Ontario Health Coalition
Long-Term Care Staffing Survey Report
July 22, 2020

Surveys were conducted across Ontario from Friday July 10 to Friday July 17.
We collected 150 surveys filled in by long-term care staff who work in more than 75 different long-term care homes. Homes ranged in size from 55 beds to more than 540 beds. We received surveys from all regions of Ontario.

55% of the surveys were from staff working in for-profit homes
25% were from staff in non-profit homes
20% were from staff in public (municipal) homes
3% didn't know/no answer

The following is the breakdown of total surveys received per region:
Northwestern Ontario (White River west to Manitoba border) -- 3%
Northeast (Wawa east to Quebec border) – 7%
Central (South of Sudbury to Barrie and Orillia, including Bruce Peninsula, Georgian bay, Lake Huron Shore) – 6%
Southwest (Windsor and Sarnia to Kitchener-Waterloo) – 34%
Hamilton Niagara – 14%
GTA – 9%
Peterborough/Kawarthas/Northumberland – 3%
Southeast/East (from Belleville east) – 23%
No answer/Don't know – 1%

QUESTIONS REGARDING CURRENT STAFFING LEVELS:

Are you working short staffed?

Yes – 95%
No – 4 %
No answer/Don't know – 1 %

How often are you working short staffed?

Always/Every day/Virtually every day – 53%
1 – 3 days per week – 15%
Majority of the time – 10%
Weekends – 5 %
No answer/Don't know – 17 %

Are staffing levels better, the same or worse than prior to COVID-19?

Worse – 63% of all staff said staffing levels are worse.
Same – 28% of all staff said staffing levels are the same.
Better – 7% of all staff said staffing levels are better.
No answer/Don't know – 2%

Are staffing levels better, the same or worse than prior to COVID-19, answers by home ownership type:

For-Profit
Worse – 68% of staff working in for-profit homes said staffing is worse.
Same – 27% of staffing working in for-profit homes said staffing is the same.
Better – 5% of staff working in for-profit homes said staffing is better.

Non-profit
Worse – 54% of staff working in non-profit homes said staffing is worse.
Same – 35% of staff working in non-profit homes said staffing is the same.
Better – 11% of staff working in non-profit homes said staffing is better.

Public
Worse – 50% of staff working in public homes said staffing is worse.
Same – 38% of staff working in public homes said staffing is the same.
Better – 12% of staff working in public homes said staffing is better.

IF YOU ARE WORKING SHORT STAFFED, WHAT CARE CANNOT BE DONE?

The vast majority of homes (95%) are working short staffed. Short staffing is measured by how many shift lines are left unfilled or how many staff are absent for a shift. The majority of homes report empty shift lines, meaning that vacancies have not been filled. Almost all report that staff who call in sick cannot be or are not being replaced. Staff report that they have lost staff due to staff having to choose one home to work in out of multiple part-time jobs and leaving for the homes that have better pay or more hours. They also report having lost staff due to fear, illness and injuries (there is a very high rate of staff injury in long-term care homes), childcare, leaving to go to other work, and chronic illness. In the majority of homes that have lost staff for these reasons, those staff have not been replaced.

Staff report that they are doing their best, often missing lunches and not taking breaks, working double-shifts and overtime to make up for the lack of staffing. They report that they have been doing this before the pandemic and, in many cases, it was worse throughout the first wave of the pandemic. In some homes, additional staff were brought in during the first wave and it was better. A number of staff are reporting that their homes are now cutting staffing hours and limiting overtime despite shift lines that are unfilled, leaving the homes even more short staffed.

Staff report levels of short staffing that range from one or two staff missing on a unit or floor, to multiple staff missing on every unit, every department and every shift. A significant number of homes have no RN on the floor (long-term care regulations require 1 RN 24/7 but that regulation is overridden by emergency regulations that have deregulated staffing requirements). Most of the staff report shortages of PSWs and many report shortages of RPNs, RNs, housekeeping, and dietary staff. A number of staff report that there is no rehabilitation happening at all and/or no activities happening.

More than 100 surveys said:

Bathing Staff report that residents miss baths or showers entirely or they are delayed. In some cases, staff give bed baths instead of real baths or showers as there is not enough staff (2 are needed) to use a hoist or there is no time to do full showering or baths. Since staffing is the worst on weekends, those residents with weekend-scheduled baths are frequently missed. Staff report some residents are going weeks without bathing. Residents are supposed to get two baths per week.

