

Addressing Gaps in Ontario’s Long-Term Care System during COVID-19 Recommendations to the Long-Term Care COVID-19 Commission

Submitted by Registered Practical Nurses Association of Ontario (WeRPN)
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When it comes to our loved ones in long-term care (LTC), we all agree that their safety, security, care, comfort, and quality of life are the top priorities. Across Ontario every single day tens of thousands of compassionate and hard-working – in many instances over-worked – staff deliver care to residents of LTC. This includes over 20,000 registered practical nurses (RPNs), the largest nursing category in the sector. These committed nurses work diligently and, throughout the COVID-19 pandemic, at considerable personal risk, to ensure older Ontarians continued to receive the care they need and deserve.

As Ontario prepares to enter an expected second wave, it is essential to learn from the experiences of nurses in this sector to help protect residents from infection and reduce the risk of any further loss of life.

Across the province, the experiences faced by nurses and their colleagues in LTC differed substantially depending on the facility they were employed at. Some facilities were extremely successful in preventing or containing the spread of COVID-19, while others saw significant infection rates among residents and staff, tragically resulting in significant loss of life.

WeRPN is pleased to outline several recommendations to the Long-Term Care COVID-19 Commission to safeguard the health and well-being of those working and living in Ontario’s LTC homes.

1. Ensuring Appropriate Staffing Levels to meet the Needs of Residents.

In order for LTC residents to continue to have the best quality care, it is essential to have the right complement of health professionals to meet their needs.

The 2018 *Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System* identified several systemic vulnerabilities and long-standing issues that impacted resident safety and quality care. One of the key recommendations of the Inquiry’s report was for the Ministry of Long-Term Care to conduct a registered staffing study to determine adequate levels of staff in LTC homes on each of the day, evening and night shifts, and to increase funding if additional staffing is found to be necessary to ensure resident safety.

In the view of nurses, long-standing staffing shortages were a significant contributing factor in determining how facilities fared in the face of COVID-19. Even prior to COVID-19, nurses described how shortages of PSWs limited their ability to undertake thorough nursing assessments and deliver the kind of care that residents need and deserve. This pressure was only further exacerbated during the first wave of COVID-19. For example, in an optimal environment, nurses administering medications to residents would do a thorough assessment prior to the administration and follow up with the resident to evaluate the outcome. Currently, nurses report being responsible for administered medication to 40-50 residents a day, making it impossible to utilize the full extent of nursing knowledge to ensure residents receive the best care.

In the pandemic, the absence of sufficient qualified staff meant that nurses were further stretched. Severe shortages of PSWs greatly impacted the care provided to residents. In some of the most severe cases, the Ontario government resorted to calling in the Canadian Armed Forces as a short-term solution to help fill existing staffing gaps. As outlined in their report to government, Canadian Armed Forces observed unacceptable conditions as residents were denied even the most basic dignity and personal care and staff struggled to uphold proper infection prevention and control protocols.

As we enter the second wave, it is vital that government, in partnership with LTC stakeholders, take immediate action to address staffing shortages and over the longer term build a staffing strategy that will put safety, dignity and quality at the forefront of resident care. In addition to ensuring Ontario has the right number of qualified staff to care for residents, we must also offer solutions to better retain the staff that are already working in the sector. Currently, insufficient career advancement opportunities result in qualified staff leaving the health care profession. Providing opportunities for existing staff to enhance their education and creating clear career pathways through career laddering. This will help keep more qualified and critically needed staff in the sector.

In order to achieve a minimum standard of care, we propose that staffing, roles, and models of care delivery ensure levels of knowledge are appropriately applied to each resident's plan of care in a timely way. At the same time, we recommend also ensuring a high level of PSW care so that each resident is provided a routine of care designed to give them the best quality of life and that is based on their own preferences. This goal cannot be achieved without an adequate supply of PSWs, RPNs and RNs, nor by simply adding more of any one category of staff.

WeRPN recommends:

Short term:

- Increase funding for LTC to enable facilities to hire the appropriate number of staff to deliver the care necessary to meet resident needs. WeRPN recommends a model that would provide approximately 4 hours of care per resident per day on average—up from the current estimate of 2.71 hours.
- Establish a staffing mix that ensures LTC residents receive a high quality of care provided by practitioners with the appropriate knowledge to effectively respond to the challenges of today's LTC environment. (See Appendix 1)
- In cases where staffing needs are urgent, leverage Ontario nursing students and other allied health professionals (e.g. physiotherapists, occupational therapists) who would bring relevant experience and knowledge of the health system.
- Better connecting nurse volunteers (e.g. retired nurses) with opportunities to fill gaps.
- Limit COVID-19 related delays in professional registration exams to remove barriers and maximize the supply of professionals entering the health system.
- Enhance opportunities for staff to gain specialized skills through micro-credentialling.

Long term:

- Address existing compensation disparities (e.g. wages, benefits, full-time positions) between LTC and other health sectors to ensure LTC is viewed as an attractive sector and help retain qualified professions.

