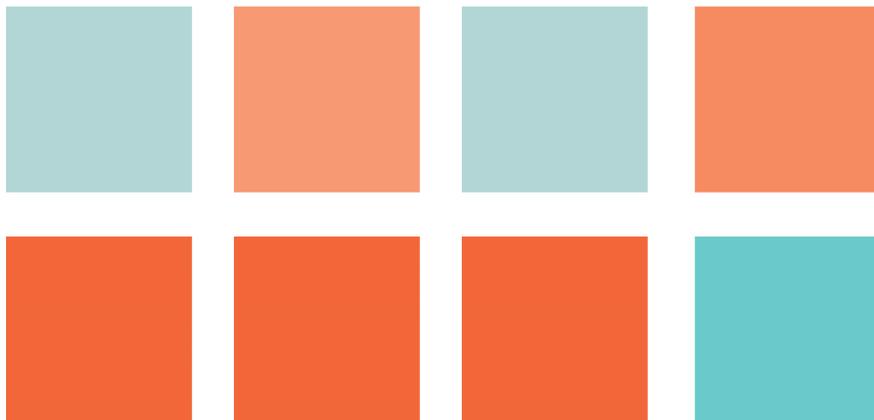


**RNAO submission on Fixing
Long-Term Care Act
regulations**

March 11, 2024



Introduction

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses (RN), nurse practitioners (NP) and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contributions to shaping the health system, and influenced decisions that affect nurses and the public we serve.

RNAO welcomes the opportunity to provide feedback regarding proposed amendments, in the areas of staffing, pandemic recovery and stabilization, and the clarification of technical amendments, to Ontario Regulation 246/22 under the *Fixing Long-Term Care Act, 2021*. This submission follows positions taken by RNAO in our submissions to the following postings:

- [Providing More Care, Protecting Seniors, and Building More Beds Act, 2021](#)
- [the proposed phase one regulations to the Fixing Long-Term Care Act, 2021](#)
- [the proposed amendments to Ontario Regulation 246/22 under the Fixing Long-Term Care Act, 2021](#).

The deaths of 5,300 Ontario LTC residents since the outset of the pandemic has demanded significant changes to the care and operations of Ontario's LTC homes. RNAO called for and supports several initiatives which the government announced, and that are in progress:

- increasing direct hours of nursing and personal care through legislation
- increasing direct hours of care provided by allied health care professionals through legislation
- amending regulations to define infection prevention and control (IPAC) lead staffing requirements for LTC homes
- announcing funding to hire 225 Nurse Practitioner (NP) positions in Ontario LTC homes
- strengthening inspection processes in LTC Introducing funding for clinical decision support tools in LTC such as [RNAO Clinical Pathways™](#)

More needs to be done to address the fundamental conditions that compromise resident care in Ontario's nursing homes. What can not be done – under any circumstances – is to use the staffing shortfall to advance flexible staffing which further compromises care. What we need is stable, permanent and full-time staffing that enables care continuity and leads to residents and family satisfaction, improved health outcomes, and staff satisfaction. To this end, we cautiously embrace the extension of nursing externships to the LTC sector but urge the removal from the proposed regulation any proposals that focus on staff flexibility.

RNAO reiterates its unwavering commitment to LTC residents, families and staff. We call on everyone to see this sector as an opportunity to showcase to the broader health system inspirational solutions that can then be emulated system-wide. As a priority we recommend addressing all regulatory proposals using an equity, diversity and inclusion (EDI) lens. Let's not continue shortchanging the LTC sector. Instead, let's build career pathways for personal support workers (PSW), registered practical nurses (RPN), registered nurses (RN), and nurse practitioners (NP) so they choose LTC for professional development and career growth. This requires competitive compensation and benefits, stable and full-

time employment, and adequate staffing with a skill mix appropriate to the LTC resident population. In addition, career development opportunities that incorporate EDI principles to ensure fair and equitable access to educational opportunities, professional development and career advancement.

