



Briefing Report:

Investigating Real Registered Nurse Staffing Levels in Ontario's Long-Term Care homes

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Included in this Report:

- Purpose, Methods and Key Findings
- Context and Significance of Findings
- Relevant Health Legislation
- Role and Importance of RNs in LTC
- Consequences of Inadequate RN Staffing in LTC
- Recommendations

Purpose Statement

The purpose of this research project is to investigate Registered Nurse (RN) staffing levels and the impact of inadequate RN staffing on care in Ontario's long-term care (LTC) homes.

Research – Methodology PHASE 1

During the Second Wave of COVID-19

- Phone LTC homes
 - Who: 173 LTC homes were grouped and selected by LHIN region out of 626 homes
 - Mississauga Halton, Toronto Central, Central, and Champlain
 - Question:
 - Is there a registered nurse on staff available 24/7?
 - If yes, can you break down how many RNs are working in the morning, evenings, and nights?
 - Between 12 p.m. to 3 p.m. (after morning care, before the end of shift)

Research – Methodology PHASE 2

During the Second Wave of COVID-19

- Email requests
 - Who: OHC members / subscribers
 - Family members
 - Essential caregivers
 - Health care workers
 - Question:
 - Is there a registered nurse on staff available 24/7?
 - Do you have any more information about whether there are enough RNs in the LTC home you are reporting about?

Research – Findings PHASE 1

Result from the calls

- Response rate: 31 (18%) homes had responded
 - All respondents stated they had at least 1 RN working in the home 24/7
- The remaining (142 homes):
 - Did not answer the phone
 - Did not respond to follow ups by phone and email
 - Declined to answer
 - The appropriate person to answer our questions was stated as unavailable
- Possible explanation:
 - Director of Care/HCPs are afraid of disclosing

Research – Findings PHASE 2

Result from the email requests

- Received 57 email responses
 - from family members, essential caregivers, and healthcare workers
- 17 or 30% stated that there was no RNs on duty at the LTC homes 24/7
 - 1 in 3 home did not adhere to the legislation.
- 6 respondents reported on homes that we had previously contacted but did not provide us with information
 - Out of the 6, 3 respondents reported that the home did not have RN staff 24/7

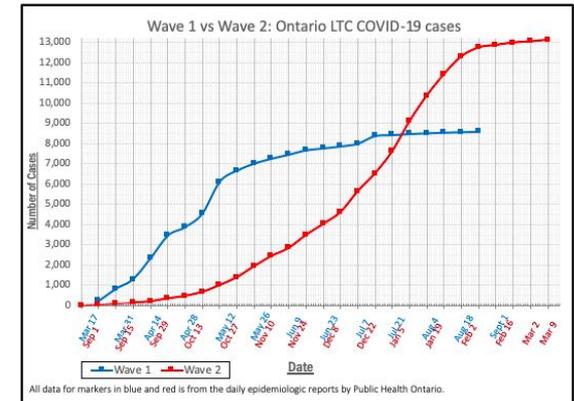
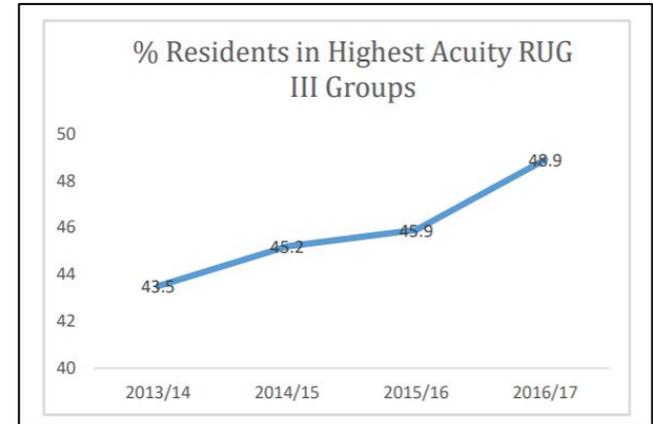
Research – Limitations

- Calls: Low response rate (LTC homes)
- Emails: Potential confusion on the difference between the RN and Registered Practical Nurses (RPN)

