

Public Inquiry into the Safety and Security of Residents of Long-Term Care: Final Report



Questions and Answers for Ontario Nurses' Association Members

As ONA members are aware, the Long-Term Care Homes Public Inquiry was held beginning in June 2018 and wrapped up this past winter. The final report was released July 31, 2019 and included a total of 91 recommendations aimed at keeping long-term care residents safe and secure. The following Q&A document has been produced to help members understand the key recommendations.

Q: What did the final report of the Commission say?

A: In her four-volume, 1,491-page report, the Honourable Eileen J. Gillese, Commissioner of the inquiry, wrote that there are systemic issues within the long-term care sector that require systemic responses, which aligns with what is reflected in ONA's final recommendations.

The report includes 91 recommendations, many of which are based on four systemic responses: prevention, awareness, deterrence, and detection, with the goal to enhance the safety and security of residents in long-term care homes.

Q: What are the key recommendations in the final report?

A: ONA is very pleased that the Commissioner recognized that the long-term care system desperately requires more nurses – both registered nurses and registered practical nurses – as well as more personal support workers.

One of her recommendations is around the need for recruitment and retention of RNs in the long-term care sector, which ONA has also flagged in its submission.

There are also recommendations for government funding for increased education for those working in long-term care, including managers and others. While the funding of long-term care was not technically part of her scope, the message that funding must increase is there.

Recommendations were also made around the role of long-term care homes, limiting the use of agency nurses, building capacity and excellence in the long-term care system, and improving the management of medications, as well as recommendations focused on key stakeholders, including the Ministries of Health and Long-Term Care, the College of Nurses of Ontario, and the Office of the Chief Coroner and the Ontario Forensic Pathology Service.

The report included 91 recommendations, which can be found here: www.ona.org/inquiry

Q: Did the report make a recommendation about staffing ratios?

A: No. What the report did call for is a study to be tabled a year from now with recommendations about staffing levels. Currently, the only requirement is for these facilities to have one RN on site 24/7. ONA has been very clear that we plan to work with other nursing organizations – the Registered Nurses’ Association of Ontario, the Nurse Practitioners Association, the Registered Practical Nurses Association of Ontario and the College of Nurses of Ontario – to advise the government and produce the report. However, we have also made it very clear that there is no need to wait for another study before taking action to increase staffing levels.

ONA has long recommended a minimum of four hours of direct resident care per day, and that 20 per cent of that care be provided by registered nurses. We also recommend that there should be one nurse practitioner for every 120 residents.

Q: What did the report say about ONA’s role?

A: It is vital that members understand that when ONA was called on to represent this former nurse in a meeting with her employer, there was no indication at the time that she had been intentionally harming residents.

The evidence during the inquiry showed that the employer held all the pieces of the puzzle regarding the former nurse’s performance and behaviour but failed to put them together, and failed to fully report her behaviour to the College of Nurses of Ontario.

There was no criticism of ONA in the final report; there is, however, a recommendation for funding to increase education and ensure that staff and managers in long-term care facilities understand their obligations under the law.

ONA supported this inquiry and was there to represent our members in long-term care, with a view to improving the system. We were not there to defend the former nurse.

At the start of the inquiry, ONA made the conscious decision to trust that the system would work and that the evidence would put the spotlight on the challenges in long-term care. This has proven to be a good strategy. With the thoughtful recommendations in this report and the pressure on government to improve the system, there is hope that our residents will receive the care they need and deserve.

Q: Now that the report has been released, what actions are being taken by ONA?

A: First of all, it is ONA’s hope that this report will provide some sense of comfort and hope for the future for the families of the victims. When it first came to light that these residents had been murdered, it’s fair to say that every nurse was in shock and disbelief. This is not what nursing is, and ONA sincerely hopes that there is peace of mind for these families.

Before the report was released, ONA carefully reviewed our policies and practices to see if we could do anything better. We are now combing over the report itself, and developing strategies to advocate for the recommendations to be implemented.

In the immediate short term, we are focused on communicating with our members to ensure you are up-to-date on what the recommendations are and how ONA will work to ensure the recommendations are implemented to improve the lives and care of our residents.

Q: Do Ontarians have any central website to visit to determine the rating of care in long-term care facilities, or to know what kind of questions to ask administrators when considering long-term care facilities for their loved ones?