Emotional support Staff report rushing basic care every day, every shift. They report that they do not have time to interact with residents, to talk with them one-on-one, to spend time with them, to provide emotional support. They report that they have not had time to explain what is happening with the pandemic to residents who are confused. Many staff expressed sadness and frustration about this. They report that residents have been isolated, are lonely, depression is evident, that it is "unfair", "wrong", "heartbreaking" that they do not get interaction and emotional support.

Activities of daily living: these include oral care and brushing of teeth, shaving, nail care, and basic personal care. Staff report that they do not have time to do these frequently.

Late/rushed care: Staff report that they do not have time to get all residents up before breakfast, that care is rushed all day, that they cannot get residents to bed after supper as they prefer, that residents are still up in their wheelchairs when the night shift comes in. Many expressed frustration at having to rush residents' care all day. They expressed that this is unfair to residents and they should not be treated this way. Staff frequently described having to do less than the proper job for all care, lower quality of care because of being rushed and having inadequate time.

Cleaning: Staff report that they rarely get time to tidy residents' closets, kitchenettes, drawers, and other parts of their rooms. Many homes report that they are short on housekeepers or laundry staff. In the worst cases, there are severe shortages of housekeeping and linen staff leaving homes dirty, bathrooms unclean, rooms messy, and with linen shortages.

More than 50 surveys said:

Feeding: Staff report that they do not have time to feed residents and feeding is rushed and/or inadequate. They report that they do not have time to do nutrition passes – this is when staff take a nutrition cart to each resident and give snacks or check to make sure residents are hydrated. Residents often need to be cued to eat and reminded to eat more. Some residents require assistance with feeding. Staff report that frequently they do not have time to do this properly. In the worst cases, staff report severe dehydration.

Repositioning: Staff report that they frequently do not have time to reposition residents on time. Repositioning residents is important to prevent bedsores which are very painful and a serious risk to health.

Toileting: Staff report that residents have to wait to be assisted. They report that there are more frequent falls due to less supervision and due to residents trying to stand up and go to the washroom without assistance.

Other Care that Cannot be Done:

Many surveys reported other care that cannot be or is not being done, including:

- No rehabilitation/no physiotherapy
- No activities
- Less documentation/charting
- No or inadequate time to contact families/answer questions
- Late medications or not enough staff to do medication carts
- Overall unacceptable quality of care
- Lack of attention to palliative care
- No/inadequate time for therapeutic relationships
- Less training or no training for agency and untrained staff

WHAT STAFFING CLASSIFICATIONS ARE YOU SHORT?

Frequently staff report they are short PSWs, RPNs, RNs, housekeeping, dietary, kitchen, and laundry staff.

Staff also reported shortages of the following:

- Rehab staff
- Environmental staff
- Activity staff/recreation aides
- Management staff
- Porters
- All departments short staffed.

SAMPLE OF RESPONSES:

How short staffed is your home?

- Normally we have 10 staff to care for 49 residents. Now we are down to 7 staff to care for 49 residents.
- At least 16 lines are empty.
- There is one nurse working three units (1 ½ floors meaning approximately 100 residents) at night.
- We have some staff filling two lines. We are unable to replace call-ins.
- We are two staff short on every floor.
- When we are short, one staff works the centre and helps with two wings. We are three staff short on two floors (each). It has been this way for two years already.
- We are working short and with agency staff who have no orientation. The nurses from the agency have no long-term care experience.
- Prior to COVID we were extremely short with many empty lines. No postings have gone up since the pandemic.
- We are short every shift on mostly all floors. Sometimes there are only two per unit (32 residents).
- We have 25 lines unfilled, all departments.
- Every weekend we have 2 – 4 staff per area (approx. 32 residents). We have 9 lines empty almost every day and every shift.