Background

We offer the following context for our assessment of the proposed regulatory amendments:

1. Resident complexity

Recent statistics demonstrate that the acuity and complexity of Ontario LTC resident is on the rise:

- 20 per cent of older adults over the age of 80 have complex care requirements that can only be met safely in LTC¹
- More than half of all new LTC residents require a high level of care, and compared to 2011, 41% more residents entering LTC require higher levels of support²
- 75 per cent of new residents entering LTC have 3 or more medical conditions³
- 75 per cent of new LTC residents require 8 different medications, with 30% of these residents requiring 13 or more different medications⁴
- 76 per cent of new residents entering LTC have mild to severe cognitive issues, representing a 25% increase since 2011⁵
- In 2022–2023, more than 40 per cent of LTC residents were assessed as having aggressive behaviours⁶

2. The nursing crisis

a. The general nursing shortage

Ontario's vacancy rate for RNs is higher than ever before⁷ (see Figure 1 below), and Ontario has a deficit of 25,000 RNs benchmarked against the rest of Canada⁸ (see Figure 2 below). The shortage of RNs is growing more and more acute. Based on consensus quality of care evidence, as set out in *RNAO's Nursing Home Basic Care Guarantee*, Ontario's nursing homes require 13,500 more RN full-time equivalents to meet the basic care needs of Ontario LTC residents. Ontario's LTC homes also continue to face immense challenges with retaining and recruiting directors of care due to insurmountable workloads, inadequate resources and lack of supports.

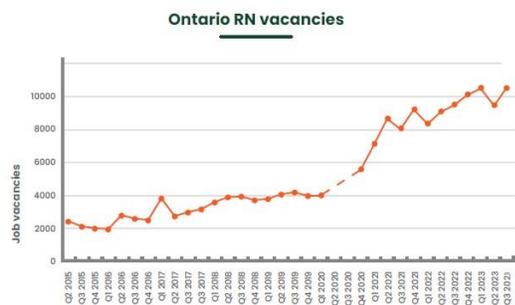


Figure 1

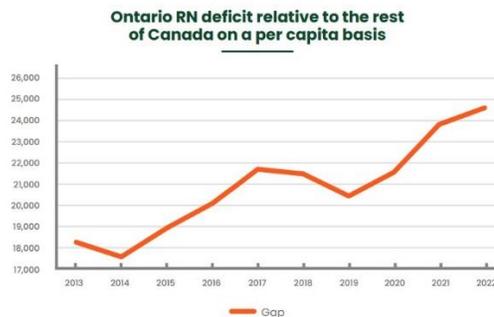


Figure 2

The Auditor General of Ontario (2023) has recently stated that “recruitment and retention continue to be a significant challenge in the long-term care sector due to a shortage of health human resources in Ontario⁹”. The Auditor General also noted that “long-term care homes lack the resources and supports to provide their residents with care and a living environment that is centred on their needs¹⁰”.

To solve these issues in LTC, we must tackle the health human resources crisis head on. In RNAO’s recent [provincial pre-budget submission](#), we identified many policy solutions to address the nursing and health-care crises. If implemented, these solutions would lead to significant improvements to Ontario’s LTC sector and the entire health system.

Also crucial to retaining and recruiting staff in LTC is the consistent presence of medical directors. In RNAO’s [Vision for Tomorrow](#) report¹¹, we urged for government and regulatory bodies to implement necessary regulatory and legislative changes to authorize nurse practitioners (NP) as medical directors, recognizing the major and very effective role of NPs as medical directors in numerous settings during the COVID-19 pandemic. We continue to press the government for the enactment of these changes, as this will greatly benefit staff, residents, and families in LTC.

b. Nursing shortages in LTC

The following evidence points to severe staffing shortages – particularly in relation to nursing – in Ontario LTC homes.

- Almost all Ontario homes reported difficulties in filling shifts for RNs and registered practical nurses (RPNs) in 2022¹².
- Many LTC homes have high vacancy and turnover rates for nursing and personal support positions, with about 8,000 open positions in 2022–23, and an average vacancy rate of 11 per cent for RNs¹³.
- Inadequate compensation, lack of full-time employment and career development opportunities, as well as discriminatory experiences have been highlighted as major reasons for staff members leaving a home¹⁴.
- Between 2020 and 2022, 50 per cent of LTC homes experienced turnover of their director of care, and more than 40 per cent lost their administrator¹⁵.
- The average hourly rate for RNs is 6% higher in hospitals (\$40.47) than in LTC (\$38.05). Such pay inequities have contributed to higher turnover and staff vacancies in LTC¹⁶.