A: No, there is currently no central resource for rating long-term care home quality. However, the provincial government, through its compliance services area, maintains a website that details any compliance and non-compliance issues at specific homes. Should there be many outstanding compliance orders against a home, you might want to exclude it from your list. There is a lot of information available if you do some research. And of course, you should really take note and ask about staffing levels when touring the facility.

Also, never forget that the care coordinators and placement coordinators in our Local Health Integration Networks are an invaluable resource to those seeking long-term care for their loved ones. Our care coordinators and placement coordinators can help you figure out the questions to ask, and they are truly your go-to resource when considering long-term care homes.

Q: Will there be any movement to pay long-term care RNs at the same rate as hospital RNs?

A: ONA has long argued that with the acuity and complexity of our long-term care residents, we must have parity in the salaries of RNs in these sectors. ONA agrees that this is vital to successful recruitment and retention of RNs in long-term care. The testimony of several witnesses during the inquiry also reflected the need for increased pay and benefits for long-term care RNs, and there was a recommendation that wage and benefits improvements would help recruit and retain nurses to the sector.

Q: Was the issue of workplace violence in long-term care addressed?

A: This issue was not specifically addressed in the report, however, there is much being done to reduce this serious, ongoing issue. Part of our efforts have had to do with building awareness among employers and our members that violence is not acceptable. We have been urging members to report every incident, not just view it as part of the job.

ONA has been at the ministers' roundtable on violence, which has developed a number of recommendations, tools and programs to end workplace violence.

Going forward, the Public Services Health and Safety Association has agreed to continue to work with us and the government to develop tools for the community and long-term care sectors, as it has done for hospitals. Notably, the recommendations in the long-term care report are all about making this sector safe for residents, which means it will be safer for members too. There is also a recommendation for funding for more education for those who work in this sector, so we should be able to address workplace violence in that education.

Q: Was the decision to create a separate, stand-alone Ministry of Long-Term Care a result of this inquiry?

A: Probably. This government – ahead of the report of the commission – made that decision, and we think it is a positive step. To have a ministry solely focused on long-term care will be a positive move, though unfortunately, the new minister heading up this ministry is a physician and a strong supporter of for-profit medicine.

There are recommendations to set up a different division of the compliance branch to help homes with best practices and improving quality of care, so ONA will be working to hold the new minister accountable.

Q: What can ONA members do to advocate for more RNs as we wait for regulations to change regarding minimum staffing levels?

A: This is a challenging time, with some homes having just one RN on the night shift, responsible for – sometimes – up to 200 residents. ONA advises that long-term care members continue to document their workload as best as they can, and continue to raise it with management.

ONA is currently running its **Care Now** campaign, which includes a website with a link to send an email to your MPP, the Ministers of Health and Long-Term Care and the Premier. Visit your MPPs in their constituency offices and educate them on the need for increased staffing.

Q: What can ONA Local leaders do for members?

A: ONA encourages Local leaders to have open and frank discussions about taking action, not just with ONA members but also with friends and family. Keep this report and its recommendations top of mind. We know what needs to happen in future, and it will be up to all of us to make it happen.

Leaders can also use the provisions in the collective agreement to highlight workload issues with employers. Furthermore, ONA members can help spread the word that working in long-term care is a great career. Despite the challenges, it offers the kind of one-on-one contact with residents and their families that is invaluable to nurses.

Q: Has anyone done a time analysis for government to demonstrate that long-term care staff are overworked?

A: No, a formal time analysis has not been done. Doing a time analysis, ironically, requires a great deal of time that members just don't have. ONA believes the CMI data demonstrates how high the acuity of long-term care residents is.

If government would stop manipulating the data and fund the homes based on acuity, rather than the way it is currently funding homes, there would be more staff. ONA will push the government to go back and look at the *Long-Term Care Homes Act* and compliance standards.

ONA also believes there are time efficiencies to be found by moving to a different medication system model; if homes are funded to bring in a pharmacy technician, it would free up nursing time. During the inquiry, witnesses were asked how many nurses they thought should be in long-term care homes, and each one said one RN to every 20 residents.

Q: What will ONA do to ensure the implementation of the recommendations?

A: ONA has already pointed out that there is no need to wait for yet another study and report – due in a year – to determine the correct staffing levels for long-term care. However, ONA has announced that we are pleased to partner with the 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 of the report.

We know the appropriate levels of staffing needed. Let's get moving!

Q: Where can I find out more information about the Inquiry and the report?

A: You can visit www.ona.org/inquiry which provides a link to the Inquiry report, background information, and more.