- When we are short RPNs have to split a floor and end up doing a floor and a half. Float PSWs get pulled so there are no floats.
- Staff have not had vacation, stat and lieu days so there are call-ins every day. Day staff are short 2 out of 5 every day leaving 3 staff for 55 residents. Afternoons are short 1-2 staff out of 4. Nights are supposed to be 2 but if someone calls in there is only one.
- Days on weekends are the worst; 2 – 3 short. Evenings we are 1 -2 short.
- Staffing levels on the weekends are the worst, many staff scared to come to work because you may be the only staff by yourself or only 2 to get 32 residents up.
- Even with outside agency staff coming in we work with 1 -3 staff missing.
- We have 30 unfilled positions. We work short every shift.
- 13 PSWs on the floor on days and evenings and 3 at night is considered fully staffed. On the weekend we might be down to 9 -10 for days and evenings. That leaves some people without a partner and responsible on their own for about 20 people.
- We are missing 19 lines of a 70 line schedule. We are short 23 staff. We are supposed to have 13 on one shift, we have 11 on some days.
- We have staff off due to not being able to work in 2 places. Holiday and vacation have been denied. Staff is working extra shifts to help with the empty lines. Staff are beginning to show signs of burnout. Tempers are short. This is all noticeable on the floor.
- Multiple PSW lines are empty. I believe the last count was just over 10.
- We are short at least 1 PSW every shift with several unfilled rotations. Several staff are off due to COVID.
- At least 2 days per week we are short 1-2 people during the day, often 1 per afternoon, and 1 at nights also. Sometimes there is no RN on the floor. These are due to call ins that the employer has been unable to replace. We are short at least 2 - 3 days per week.
- We started with a pool of 10 RNS prior to COVID, lost 2 part-time staff and 1 casual staff to hospital when they had to choose one place to work. We have also lost staff due to chronic illness, another to another facility tired of working part-time consistently.
- We are 1 person short on a regular basis on my shift and usually 1 person on modified duties due to an injury. This is out of 5 on my shift.
- 16 lines unfilled. Staff are being denied time off for any reason. Staff are exhausted and burned out with no support.
- We are short full-time, temporary full-time and 40 - 50 unfilled lines part time.
- Staff has been reduced as to be working one home. Overtime is through the roof.
- Extreme shortage of RPNs often leaving them working alone. PSWs working short, often one per unit. Other departments also work short especially dietary, but not as short as the nursing department.
- We are down 60 staff from 155 staff. We had 14 part time lines empty before COVID.
- We are short on average 15 staff members for a 24 hour period.
- We have often 2 PSWs for 32 residents instead of 4, sometimes 1 with 1 part floater, with 1/2 RPN doing both units. Down 1 RPN on one unit. RPN administers medications to 48 instead of 32. Should have 2 RNs in days evenings but mostly have one. Housekeeping short almost daily. Kitchen frequently short also. Amazing manager here will work doubles almost the entire weekend.
- Management is cutting staff back. Day shift is 3 PSWs and 1 RPN per 32 - 37 residents.
- Morning shift short staffed at least 4 times in a 7-day week. Mostly evenings are short every day . 17 part time staff chose to work at their other jobs. We have not hired anyone new since COVID started.

- We have call ins every day. We pull the float but then floors don't get help to deal with residents. No replacement when float calls in. Call ins from all departments.

If you are working short-staffed, what care cannot be done?

- We live daily in a rushed environment. What can't be done is bed making/changing, repositioning, 2nd baths, some jobs unfinished.
- Bathing, feeding, emotional support, ADLs, proper cleaning. Everything is rushed and unsafe.
- Lifting residents cannot be done without 2 staff per hall, often only 1 PSW on at night.
- Emotional support, repositioning, increased falls etc.
- Bathing, time to feed, residents have to wait longer for toileting, staff cart, residents late for breakfast because the PSWs are behind.
- Time to feed, bathing, time to assess residents who are declining, wound care, therapeutic relationships, attention to palliative residents and their comfort.
- Bathing, repositioning, emotional support, just plain spending any time with residents that are confined to their rooms for months.
- All care is done but staff is running all night and doesn't get breaks.
- Bathing, no emotional support, less time with ADLs as we have more people than can be done.
- Bathing and feeding.
- Work is done faster, residents feel the rush.
- Morning care is rushed. Some residents are not properly fed as staff have no time and more concerned about documentation not being done on time. I have seen one staff feeding 3 residents more than once, it is a common behaviour.
- Baths, never any time for emotional support, charting gets left, and sometimes care is left for next shift.
- Emotional support? You have to be kidding.
- Staff are busy with window and iPad visits. No time for one-one-one with other residents. Not enough staff to help with feeding. Care not getting done: repositioning, finger and toe nail care, feeding, time to talk with family or call them back, 2 baths per week but rushed, always rushed. Snack carts, drinks 3 times per day not happening. Not getting residents up in time for breakfast. Not getting residents to bed shortly after supper. No time for emotional support, explanations about COVID, masks, no families, no entertainment. No time for brushing teeth. No time for peri care. Have to wait for second person for lifts. No time to shave men. No time to tidy room. Can't organize changing out of seasonal clothing. Can't get residents outside daily for fresh air. Not getting batteries replaced. No time for cleaning glasses, hearing aids, dentures. No time for finding them.
- Time spent with residents. COVID has created socially isolated people. Depression is evident but told to keep residents isolated. Residents who were support to others are not allowed to see them. Sadness of not seeing family is heartbreaking.
- Resident does not have proper time to eat. Providing any emotional support is out of the question. This is unacceptable. When they can't see their family we are their family. Residents are unsure of what's going on and to rush them through their day is just plain wrong. The care isn't what it should be due to working short 24/7. Everything is rushed. Our elderly deserve better than this.
- Barely any time for emotional support. Bathing often gets changed to a bed bath as we often do not have the manpower to have two staff to transfer for a full bath.
- Everything. Bathing, feeding, emotional support, ADLs, proper cleaning, rushed and unsafe.

