



March 20, 2018

Hon. Dr. Helena Jaczek
Minister of Health and Long-Term Care
Hepburn Block 10th Floor, 80 Grosvenor St.
Toronto, ON M7A 2C4

Dear Minister Jaczek,

Re: ONA's Response to Aging with Confidence: Ontario's Action Plan for Seniors

Further to recent consultation sessions held by your Ministry staff at the Joint Provincial Nursing Committee and held via teleconference with ONA staff representatives, I am writing to provide you with ONA's response to Aging with Confidence: Ontario's Action Plan for Seniors.

We are commenting on two specific proposals contained in the Action Plan that we believe are critical for access to safe, quality care in long-term care homes: the proposal to increase the provincial average to four hours of direct care per resident per day; and the proposal to create 5,000 new long-term care beds by 2022 and over 30,000 long-term care beds over the next decade.

Four Hours of Resident Daily Nursing and Personal Care

It has long been ONA's position that four *worked* hours of daily resident *nursing and personal care* – of which 20 percent is RN care, 25 percent is registered practical nurse (RPN) care, 55 percent care from personal support workers (PSWs) and 1 nurse practitioner (NP) for every 120 residents is necessary in long-term care homes – as a result of the growing acuity of residents.

The government's proposal, however, appears to be based on *paid* hours when some care staff are on leave and therefore not at work providing care to residents. While paid hours may measure costs, paid hours do not truly measure the daily care residents are actually receiving from nursing and personal care staff.

The government's proposal for four hours of daily resident care also appears to include other staff, rather than solely nursing and personal care staff who historically are considered to be providing direct care to residents. The research studies that established four hours of daily resident care as appropriate for safe, quality care are based on nursing care (RN and RPN) and care from personal support workers (PSWs). Including other staff classifications in the measure of four hours of daily resident care will actually dilute the amount of daily nursing and personal care for residents. We do not believe this is the government's intention if the objective is to provide safe, quality care for residents. The minimum care staffing standard in Ontario has also historically been solely based on nursing and personal care staff.

There is an extensive literatureⁱ on the relationship between higher RN staffing levels in long-term care homes and improved quality of care outcomes for residents. Conversely, decreasing RN staffing has a negative impact on resident health outcomes.ⁱⁱ

As a result, ONA continues to advocate for funding and enforcement of a 4-hour nursing and personal care staffing standard to meet the rising, well-documented care requirements of residents in Ontario long-term care homes.

RN staffing levels in Ontario have not kept pace with the increasing complexity of resident care and are not keeping residents and nurses safe.ⁱⁱⁱ

The Ministry documentation from the consultation sessions clearly show the increased medical complexity of long-term care residents and the profile of long-term care residents is shifting towards more resource intensive residents with specialized care needs. RNs are the most appropriate nurse to provide care to residents with such complex conditions.

ONA calls on the government to fund and to regulate a minimum staffing standard of an average of four *worked* hours of nursing and personal care per resident per day, including 48 minutes of RN care per resident per day. This would mean twenty percent of the four hours of resident nursing and personal care would be provided by Registered Nurses.

Our proposal addresses the rising resident acuity and is aligned with the RN staffing recommendations for quality resident care in the research literature.^{iv} RN skills are essential to meet clinical needs and to provide the necessary care for the complex conditions of long-term care residents.

However, based on statistics from the College of Nurses database, the long-term care sector has seen a shift from RNs to RPNs. Using the most recent comparable data since 2011, the proportion of RN positions in long-term care facilities has dropped from 42.40% to 37.23%, while the proportion of RPN positions has grown from 57.37% to 62.27%. Additionally, the proportion of full-time RN positions has declined from 51.05% to 46.91%, which is one prime reason for recruitment and retention challenges faced in this sector.

In summary, the four hours of daily nursing and personal care per resident must be funded on the basis of *worked* hours where care is actually provided to residents and must include the following skill mix to meet resident need: 20 percent RN care, 25 percent registered practical nurse (RPN) care, 55 percent care from personal support workers (PSWs) and 1 nurse practitioner (NP) for every 120 residents.

New Long-Term Care Beds – Priority must be Non-Profit

Minister, we know that you and your government are committed to improving access to new long-term care beds in Ontario. Your commitment to create 5,000 new long-term care beds over the next four years and more than 30,000 over the next decade is welcome.