- A quarter of Ontario LTC homes failed to consistently reach the provincial targets in from the 2021/22 fiscal year to the 2022–23 fiscal year for hours of direct care. Some LTC homes were found to have staff-to-resident ratios as high as 1:80 for nurses (one nurse per 80 residents)¹⁷
- LTC homes have increasingly relied on agency staff to fill staffing gaps, which negatively impacts costs and quality of care¹⁸:
 - The average direct-care hours provided by contracted nurses and PSWs rose from four per cent in Q1 of 2021–22 to 10 per cent in Q4 2022–23.
 - Agency RNs are paid 142 per cent more on average, compared to RNs employed directly by LTC homes.
 - With heavy reliance on agency staff, there is an increased likelihood for errors, such as medication errors¹⁹.
- RN staffing on a per-resident basis is 15 per cent lower in Ontario’s nursing and retirement homes than the rest of Canada²⁰.
- Ontario’s LTC homes will require at least 58,600 more nurses and PSWs by 2029, and the demand for LTC is projected to increase by 38 per cent in the next 10 years²¹.

Analysis of regulatory proposals

The context set out above, points to the urgent need for more regulated nurses, especially RNs, in Ontario LTC homes to meet the growing demands of increasingly complex residents. RNAO offers the following feedback related to the proposed regulatory amendments related to Ontario Regulation 246/22 under the Fixing Long-Term Care Act, 2021:

Supporting nursing students to work in LTC homes as externs outside of clinical placements

RNAO has long advocated for the hospital-focused nursing clinical extern program to be expanded into community care settings, such as LTC. Clinical externships in LTC are ideal for undergraduate nursing students – particularly in the senior years of their program – to gain clinical and managerial competencies. Such experiences provide opportunities for: the development of leadership skills with nursing and interprofessional teams; leading evidence-based practice changes; understanding and working with the interface between community care and LTC; and utilizing a person-and family centred approach to ensure LTC is experienced as “home” to residents.

The need for proper safeguards and supports

Nursing students employed as externs must receive comprehensive orientation, proper supervision, ample learning opportunities, and necessary supports. This must be done with appropriate safeguards in place to ensure resident safety, as well as the safety and professional protection of both externs and supervising nurses. LTC residents are increasingly acute, while the LTC environment has become progressively more unstable, due to factors such as high client turnover, inadequate nurse staffing, and high resident-to-nurse ratios. As such, externship opportunities **must not** be used in the place of adequate retention and recruitment of regulated nurses. This is because:

- extern programs that do not provide adequate supports and supervision to the externs could undermine retention and recruitment into the sector,
- extern programs that overburden the existing limited nursing complement could undermine support for the program within the organization, sector and nursing workforce, and
- extern programs that lack appropriate safeguards could jeopardize resident safety in LTC.

Nurse externs and medication administration in LTC

- In our prior submission regarding [the proposed amendments to Ontario Regulation 246/22 under the Fixing Long-Term Care Act, 2021](#), RNAO urged the government to remove the regulatory amendment that would permit PSWs to administer drugs to residents in LTC homes because: LTC homes have an increasingly acute population of residents with complex health and medication requirements, and
- the act of administering medication requires advanced knowledge, skills, judgment, and critical thinking, and should only be performed by regulated nurses in LTC settings.

RNAO maintains the position that RNs and RPNs must take the lead with administering medications in LTC settings, as regulated nurses have the requisite expertise to provide this type of care to this fragile and increasingly acute resident population. In the context of nursing externships, RNAO again reinforces that safeguards must be put into place to ensure the safety of the residents, externs, and nurses involved.

To this end, subsection 140(4) of Ontario regulation 246/22 to the Fixing Long-Term Care Act²² **must** be amended to permit externs in LTC to administer drugs in the same manner as nursing students. This would ensure that the clinical nurse externs are equipped with the knowledge, skill, judgement, safeguards, resources, and supports to safely perform medication administration in LTC.