- Bathing, nourishment passes, emotional support, shaves, nails, cleaning, wheelchair cleaning.
- Residents are fed as fast as possible, no time to do one-on-one emotional support, residents are not repositioned, showers and baths skipped, no physiotherapy, a.m. and h.s. care have to be completed very quickly in order to have time for everyone.
- Impossible to do the work, leads to errors. Emotional support, plus a bit of everything else. Bed bath rather than proper bath. Everything in a rush.
- Bathing, no time for emotional support, toileting, a.m. and p.m. care. Most PSWs will take time to reposition residents.
- Feed, emotional support, cleaning, bathing, residents in bed are fed later, rooms not cleaned.
- Different daily but all ADLs are affected and emotional support is mostly impossible.
- We do our best but residents often miss a shower a week and we don't get to clean as much as we would like to. Emotional support is missing. We try our best but there is so much that needs to be done we barely have time to talk to our residents. They are lonely from isolation and miss their families which has increased behaviours.
- Personal care (dressing, bathing, oral care, grooming), activities, repositioning. We didn't have enough staff before to reposition and now it is even worse. Feeding and nutrition: 6 residents have died in my unit due to malnutrition. We were heavily reliant on paid companions prior to COVID.
- Housekeeping: floors and walls are dirty. Nothing gets wiped down. We only have a cleaner for day shift. Tubs not disinfected properly. Bathrooms not cleaned. Everything dirty by 2 p.m. Laundry is backed up on weekends due to lack of staff, not enough sheets and towels, sheets are old and soiled. Documentation not being completed or unclear documentation due to language barriers with employees
- We didn't have time with residents before and now it is even worse.
- Bathing, proper care that residents deserve, washing, feeding, toileting, one-on-one visits, accidents that can be prevented with proper staffing levels.
- I am with an agency. This answer is for multiple homes. Bathing is the first care to go down when staff goes down but pretty much all care goes down.
- Bathing, feeding, compassionate care.
- Not all ADLs are being met for the day such as toileting, oral care, shaving, cleaning glasses etc. no time for emotional support and little time for interaction with residents.
- Emotional support is lacking when short staffed, general cleaning of their rooms and other areas doesn't get done, some residents given bed baths because we are short staffed, proper personal care lacking due to being short, when short staffed only time for the bare minimum for each resident, a far cry from what they deserve.
- Our management created a rule that if a unit of 40 residents have only 3 PSWs days or evenings then baths are not to be done. Residents with weekend baths almost never get them. There is no time for emotional support. Feeding gets done but it is a difficult task on your own.
- Bathing gets skipped if short staffed, repositioning and toileting gets pushed back, residents have to wait their turn.
- Bathing, support, entertainment, nail care, mouth care, spiritual support etc.
- Bathing, repositioning, rushing through tasks so increased behaviours, less supervision so increased falls.
- Bathing, other personal care such as nail care, repositioning, emotional support, feeding takes much longer so food left to get cold, snack passes often not done leading to dehydration and UTIs.

- Baths, showers, a.m. care, toileting, brief changes, meal services including feeding, no emotional support.
- Bathing, emotional support, feeding, sometimes residents only toileted once in 8 hours, sometimes still awake and in chairs when night shift comes in, often no lift because no time, staff skip lunches and break times. We have been told to give residents who complain their care over someone who is non verbal or has no family. Seriously.

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Ontario Health Coalition
Protecting public healthcare for all.