brian Beattie, RN, 57, who worked at the Kensington Village long-term care home in London. He was Canada's first nurse to die of COVID-19.

Brian's loss was a devastating blow to all of us. He was a dedicated RN of 23 years, and well-liked and respected by his colleagues. He defined dedication and considered his residents his "other family." He also was a strong advocate for personal protective equipment (PPE) on behalf of his colleagues.

Instead of celebrating our profession during Nursing Week this year, we mourned the loss of a caring and skilled nurse.

Brian's death ripped the curtain off the deplorable conditions in which our long-term members work and their residents suffer, all exacerbated by COVID-19. While we questioned the preparedness of the overall Ontario health-care system for this devastating pandemic, and worked to ensure the safety of all our members in their workplaces, no one was prepared for the conditions or the impact of COVID-19 on our long-term care system.

We are now learning more and more as the Ontario government's second investigation into long-term care, now underway, further exposes the weaknesses in that sector.

ONA has been advocating on behalf of our approximately 5,650 members working in long-term care homes for as long as our union has been around. Since our inauguration in 1973, long-term care issues, primarily around staffing levels and the hours of nursing care allocated to long-term care residents, have been among our priorities.

We will continue to advocate for our long-term care members, and all of our members in all sectors, to ensure they are safe in their workplaces and that they are able to maintain the safe, high-quality health care they have committed to providing to their patients, residents and clients throughout Ontario.

In this feature section, we revisit some of the landmark events that have happened in the last few years that have shaped long-term care, which will hopefully help carve a way to an improved long-term care system.



Brian Beattie, RN, with niece Amber Overholt.



# COVID-19 Pandemic

**I**n early January, we began to hear about a new coronavirus spreading rapidly around the world. When it began to impact Ontario, we quickly understood that our province was simply not prepared for the onslaught. There was no strategy to stem the infection rate, to protect front-line health-care workers, and to ensure there was sufficient supply of hospital beds, ventilators and staff.

There was confusion around how the virus was transmitted, what personal protective equipment (PPE) was needed to protect our members from infection, and whether there was sufficient PPE available, including N95 respirators. There was confusion around what type of masks would best protect front-line care providers, how long they could be worn and whether they could be decontaminated for multi-use.

It soon became obvious that the lessons learned from the SARS pandemic in 2003 had not been retained or heeded, and that the health-care system was caught unprepared.

In the meantime, to meet the demand for care, nurses were deployed from hospitals and other facilities to long-term care, once it became clear that among the most endangered in society were geriatric patients in nursing homes.

There are still heated debates on what type of masks are sufficient, and ONA continues to look at the science and



stay abreast of what is needed to protect our members. We lobbied the government to ensure there were sufficient quantities and that they got to the front lines. We have had some success with that and were pleased to see that one of the directives put out by the government was adapted to the reality on the ground.

One thing we did learn was that the long-term care sector, serving the most vulnerable of Ontarians, has been the most hard-hit by COVID-19, and Ontario is scrambling to address the weaknesses that have led to so many deaths.

This is still unfolding as the pandemic rages on. You can follow ONA's efforts in this area on our COVID-19 webpage at [www.ona.org/news-posts/coronavirus-updates/](http://www.ona.org/news-posts/coronavirus-updates/).

## “Still Fighting” Campaign

**O**n October 12, 2020, Thanksgiving Monday, ONA launched a new public awareness campaign to remind Ontarians that front-line registered nurses, nurse practitioners, registered practical nurses and health-care professionals in all sectors are “still fighting” on the front lines of the pandemic – despite the enormous challenges they are facing.

“Our nurses and health-care providers have never stopped providing care to those who need it, despite what they have had to overcome throughout the pandemic,” says ONA President Vicki McKenna, RN.

Nurses in long-term care continue to face understaffing, underfunding and a host of other issues. They have also seen their residents and their colleagues become infected with the virus, and mourned the staff and residents who did not



survive; hospitals have cut front-line RNs during the worst pandemic in a century; and this government has passed several pieces of legislation that penalize the female-dominated profession of nursing, limiting their pay increases, and overriding their collective agreements and Charter rights. They have also seen the government opening the long-term care sector to privatization.