Defining “other potential functions” of nursing externs

The regulatory consultation materials indicate that the ministry is exploring “other potential functions” for nursing externs in LTC settings. RNAO is requesting that all proposed functions of nursing externs be posted for consideration, so that the public and other stakeholders, including RNAO, can issue a comprehensive response to any proposed regulatory changes related to this matter.

Supports for nurse externs in LTC

The introduction of clinical nurse externs into the LTC sector must be done carefully and thoughtfully, to avoid any unintended harm to any parties involved. This must include comprehensive and detailed orientation experiences. RNAO is pleased to recommend the following resources and supports to inform the orientation experiences for both nursing clinical placement students and clinical nurse externs in LTC:

- [Webinar](#): “The Power of Strong Clinical Placements in LTC” is an RNAO webinar and conversation on how LTC homes and academic institutions can ignite the passion for nursing student placements in LTC.

- [Student videos](#): A four-part video series developed to assist nursing students in understanding their role, the role of their preceptor and preparing them to get the most out of their LTC placement.
- [Preceptor videos](#): A five-part video series that provides an introduction to the role of preceptor, key attributes, and learning approaches preceptors can use with new students.
- [LTC student and preceptor focused Advanced Clinical Practice Fellowship \(ACPF\)](#): The ACPF program provides RNs and NPs the opportunity to have a focused self-directed learning experience. This fellowship stream focuses on developing resources, approaches and programs that will support student clinical placements in LTC homes (also applicable for externships).
- [Student and preceptor resources](#): The online LTC Toolkit has been designed to offer students, point-of-care staff, nurses, educators and leaders' access to the best available evidence-based resources and tools.
- [Support from RNAO LTC implementation coaches](#): RNAO's Long-Term Care Best Practices Program features 14 LTC implementation coaches who support LTC homes across the province in implementing [RNAO best practice guidelines](#). These coaches support students by providing resources, supporting projects, and helping students learn more about the important multi-faceted role of nurses in long-term care.

To learn more about the resources in the Nursing Student and Preceptor for Long-Term Care Program, visit us at [RNAO.ca/student-preceptor-ltc-program](https://rnao.ca/student-preceptor-ltc-program).

Permitting RPNs to complete RAI-MDS assessments, particularly in instances where a resident is seeking a transfer to their preferred LTC home

and

Amending staffing qualifications for some roles specified in the Regulation to ensure requirements are proportionate with the responsibilities and accountabilities of the role.

RNAO is especially concerned about the removal of the several requirements for the administrator role, including the omission of:

- minimum number of years of experience requirement and expansion of relevant experience to include, in addition to health or social services, other relevant settings
- minimum instruction times for the long-term care home administration or management program

Both of the above proposed regulatory changes reinforce the need to address the health human resources (HHR) shortage in LTC. The administrator role, in particular, sets the stage for the functionality and operations of the entire LTC home. The qualification requirements for this role ought to be strengthened, not loosened. RNAO has long advocated that this role should preferably be filled by a nurse, due to the immense responsibilities of the role and the need to draw upon experiences with patient and family-centred care.

The changes proposed in this regulatory consultation are especially concerning because they do not aim to increase staffing. Rather, they contain “staffing flexibility” measures that have been discouraged by RNAO, including:

- the introduction of a “targeted provincial average” for direct nursing and personal care hours, rather than a **guaranteed minimum** standard of care per resident, per day
- the absence of any skill mix standards (particularly for more regulated nurses) for the four hours of nursing and personal care
- the absence of any public reporting requirements related to staffing levels in LTC homes
- the introduction of exemptions to the legislative requirement for 24-hour RN presence in all LTC homes, seven days a week
- the introduction of regulatory amendments that allow for PSWs to administer certain medications in LTC settings

Diluting staffing standards within the LTC sector opens the door to negative outcomes for clients, nurses, health professionals, and organizations. Indeed, the decades of evidence highlighted in [RNAO’s Long-Term Care Systemic Failings report](#)²³ underpin the need for **much more** stringent staffing and skill mix standards in LTC – not **less**.

Recommendations

Rather than creating “staffing flexibility” to respond to the acutely growing needs in Ontario’s LTC sector, the government must urgently adopt the following recommendations.