We are concerned, however, about the criteria for applications to build new long-term care homes. We are aware of new and expanding for-profit activity in the long-term care sector, which we believe raise a number of issues with respect to the level of RN staffing and the quality of resident care. For example, Southbridge Health Care LP and the Yorkville Long Term Health Care Fund have finalized the acquisition of Provincial Long Term Care's portfolio of nursing and retirement homes. This latest acquisition increases Southbridge portfolio to include the five Provincial nursing homes and adjoining retirement communities that now operate under the Southbridge Care Homes' banner in Thornbury, Hensall, Port Hope, Seaforth and Shelburne.

Similarly, the Arch Corporation has recently announced the Arch Senior Care Co-Ownership Fund, which has set a target to acquire approximately 850 to 1,000 government-funded long-term care beds.

As of January 15, 2018, Arch has 256 long-term care beds under contract, with a further 400 plus long-term care beds under negotiation. The Fund's objective is to generate stable long-term cash returns in the senior-care sector. The Fund will be structured to permit a direct investment by the Fund via an overseas entity that will invest in Canada through a Canadian structure.

The current average minutes of RN care in for-profit nursing homes that ONA represents is slightly more than 17 minutes of daily RN care per resident. This is extremely low relative to the level of RN care recommended by experts in the literature. In addition, the proportion of full-time RN positions in ONA-represented for-profit nursing homes is a dismally low 37.1%. Again, this is not conducive to safe, quality resident care, nor is it helpful for recruitment and retention of RN staff.

Furthermore, a recent study conducted by the Bruyere Research Institute in Ottawa shows that residents of Ontario's for-profit nursing homes suffer from significantly higher mortality and hospitalization rates than residents of non-profit facilities. The study followed more than 53,000 residents in Ontario's nursing homes between January 2010 and March 2012, and found that for-profit residents were 33 per cent more likely to be hospitalized and 16 per cent more likely to die during the first six months of their stay.^v

Additionally, for-profit operators pay RNs less than their comparators in the non-profit homes causing additional issues with retention and recruitment while operators ensure they are able to generate profit.

ONA, therefore, asks that you reconsider the criteria for applications for new long-term care beds in Ontario. In order for the objectives of safe, quality resident care contained in Aging in Confidence to be realized, we strongly believe that a priority must be placed on the creation of non-profit beds in the round of 5,000 beds and overall for the creation of 30,000 new long-term care beds.

ONA appreciates the opportunity to provide our response on the government's Action Plan for Seniors.

We are available for further discussion on our response and we hope to set up a meeting with you in the near future.

Thank you and I look forward to working together on this and other files.

Sincerely,

ONTARIO NURSES' ASSOCIATION



Vicki McKenna, RN
President

vm/lw

- C. Marie Kelly, Chief Executive Officer/Chief Administrative Officer
Dr. Bob Bell, Deputy Minister of Health and Long-Term Care
Nancy Lytle, Assistant Deputy Minister, Long-Term Care Homes Division
Brian Pollard, Director, Licensing and Policy Branch
Michelle-Ann Hylton, Manager, Aging and Long-Term Care Unit

Alyson Rowe, Senior Policy Advisor, Premier's Office
Ian Chesney, Senior Policy Advisor, Health Minister's Office
Dr. Michelle Acorn, Provincial Chief Nursing Officer

ⁱ See, for example, Bostick, Jane E. et al. "Systematic Review of Studies of Staffing and Quality in Nursing Homes." *J Am Med Dir Assoc* July 2006: 366-376. For Canadian evidence, see McGregor, Margaret J, and Lisa A. Ronald, "Residential Long-Term Care for Canadian Seniors: Nonprofit, For-Profit or Does it Matter?" *IRRP Study*, No. 14, January 2011.

ⁱⁱ For example, see McDonald, S.M. et al. "Staffing Related Deficiency Citations in Nursing Homes." *Journal of Aging & Social Policy* 25(1):83-97, 2013 and Trivedi, T.K. et al. "Hospitalizations and Mortality Associated with Norovirus Outbreaks in Nursing Homes, 2009-2012." *Journal of American Medical Association* 308(16): 1668-1675, 2012.

ⁱⁱⁱ Higher levels of RN staffing mix are associated with lower assault rates. See Staggs, V.S. "Nurse Staffing, RN Mix and Assault Rates on Psychiatric Units." *Research in Nursing & Health* 26(1): 26-37, 2013.

^{iv} Note that experts suggest 4.55 total hours per resident per day as optimal and 4.1 as a minimum (See, for example, Harrington et al. "Nursing Home Staffing and Its Relationship to Deficiencies," *Journal of Gerontology: SOCIAL SCIENCES* 55B (5): 2000.

^v Tanuseputro, Peter et al. "Hospitalization and Mortality Rates in Long-Term Care Facilities: Does For Profit Status Matter?" *JAMDA* 16: 874-883, 2015.