Despite everything, nurses are fulfilling their professional obligations to advocate for their patients, residents and clients.

“The nursing profession deserves the respect of every Ontarian, their employers and this government. They are there for others and have earned that gratitude,” says McKenna.

This ONA campaign included radio, television and social media ads, as well as ads in Hospital News. You can view them here: <http://nursesknow.ona.org>.

## ONA Campaign “Care Now” – A Portrait of RNs in Long-Term Care

**Y**ou have been reading in various ONA publications our long-term care members’ stories of their experiences, including in *Front Lines*, in the special publication “*RNs in Long-Term Care: A Portrait*” (July 2019), and on social media.

ONA commissioned York University researchers to produce the Portrait report, which can be found on our website at [www.ona.org/carenow/](http://www.ona.org/carenow/). It was developed prior to the launch of a report and recommendations from the Ontario government’s Long-Term Care Homes Public Inquiry.

Despite the challenges of “being pulled in 100 directions” or being responsible for the care of dozens of residents, the report indicates that “the skills, knowledge and love that our RNs put into their practice each and every day – and night – and weekends – is inspiring.”

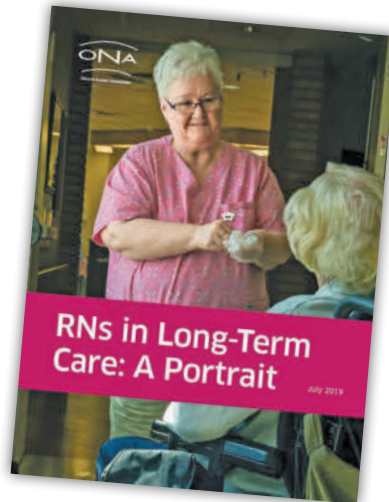
The report also details how ONA’s dedicated RNs mourn the residents who pass away, and how they care for them through the most challenging times of their lives, ensuring they live and die with dignity and respect.

The report was the centrepiece of ONA’s an overall award-winning campaign, “Care Now,” which painted a portrait of RNs in the long-term care sector, also telling their stories through radio ads and videos shared on ONA’s website and on social media.

Part of the campaign asked ONA members and the public to send a message to Ontario Premier Doug Ford, Minister of Health Christine Elliot, Minister of Long-Term Care Merrilee Fullerton, and MPPs, advocating for increased funding and staffing levels. You can still participate in the campaign on our website here: [www.ona.org/advocate-long-term-care/](http://www.ona.org/advocate-long-term-care/).

“ONA’s report focuses on the stories of our RNs,” says ONA President Vicki McKenna, RN. “Ontarians in our long-term care homes not only need but deserve the best care, respect and dignity. The RNs who provide that care love what they do, and their deep commitment to the well-being of those in their care shines through. It is time to invest in long-term care and ensure that our residents are given the high-quality care they so deserve.”

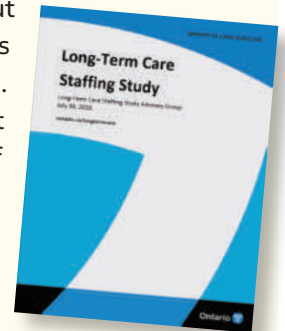
The report is a testament to how our long-term care RNs are deserving of our deep respect and gratitude for the work they do. We continue to gather and archive these stories as a living tribute to our long-term care members, as well as proof of the ongoing problems in this sector and the dreadful impact of COVID-19 on both our members and their residents.



## Ontario Government Staffing Study

**O**n July 31, 2020, in response to the Ontario government’s release of its Long-Term Care Staffing Study, ONA said it contained many effective recommendations, and called for quick implementation backed up by additional funding for long-term care.

Calling the report a “step in the right direction,” ONA and long-term care advocates have been vocal about additional staffing in this sector for over a decade. It is imperative that the appropriate mix of registered nurses, nurse practitioners, registered practical nurses, health-care professionals and others be recruited and retained by long-term care homes.