1. Increase nursing health human resources in Ontario

RNAO has issued several public policy reports containing recommendations for addressing Ontario’s nursing crisis. Most recently, RNAO released [Nursing Career Pathways: Opportunities and Barriers](#)²⁴, a report that identifies barriers to nursing careers, opportunities for increasing Ontario’s nursing workforce and 24 recommendations to address Ontario’s nursing crisis.

The government should remain focused on addressing the nursing crisis directly rather than implementing measures that compromise resident safety due to inadequate nurse staffing.

RNAO’s recommendations to retain and recruit RNs, NPs and RPNs in Ontario are as follows:

1. Incorporate EDI principles in all health human resource policies to ensure fair and equitable access to educational opportunities, professional development and career advancement.
2. Ensure programs that support EDI – such as mentorship arrangements – are available in all LTC workplaces.
3. Implement and fund NPs as medical directors and most responsible providers (MRP) in LTC settings, and immediately enable NPs to work as medical directors in all the homes where there is no medical director.

4. Support equitable and internationally competitive compensation for RN, RPNs, and NPs across all sectors and setting in Ontario. This should include harmonizing compensation upward across the health system to address pay disparities primarily affecting the LTC, home care and primary care sectors.
5. Implement evidence-based recommendations to retain and recruit nurses by providing fulltime employment (including benefits and paid sick days), mentorship and professional development (including leadership training), occupational health and safety measures and enforcement, healthy work environments, and safe workloads.
6. Increase funding support, schedule accommodation and resources for LTC PSWs, RPN, RN, and NPs to pursue continuing education, professional development, specialty certifications. Offer programs in workplaces to facilitate attendance.
7. Develop expanded and optimized nursing education pathways similar to Ontario's Begin Program and New Brunswick's Step Up to Nursing Initiative which combines work and education by providing salary and tuition support for PSW to bridge to RPN/LPN, or RPN/LPN to bridge to RN to encourage nurses to advance their nursing education and careers in Ontario. Also, expand Ontario's Grow your Own to encourage RNs to bridge to NP.
8. Identify and remove discriminatory barriers to registration for internationally educated health professionals who are already in Canada.
9. Increase the supply of nurses by: continuing to increase nursing school enrolments and corresponding funding; compressing registered practical nurse-to-BScN bridging programs; and supporting nursing faculty retention and recruitment.
10. Expand funding for the Return to Nursing Now program to attract nurses back to the nursing workforce.
11. Fund innovative nursing education-practice partnerships across all health sectors, incorporating preceptor roles to ensure manageable workloads for staff and effective clinical placements for nursing students.
12. Increase the compensation and education allowances for directors of care in nursing homes, and provide supports and resources to ensure safe and healthy workloads for nurses in these roles.
13. Continue to collect race-based data for nurses and expand to include all health professionals.
14. Provide cultural safety education and awareness building at individual, organizational and policy levels.

2. Increase staffing and skill mix in Ontario long-term care homes:

RNAO issued evidence-based recommendations with respect to nursing home staffing in its [Nursing Home Basic Care Guarantee](#), and we have repeatedly called for the implementation of these standards. These recommendations include mandating and funding all Ontario LTC homes to provide a guaranteed minimum of four worked hours of direct nursing and personal care per LTC resident per day, with the following skill mix:

Role	Skill mix of care per day	Worked hours of care per day
RNs	Minimum of 20%	0.8 per resident
RPNs	Minimum of 25%	1.0 per resident
PSWs	Maximum of 55%	2.2 per resident

- one NP per 120 LTC residents
- one infection prevention and control RN per 120 LTC residents
- an average of one hour of care per day per LTC resident from allied health professionals

Conversely, RNAO estimates that the current skill mix in LTC is as follows, based on ministry data.

Role	RNAO recommended skill mix	Current estimated skill mix
RNs	Minimum of 20%	9%
RPNs	Minimum of 25%	19%
PSWs	Maximum of 55%	72%

The above data emphasizes the direct need to increase the complement of RNs and RPNs in LTC: The implementation of these direct care and skill mix recommendations will obviate the need for creating “innovative and flexible staffing solutions” to respond to the health human resource crisis in LTC.