Context & Significance

Background information

- Increasing acuity level in LTC homes
- Prevalence of COVID-19 outbreaks
- Regulatory policy
 - Section 8 of the Long-Term Care Homes Act (2007) Ontario
 - Health protection and promotion act & Emergency order



RN Role in LTC

- Lead the healthcare team
- Communicate and work with families, doctors and other allied professionals
- Provide direct medical care
- Administrative and managerial tasks
- Advocate for resident wellness

RN Role in LTC

Resident care

- Safety checks
- Assessment, care planning, implementation and management
- Assessing priority residents
- Medication scheduling and administration
- Fall prevention and post fall assessment protocol
- Assessment and care in more acute residents
- Wound assessment and care

Administrative/Management Tasks

- Medication and supply inventory and stocking
- Processing orders (Pharmacy, MD)
- Opening/Locking up the building
- Family communication
- Resident conflict resolution

Importance of RNs

- RNs work with complex residents
- Delegate routine procedures for PSW to perform
 - Responsible for ongoing assessment of the PSWs' competency and monitor any changes in the residents' conditions
- RNs have a deeper knowledge of pharmacology and disease progression
 - Experience cannot substitute education
 - “People can only see what they know” - A quote from an RN interviewee

Consequences of Inadequate RN Staffing

- Poor health outcomes and safety issues
 - Ontario Health Coalition's reports during wave 1 and wave 2
 - Increased risk of falls, malnutrition, pressure injuries, urinary tract infections, and infections
 - More falls were reported during the pandemic
 - Pressure injuries were unattended
 - Staff has little to no time to attend residents' vital basic needs, resulting in neglect
- CAF Report on Humanitarian Relief and Medical Support in Ontario LTC homes
 - Infection control
 - Standard of Practice and Quality of Care
 - Communication

Consequences of Inadequate RN Staffing

- RN works in isolation
 - Lack of support from team members with a similar level of expertise
- Stress & Burnout
 - Critical staffing level
 - Working overtime in multiple shifts
 - Denied vacations, holidays and weekends
 - Unable to provide a desired level of care
 - Inadequate supports (i.e. lack of adequate safety and protection)

Unsupportive Environment

- Racialized women
 - In a disadvantaged position to advocate for a systemic reform
- Compliance focused instead of client focused
- Power imbalance between agency nurse and staff nurse

“As an agency nurse, you might be considered a ‘guest’ in the home. Other employees have more seniority than you and therefore more power within the organization. A full-time, permanent employee has more influence than the agency RN and a perceived slight can motivate others to complain and essentially bully you out of a job”

- *Anonymous, RN working at a LTC home.*

“Why would a RN want to work in a setting that is chronically understaffed, unsafe and a complicated work environment for less money?”

- *A lawyer who has been working to advocate for the aging population.*

Recommendations

1. Transparent and easily-accessible reporting of actual hands-on staffing levels in all long-term care homes, and it should be required.
2. The emergency order that deregulates the only existing staffing standard for RNs, contained in Section 8 of the LTC Homes Act, Ontario (2007) should be removed and the minimum staffing standard in the Act should be immediately reinstated.
3. The minimum RN standard of one RN 24/7 no matter the size of the LTC home is inadequate. It should be amended to reflect the real intensity of RN staffing required to meet the increased acuity of LTC home residents.
4. A minimum care standard for daily hands-on care (RN, RPN, PSW) of 4-hours per day should be implemented as quickly as possible.

Recommendations

5. LTC home licensees must be held accountable in meaningful ways to uphold the fundamental principle in the LTC Homes Act. From the act,

“...that a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.”
6. LTC home inspections programs should be amended to ensure that staffing, including RN staffing is adequate.
7. LTC home licensees must be held accountable in meaningful ways to meet the required staffing levels, including RN staffing.
8. Stronger, more effective whistleblower protection must be provided for nurses to fulfil their role as advocates on behalf of their residents and to report inadequacies in care and conditions.

Recommendations

9. At least one dedicated RN Infection Prevention and Control specialist with adequate coursework, training and certification through the Canadian Nurses Association's Certificate of Infection Control should be in every LTC home.
10. Geriatric nursing care should be integrated into the nursing curriculum as it reflects the challenges and expertise of nurses working in LTC homes.
11. Measures to improve working conditions should be implemented in LTC homes.

THANK YOU