As well, the report recommends a minimum of four hours of care per resident per day, another issue long on ONA’s radar screen. However, based on a large body of evidence, ONA believes the care must be direct, hands-on nursing and personal care.

In a survey of Ontarians commissioned by ONA in the spring this year, 88 per cent of respondents agree that long-term care facilities do not have enough staff; 81 per cent are concerned about the well-being of residents; and 75 per cent of respondents believe employers and government could have done (and can do) more to keep residents safe from COVID-19.

“I hope this report on long-term care staffing is the start of action and the end to the delays,” says ONA President Vicki McKenna, RN. “Our long-term care residents deserve no less than excellent quality care, dignity and respect.”

**ONA has more than 5,650 RN and health-care professional members working in 325 Ontario long-term care homes.**

# Long-Term Care COVID-19 Commission

In response to the Ontario government's announcement that it would be launching a commission to investigate the impact of COVID-19 on the long-term care sector, ONA said in a media release (July 29, 2020), "the stakes are high for those who live and work in long-term care."

As of the printing of this publication, ONA has met with the Long-Term Care COVID-19 Commission three times to share our perspective and our members' stories and experiences. In fact, we were one of the only organizations invited back more than once to the Commission.

ONA's plan is to ensure the voices of nurses are heard by the Commission. To this end, ONA has been providing our members' stories to the Commission as testimony, via written communication and videos, to help the government better understand what our members are going through on the front lines. These stories are incredibly important, as no one can relay the challenges and concerns in this sector better than those who are experiencing these issues first hand.

ONA has seen dozens of inquiries and commissions examine conditions in this sector over the past several decades, and was disheartened to learn that the recommendations by this Commission may be non-binding, and that it will not be able to establish civil or criminal liability. Nevertheless, ONA is stepping up and imparting our experience and knowledge.

Throughout the pandemic, ONA has flagged to the Ford government the need for proper and sufficient PPE, increased staffing levels, and improved infection prevention and control measures. ONA has also raised the alarm about the number of staff working more than one part-time position in different facilities because full-time hours are not available to



them. A recent informal survey of ONA members found that 66 per cent of respondents had not been offered full-time hours when told to choose to work for just one employer, despite the short staffing that plagues the industry.

The government has known for quite some time that the long-term care sector suffers from chronic underfunding and understaffing, and that many of the for-profit corporations that operate these homes value profit over care. And yet, there has been a great deal of complacency around fixing the system.

As well, there is a direct link between RN staffing levels and quality of care, a need for a minimum number of hours of direct care per resident per day, and that chronic understaffing has a disastrous impact on residents and those who care for them.

*See page 8 for charts showing the breakdown of long-term care homes and staff impacted by COVID-19.*

## COVID-19 Commission Interim Recommendations

On October 23, 2020, the Long-Term Care COVID-19 Commission provided interim recommendations to Long-Term Care Minister Merrilee Fullerton. The recommendations focused on staffing, collaborative relationships, and infection prevention and control. You can find them here: [www.ltccommission-commissionsld.ca/ir/pdf/20201023\\_First\\_Interim\\_Letter\\_English.pdf](http://www.ltccommission-commissionsld.ca/ir/pdf/20201023_First_Interim_Letter_English.pdf).

ONA was pleased to see that many of the government's recommendations are consistent with those put forward by ONA, including staffing, infection prevention and control, health and safety, government actions, leadership in the homes, and problems with enforcing directives. Our recommendations can be found here: [www.ona.org/wp-content/uploads/ona\\_recommendationsltccommission\\_20201021.pdf](http://www.ona.org/wp-content/uploads/ona_recommendationsltccommission_20201021.pdf).

Transcripts of all of the Commissions meetings, including the meetings with ONA, can be found on the Commission's website: [www.ltccommission-commissionsld.ca/transcripts/index.html](http://www.ltccommission-commissionsld.ca/transcripts/index.html).