- Develop a robust staffing strategy that ensure Ontario has a pipeline to educate the right numbers of qualified staff to care for residents.
- Address retention by providing existing staff with opportunities to enhance their education (e.g. credential in infection prevention and control) and through career laddering opportunities that enable staff to transition from PSW to RPN or RPN to RN.

2. Improving Channels of Communication with LTC

Nurses reported challenges accessing clear public health guidance in LTC. At the beginning of the pandemic, WeRPN made it a priority to disseminate information shared by the government with Ontario RPNs. Through daily newsletters and weekly online events, we shared guidance we were provided by the Ministry of Health’s Emergency Operations Centre. However, it soon became apparent that LTC leadership (management and ownership) in various facilities were not always provided with the same information leading to confusion and an inconsistent adoption of Ministry guidance. Additionally, in some facilities, information shared with leadership was not disseminated at the staff level. For example, at the beginning of the pandemic, nurses were not provided with clear guidance from management about the appropriate PPE they should be using to keep their residents and themselves safe.

In order to ensure accurate information is disseminated to the sector in a timely manner, it is essential to improve communication channels across LTC.

WeRPN recommends:

- Creating a portal dedicated to LTC to ensure a “one stop shop” that would house up to date resources for leadership, staff, and families.
- Creating a network for LTC facilities to share best practices.
- Encouraging LTC facilities to establish policies and procedures to disseminate key information across the organization in a timely manner.

3. Implementing Robust Infection Prevention and Control Protocols

During a pandemic, maintaining strong pandemic infection control measures is essential. This was a critical factor that differentiated the facilities that were able to control the spread of COVID-19 from those with high infection rates among residents and staff.

There were a number of measures put in place provincially which helped curb the spread. Those included:

- Introducing robust screening measures for all individuals entering the home
- Implementing regular (at least twice per month) testing of all LTC staff.
- Limiting staff to one facility
- Minimizing visitors
- Cohort staffing to units and resident home areas to reduce unnecessary resident exposure to contagions
- Isolation of infected residents, where possible
- Enhancing cleaning protocols

The knowledge of staff also played an essential role in curbing the spread of the virus. Infection prevention and control is a central part of nursing education. Other staff, such as PSWs may be less familiar with the steps necessary to prevent the spread of the virus.

It will be essential to ensure all staff are educated as soon as possible about the necessary protocols and informed about the procedures to follow to prevent the disease transmission.

WeRPN recommends:

- Every LTC facility implement robust infection prevention and control measures.
- All LTC facilities identify, educate and recruit Infection Prevention and Control leads to monitor, evaluate and ensure adherence to protocols.
- All staff be required to undertake basic infection prevention and control education.
- The Ministry implement oversight measures to ensure adherence to a minimum standard through unannounced inspections.
- Whenever possible, facilities limit the number of residents sharing rooms.
- Facilities adopt innovative approaches to allow visitors, while protecting resident safety.

4. Strengthening LTC Leadership

Leadership played a significant role in the care provided to residents in LTC. In many instances, facilities that fared the worst in the face of COVID-19, did not have leadership that was equipped to respond effectively to a complex crisis of this nature. Improving the leadership capacity in LTC could assist dramatically in enhancing the ability of facilities to respond effectively during the second wave.

WeRPN recommends:

- Developing specific supports to enhance the capacity of LTC facility leadership. This could include:
 - Quality improvement and measurement based on best practices.
 - Analyzing and improving organizational care delivery processes.
 - Optimizing models of care.
 - Leveraging health professionals to full scope.
- Enabling leaders to build high functioning teams by supporting them to coach and engage staff.

5. Enhancing Accountability in the LTC sector

In the early stages of the pandemic, we heard disturbing stories of nurses being reprimanded for urging facility owners or management to follow provincial guidelines or put in place enhanced infection prevention and control measures. As knowledge-based professionals, nurses are educated to understand disease transmission and knowledgeable about the steps required to curb the spread of infection. It is unacceptable that a nurse would lose their job for advocating for the safety and well-being of their residents.

WeRPN Recommends

- Enhancing the capacity of the Patient Ombudsman to ensure nurses and other health professionals have an avenue to voice concerns about practices within their facility, without fear of reprisal.

Currently the office of the Patient Ombudsman is experiencing a high volume of complaints, leading to delays in follow up. Adding capacity to this important resource will help ensure that concerns can be address in a timely manner and ultimately protect residents.

6. Ensuring Appropriate Supplies of PPE

At the beginning of the pandemic, nurses experienced tremendous levels of stress and uncertainty and risked potential exposure to the virus as a result of shortages of personal protective equipment (PPE). In many cases, lack of PPE resulted in several health professionals contracting the virus and some losing their lives. Across the Ontario's LTC facilities, access and guidance on appropriate PPE varied substantially. Early on, some nurses were instructed not to wear masks because it would "scare the residents." Many nurses in LTC reported being provided with only one surgical mask per shift or worse, one mask to be re-used for several shifts. In many instances, masks were rationed by LTC management and locked away from frontline staff. Unlike in acute care settings, rarely did LTC nurses report being provided with a N95 respirator, even during a time when the method of virus transmission was unclear.