Conclusion

The impact of the Covid-19 pandemic on an already beleaguered pre-pandemic LTC system demands laser-focused efforts. Added to this is the ever increased resident complexity and staffing shortages that compromise resident safety as well as resident and staff satisfaction.

Policies and programs introduced by the Ontario government have brought progress to the LTC sector. RNAO insists that now is not the time to give up by “enabling innovative and flexible staffing solutions.” Instead, RNAO urges the government to follow evidence-based recommendations that address the nursing crisis in Ontario. This requires to a) apply an EDI lens to LTC staffing, b) ensure competitive compensation and benefits, c) ensure safe staffing and d) guarantee career development and progression. Let’s make the LTC sector a sector of choice to build a health worker’s career.

References

- ¹ Ontario Long-Term Care Association (OLTCA). The Data [Internet]. Available from: <https://www.oltca.com/about-long-term-care/the-data/>
- ² See note 1.
- ³ See note 1.
- ⁴ See note 1.
- ⁵ See note 1.
- ⁶ Office of the Auditor General of Ontario Long-Term Care Homes: Delivery of Resident-Centred Care [Internet]. 2023. Available from: https://www.auditor.on.ca/en/content/annualreports/arreports/en23/AR_LTCresidential_en23.pdf
- ⁷ Statistics Canada. Job vacancies, proportion of job vacancies and average offered hourly wage by selected characteristics, quarterly, unadjusted for seasonality. 2024. Retrieved from: <https://www150.statcan.gc.ca/t1/tbl1/en/cv!recreate.action?pid=1410032801&selectedNodelds=1D7,2D358,2D386,3D1,4D1&checkedLevels=0D1&refPeriods=20150101,20221001&dimensionLayouts=layout3,layout3,layout3,layout3,layout2&vectorDisplay=false>
- ⁸ RNAO's calculation. Original data source: Nursing in Canada, 2022– Data Tables [https://www.cihi.ca/en/registered-nurses; population figures from Table: 17-10-0005-01 \(formerly CANSIM 051-0001\), <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1710000501>](https://www.cihi.ca/en/registered-nurses; population figures from Table: 17-10-0005-01 (formerly CANSIM 051-0001), https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1710000501)
- ⁹ See Office of the Auditor General, above note 6.
- ¹⁰ *Ibid.*
- ¹¹ Registered Nurses' Association of Ontario (RNAO). (2021.) *Nurse Practitioner Task Force: Vision For Tomorrow*. https://rnao.ca/sites/rnao-ca/files/NP_TF_Feb_25_FINAL_3.pdf
- ¹² See OLTCA, above note 1.
- ¹³ See Office of the Auditor General, above note 6.
- ¹⁴ Grinspun D, Matthews J.H., Bonner R., Moreno-Casbas T., Mo J. (2023). COVID-19 pandemic in long-term care: An international perspective for policy considerations. *International Journal of Nursing Sciences*, 10(2):158-166. doi: 10.1016/j.ijnss.2023.03.017. Epub 2023 Mar 31. PMID: 37095850; PMCID: PMC10063321.
- ¹⁵ See OLTCA, above note 1.
- ¹⁶ See Office of the Auditor General, above note 6.
- ¹⁷ *Ibid.*
- ¹⁸ *Ibid.*
- ¹⁹ See Office of the Auditor General, above note 6.
- ²⁰ Calculation by RNAO. RN Statistics from Canadian Institute for Health Information (2023). Population Statistics from Statistics Canada (2022).
- ²¹ See OLTCA, above note 1.
- ²² See O.Reg. 246/22, s.140(4) which provides the conditions under which a member of the registered nursing staff may permit "a nursing student" to administer drugs to LTC residents. We recommend that externs be specifically included in this subsection as well as nursing students.
- ²³ RNAO. (2020). *Long-Term Care Systemic Failings: Two Decades of Staffing and Funding Recommendations*. https://rnao.ca/sites/rnao-ca/files/RNAO_LTC_System_Failings_June_2020_1.pdf
- ²⁴ RNAO. (2023). *Nursing Career Pathways: Opportunities and Barriers*. <https://rnao.ca/policy/library/nursing-career-pathways-2023>