On December 4, 2020, the Long-Term Commission issued its second interim report. [www.ltccommission-commissionsld.ca/ir/pdf/20201203\\_2nd\\_Interim\\_Letter-E.pdf](http://www.ltccommission-commissionsld.ca/ir/pdf/20201203_2nd_Interim_Letter-E.pdf). More information on this will be provided in future ONA communications.



# Stout Arbitration Decision Shows Way Forward for RNs

**O**n May 5, 2020, Arbitrator John Stout released a grievance arbitration decision that provided clear direction about access to PPE and infection control practices at dozens of Ontario long-term care homes.

The award recognizes the concerns ONA had raised previously on behalf of front-line RNs in long-term care homes.

ONA had been filing grievances against a majority of long-term care homes on a range of issues, including the availability and access to proper PPE, training, enforcing physical distancing rules, isolating residents, cohorting of COVID-19 positive residents, short-staffing, and staff working while ill.

“I am very pleased that the decision shows the way forward for ONA members working on the front lines of long-term care,” says ONA President Vicki McKenna, RN. “Long-term care nurses and health-care professionals have been trying desperately to stem the spread of COVID-19, and this decision obliges employers to work co-operatively with ONA to achieve that goal.”

In his decision, Arbitrator Stout draws parallels between the post-SARS Commission Report, *“Spring of Fear,”* and the current COVID-19 pandemic. In both the SARS outbreak and current COVID-19 pandemic, he writes, the province was “unprepared.” He also notes that it is clear that the “precautionary principle must be used” when the science is unclear. ONA believes that N95 masks, or equivalent or better, offer the level of protection needed for workers in many circumstances related to this pandemic. The arbitrator points to the fact that, at the time of his writing, 1,594 health-care workers in long-term care had become infected with COVID-19 some had died.

Long-term care homes must now follow the Chief Medical Officer of Health’s directives, the ONA collective agreement,



and occupational health and safety laws regarding nurses’ access to PPE, communication, testing, cleaning, staffing, cohorting and self-isolation, and the arbitrator’s decision.

The decision also quotes Winston Churchill, saying that “never was so much owed by so many to so few,” and acknowledges the sacrifices being made by mostly diverse female health-care workers in long-term care. McKenna says she hopes the decision “provides clarity for the operators of long-term care homes and that residents – and those who care for them – will at last be safer. It is long past the time to douse the wildfire of the spread of COVID-19 in these homes.”

## Government Plans to Increase Daily Patient Care to Four Hours

**ONA** has been lobbying for decades for an increase in per day hours of resident care to four hours. The government has now announced its commitment to this standard.

Unfortunately, the government says it may need up to four years to

implement this change. ONA believes it can be done much sooner.

Further, in a November 2, 2020 media release, ONA indicated that while this is the right direction, we will need to know how the four hours will be allotted among the various staff

roles, including front-line registered nurses, registered practical nurses and personal support workers, and whether there will be improvements in overall full-time staffing. Read the full media release here: [www.ona.org/news-posts/ona-cautiously-optimistic/](http://www.ona.org/news-posts/ona-cautiously-optimistic/).

# ONA Takes Concerns to Arbitration, Courts and the Media

**I**n the weeks leading up to the Stout decision, ONA issued a number of media releases calling for immediate access to PPE for its front-line members in long-term care and other sectors, to stop the spread of COVID-19 to patients, residents and clients.

On **April 6, 2020**, ONA issued a media release, saying tens of thousands of elderly and vulnerable residents of long-term care facilities must be protected from COVID-19 using all health and safety measures necessary. ONA called for appropriate staffing, evidence-based infection control protections, and safe working conditions in long-term care. In addition, ONA called on the government to ensure directives regarding proper PPE are clear,

proactive and updated to also apply to nurses in long-term care homes.

Additionally, ONA announced that thousands of Ontarians, including front-line health-care workers and the public, had supported ONA's campaign calling on the government to ensure health-care workers have access to PPE. See more on this campaign here: [www.ona.org/ppe](http://www.ona.org/ppe).

