

ONTARIO NURSES' ASSOCIATION

**Consultation on Proposed Amendments to Regulation 386/99 under
the *Home Care and Community Services Act, 1994* relating to
the Provision of Community Services
Proposal Number: 15-HLT014**

**Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Implementation Branch**

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The Ontario Nurses' Association (ONA) is the union representing 60,000 front-line registered nurses (RNs), nurse practitioners (NPs), registered practical nurses (RPNs) and allied health professionals, and more than 14,000 nursing student affiliates across Ontario, providing care in hospitals, long-term care facilities, public health, the home and community, clinics and industry.

SUMMARY OF PROPOSED AMENDMENTS

We are providing our comments on proposed amendments by the Ministry of Health and Long-Term Care, posted on June 2, 2015, to amend Regulation 386/99 under the *Home Care and Community Services Act*, 1994 relating to the provision of community services.

The government is proposing to amend Regulation 386/99 under the *Home Care and Community Services Act*, 1994 to increase the maximum amount of nursing services that Community Care Access Centres (CCACs) may provide to clients.

Under the proposed new nursing service maximums, the government proposes to increase the maximum number of visits from a registered nurse (RN), registered practical nurse (RPN), or a registered nurse in the extended class (RNEC) from **120 visits to 150 visits** in a 30-day period.

As well, the number of hours for RN, RPN and RNEC nursing services in a 30-day period are increased for each classification and/or in combination.

Finally, the proposed amendments provide for discretion by the CCACs in extraordinary circumstances to provide more than the maximum nursing visits or hours of care to specified clients.

ONA COMMENTS ON PROPOSED AMENDMENTS

The government announced on May 13, 2015 that it would be moving ahead on the funding provided in the 2015 Ontario Budget for an additional 80,000 hours of nursing care for patients with complex conditions to receive nursing care in their home and community.

The addition of 80,000 hours of nursing care is approximately a one-percent change based on the 2015-16 assumption of approximately seven million nursing and professional visits in home care (see Ontario Budget 2015, p. 285).

While ONA is supportive of additional nursing hours of care in home care, a one-percent addition in nursing hours may be insufficient to care for the increasingly complex patient care needs as patients are discharged home from hospital faster expecting community supports for nursing care, and also when waiting at home for placement in a long-term care facility. As a result, the nursing care needs for home care patients are at an all-time high level.

The proposed amendments to Regulation 386/99 implement the government's commitment for an additional 80,000 hours of nursing care.

While supportive of the increased hours of nursing care in the home care sector, ONA has two primary concerns with the proposed amendments to Regulation 386/99.

Our first concern relates to the greater proportional increase in RPN hours of service than in RN hours of service. The RPN hours of service will increase by an additional eleven hours above the increased hours provided for by RNs. ONA believes that this is the incorrect classification of nurse to provide additional hours of nursing service to patients with complex and unpredictable needs.

The importance of the appropriate nursing classification to outcomes of quality care is especially critical in the context of the increasing acuity of patients in home care – as a result of shortened length of stay in hospital and renewed efforts to shift alternative level of care (ALC) patients out of hospital – which requires the skills and knowledge of RNs (see Health Quality Ontario, *Quality Monitor*, 2012, pp. 12-15).

In the nursing profession, the appropriate nursing classification is related to the complexity of the patient's care needs and whether the patient has stable and predictable care outcomes. RNs are the right provider for complex and/or unstable patients with unpredictable outcomes. RN's should also be the first assessor to determine if a patient is stable in all situations. Care delivered by the most appropriate provider can also assist to minimize hospital readmissions and emergency room visits.

We are therefore concerned that the proportionate increase in maximum hours of nursing service from RPNs is higher than for RNs when the clients receiving the nursing care have complex needs.

Our second concern relates to the discretion resting solely with the CCAC to provide more than the maximum number of visits and hours to clients in extraordinary circumstances.

It is ONA's position that the hours of nursing care should be determined by a Care Coordinator based on patient needs and not based exclusively on nursing service maximums. In addition, the discretion to authorize more than the nursing service maximums should not rest solely with the CCAC but should rely on the professional judgment of the Care Coordinator.

The proposed amendments indicate three types of clients who could be eligible for more than the nursing service maximums in extraordinary circumstances:

1. clients in the last stages of life;
2. clients currently on a waiting list for admission to a long-term care home; or
3. clients who require extra nursing services for a short period of time.

The above client type and care scenarios all point to the need for the professional judgment of Care Coordinators to assess and decide on the required care plan for patients with these complex needs. It will be the professional assessment of Care Coordinators as well who will be able to determine who are the clients requiring nursing services for a "short period of time."

Care Coordinators are the appropriate professionals in CCACs to determine the need to extend beyond the nursing service maximums for quality patient care and who also should have the professional discretion in the extraordinary circumstances in the three patient types as outlined in the proposed amendments to Regulation 386/99.

CONCLUSION

ONA appreciates the opportunity to comment on the proposed amendments.

While we are supportive of raising nursing service maximums, given the increasing acuity of home care patients, we are concerned that the addition of 80,000 hours of nursing care may be insufficient to care for the needs of these complex patients.

ONA has raised concerns about the proportionately higher increase in nursing service maximums for RPNs over and above RNs. We believe this is not the appropriate nursing classification to provide nursing services to clients with complex needs.

Finally, we have proposed that Care Coordinators should determine the nursing hours required to meet patient needs rather than through a pre-determined nursing service maximum. As well, our view is that Care Coordinators are the appropriate professional in CCACs to determine the nursing services required for clients in extraordinary circumstances as outlined in the proposed amendments.