Read the full media release here: [www.ona.org/news-posts/20200406-vulnerable-ltc-covid19/](http://www.ona.org/news-posts/20200406-vulnerable-ltc-covid19/).

On **April 15, 2020**, ONA cited “unfathomable conditions” for RNs and health-care professionals in long-term care homes, calling for appropriate staffing levels and the proper levels of PPE. ONA also called for an immediate strategy to separate COVID-19 residents

from non-COVID-19 residents – and the separation of staff caring for each group – to prevent the contamination of PPE and decrease the spread inside long-term care homes. Read more here: [www.ona.org/news-posts/20200415-ltc-ppe/](http://www.ona.org/news-posts/20200415-ltc-ppe/).

On **April 23, 2020**, ONA celebrated the ruling of the Superior Ontario Court, which ordered four long-term homes to immediately follow directives and rectify several serious health and safety issues that resulted in devastating COVID-19 outbreaks. Mr. Justice E.M. Morgan wrote in his ruling that nurses are “sacrificing their personal interests to those under their care...not only for the immediate benefit of their patients, but for the benefit of society at large.” Read more here: [www.ona.org/news-posts/ona-wins-ltc/](http://www.ona.org/news-posts/ona-wins-ltc/).





# Looking Back – The Long-Term Care Homes Public Inquiry Report

On July 31, 2019, the Ontario government released its Long-Term Care Homes Public Inquiry Report, authored by the Honourable Eileen F. Gillese. The report examined the many systemic issues in the long-term care sector that had come to light through the lengthy hearings into patient deaths at the hands of Elizabeth Wettlaufer, which began in July 2018.

“The Commissioner has heard and agreed with ONA’s belief that systemic issues demand a systemic response,” said ONA President Vicki McKenna, RN in a media release on July 31, 2019.

“As front-line registered nurses, we have been calling for more RNs, more RPNs and improved funding for decades. With the thoughtful recommendations in this report, we have the opportunity to improve life for our vulnerable residents.” McKenna added she hoped the families and friends of the victims find comfort in the fact that something positive may come from this tragedy.

Among the 91 recommendations is that the provincial government conduct a study on the appropriate staffing levels in long-term care homes on the day, evening and night shifts, and table the report in the legislation by July 31, 2020 (see story on page 3).

Upon learning about the study, ONA announced it would be pleased to partner with government and our nursing stakeholder organizations – Registered Nurses’ Association of Ontario, the Registered Practical Nurses Association of Ontario, and the College of Nurses of Ontario – to advance the work on this study.

“We urge the province to put a renewed focus on regulated staffing levels now. This report is a positive roadmap to improving long-term care, and as the Commissioner notes, it



forces us as a society to decide if we are willing to make the financial investments necessary to improve the safety and security of older Ontarians, and the quality of their lives,” said McKenna.

ONA participated in the Inquiry to ensure that a tragedy like this would never again occur.

ONA made a number of recommendations, including:

- The Ministry of Health and Long-Term Care immediately increase funding to the long-term care and that funding reflect the actual needs of residents.
- For-profit long-term care homes be phased out and replaced by non-profit homes.
- A nurse-to-resident ratio be set at 1:20.
- Agency use must be eliminated, or in the alternative, the Ministry of Health and Long-Term Care (now the Ministry of Long-Term Care) be given oversight of these agencies.
- RNs be given wage parity with nurses working in the hospital sector.
- Colleges and universities should provide more education on gerontology and senior care and a clinical placement in long-term care should be mandatory.
- Mandatory training for administrators and Directors of Nursing on reporting obligations related to fitness to practice to the College of Nurses of Ontario, as well as to Human Rights, employer obligations and privacy legislation.
- Whistle-blower protection be enhanced.
- Home care be appropriately funded.

ONA recommendations can be found here: [www.ona.org/wp-content/uploads/ona\\_recommendationsltcinquiry\\_20181002-1.pdf](http://www.ona.org/wp-content/uploads/ona_recommendationsltcinquiry_20181002-1.pdf).

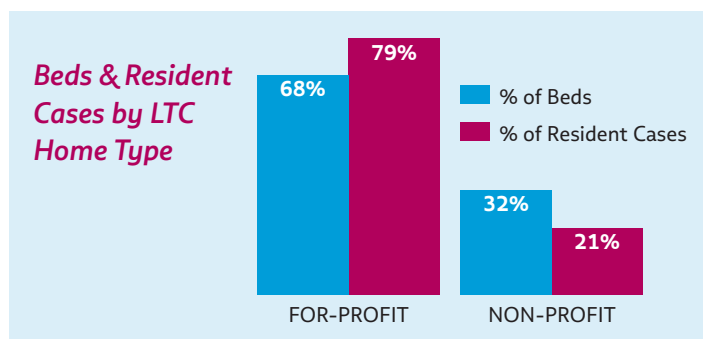
To learn more about the recommendations, review the ONA Question and Answer document here: [www.ona.org/wp-content/uploads/ona\\_ltcinquiryqanda\\_20190823.pdf](http://www.ona.org/wp-content/uploads/ona_ltcinquiryqanda_20190823.pdf).

The Inquiry’s final report can be found here: <https://longtermcareinquiry.ca/en/final-report/>.

## By the Numbers: COVID-19 in Long-Term Care

The following is a breakdown of Ontario beds, resident COVID-19 cases, resident COVID-19 deaths, and health-care worker (HCW) COVID-19 cases by type of long-term care home (i.e. for-profit vs non-profit). It reflects Ministry of Long-Term Care data on the number of active cases.

	For-Profit	%	Non-Profit	%
<b>Beds</b>	53,332	68%	25,101	32%
<b>Resident Cases</b>	3,885	79%	1,012	21%
<b>Resident Deaths</b>	1,633	80%	397	20%
<b>HCW Cases</b>	2,711	80%	690	20%



Calculations above are based on sources from the Ontario government at:

- <https://data.ontario.ca/dataset/long-term-care-home-covid-19-data/>
- [www.health.gov.on.ca/en/common/ministry/publications/reports/master\\_numsys/master\\_numsys.aspx](http://www.health.gov.on.ca/en/common/ministry/publications/reports/master_numsys/master_numsys.aspx)

## Resources for Long-Term Care

The following links provide access to some of ONA's submissions to the Ontario government regarding long-term care, as well as related links to our website and the Long-Term Care COVID-19 Commission website.

- ONA Submission to the Long-Term Care Advisory Group on Long-Term Care Staffing Study (June 19, 2020)  
[www.ona.org/wp-content/uploads/ona\\_goutsub\\_ltcadvisorygroup\\_20200619.pdf](http://www.ona.org/wp-content/uploads/ona_goutsub_ltcadvisorygroup_20200619.pdf)
- ONA's Submission on A Minor Capital Funding Program for Long-Term Care Homes Consultations (January 30, 2020)  
[www.ona.org/wp-content/uploads/ona\\_goutsub\\_minorcapitalfundingprogram\\_20200130.pdf](http://www.ona.org/wp-content/uploads/ona_goutsub_minorcapitalfundingprogram_20200130.pdf)
- ONA's Submission on 2020 Pre-Budget Consultations to Standing Committee on Finance and Economic Affairs (January 17, 2020)  
[www.ona.org/wp-content/uploads/ona\\_goutsub\\_2020prebudgetsubmission\\_20200117.pdf](http://www.ona.org/wp-content/uploads/ona_goutsub_2020prebudgetsubmission_20200117.pdf)
- Long-Term Care COVID-19 Commission  
[www.ona.org/commission/](http://www.ona.org/commission/)  
[www.ltccommission-commissionsld.ca](http://www.ltccommission-commissionsld.ca)
- Long-Term Care Homes Public Inquiry 2018-2019  
[www.ona.org/news-posts/ltc-inquiry/](http://www.ona.org/news-posts/ltc-inquiry/)

This feature section contains information that was available at the time of writing. New information is constantly being received and will be communicated by other means, such as communications from the President's Office. Watch our website at [www.ona.org](http://www.ona.org) for updates.



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