Over the past several months, the government has rightly taken proactive steps to create new supply chains for PPE. As we move into the fall, it will be essential that those supply chains are maintained and LTC staff and residents continue to access the supplies they need.

WeRPN recommends:

- Ensuring all staff and residents are provided with appropriate PPE on a priority basis.
- In instances where shortages occur in certain regions, additional measures should be taken to ensure LTC receives available supplies urgently.

7. Enabling More Residents to Age at Home

Increasing numbers of Ontarians identify that they would prefer to age in their homes for all long as possible. For those who are able, with the right support, home care can be a viable alternative to long-term care. Against the backdrop of the pandemic, the case for improving access to home care continues to grow. At home, older Ontarians were less likely to be exposed to COVID-19 than those who live in LTC.

As Ontario's demographics shift and our population ages, we will see increased pressures on our already strained LTC sector.

WeRPN recommends

- Enhancing access to home care to help alleviate the pressure on the LTC system, while enabling Ontarians who are able to do so, to remain in their homes for as long as possible.

Conclusion

To address the challenges in our LTC system, it is not enough to merely add more of any one category of staff. We must ensure we are adding the right care providers to meet the needs of residents. While the RN knowledge provides the required support for complex care needs, it is essential to recognize that RPNs are autonomous practitioners, knowledgeable and currently the largest number of registered staff in the LTC sector. At present, there are not enough RPNs in LTC facilities to leverage their expanded education or to enhance quality of care and the lives of older Ontarians. Likewise, the hands-on care of PSWs is crucial to foundational care needs. We have learned from the pandemic what can occur when there are not enough PSWs to provide nourishment, hygiene, or basic dignity for the most vulnerable.

The first wave of the COVID-19 pandemic ravaged Ontario LTC facilities across the province. To avoid similar tragedy and loss of life in the coming months, it is imperative that the government take immediate steps to protect vulnerable Ontarians who call LTC home. Given the long-standing and systemic issues that the sector has experienced for years, we recognize there is no silver bullet solution. What is clear is that the status quo is not acceptable. We urge the Commission to recommend the government to take swift and decisive action to address key priorities such as staffing, communication and infection prevention and control issues to ensure Ontario's LTC can respond to the challenges that lay ahead in the second wave.

About WeRPN

Founded in 1958, WeRPN is the voice of registered practical nursing in Ontario. There are approximately 50,000 RPNs working in Ontario, playing a vital role in the province's health care system. We are formerly RPNAO. Learn more at www.werpn.com.

Appendix 1: Proposed Staffing Mix to Meet the Needs of Ontario LTC Residents

WeRPN has examined the amount of care providers required per 24-hour day, based on each role and shift type for every 100 residents. The proposed WeRPN Model provides an adequate staffing increase for PSWs to ensure activities of daily living can be carried out, allows for optimization of knowledge for RPNs, and includes the role of the RN for when clinical situations become more complex. The model also includes 1 administrative role for either the RPN or RN in both the day and evening shift. Further details available in Appendix 2.

Table 1: WeRPN Proposed Staffing Model

Shift	Role	Current Model – Total Staff on Weekdays (24 hour day)	Current Model - Total Staff on Weekends (24 hour day)	WeRPN Model for Total Staff (24 hour day)
Days	RPNs	3	2	7
	RNs	2	2	1
	PSWs	14	14	17
	Administrative			1 (RN or RPN)
Evenings	RPNs	3	2	6
	RNs	1	1	1
	PSWs	8	8	10
	Administrative			1 (RN or RPN)
Nights	RPNs	1	1	3
	RNs	1	1	1
	PSWs	4	3	6
	Administrative			0
Total Staff Members per 24-hour day		37	34	54

Note: Shift calculations are based on 7.5 hour shifts.

Appendix 2: LTC Roles Descriptions

WeRPN believes it is essential to identify the right qualified staff and determine appropriate roles for different health professionals to best meet residents' needs. Below we have outlined the key roles that are essential to catalyze excellence in long-term care:

- PSW Clinical Role
- RN Clinical Role
- RPN Clinical Role
- RN/RPN Administrative Role

PSW Clinical Role

The PSW in the clinical setting provides care and support for resident quality of life through activities of daily living, and ensuring a safe living environment for residents. The PSW will participate in encouraging resident independence, and supporting their overall well-being.

Qualifications

Completion of a Personal Support Worker certification from an accredited provider. Experience and continuing education in gerontology preferred. Current First Aid/CPR Level C certification. BSO education required. GPA training required.

Skills

- Good communication and conflict management skills
- Advocacy for residents and staff
- Collaborative approach to care
- Professionalism
- Strong leadership skills

Duties

- Assists residents with their daily nutrition and personal care needs
- Monitor, encourage and assist resident with meals and nutritional requirements as identified in the resident's care plan.
- Ensures resident's quality of life is supported through the delivery of personal care, and social engagement
- Maintains a safe and tidy environment for residents in the care facility
- Reports any noted changes in a resident's health and well-being to the clinical RN or Clinical RPN, to ensure timely, more comprehensive assessments are completed, and interventions are initiated to achieve best outcomes for the resident
- Controlled acts where they are appropriately delegated by an RHP
- Engages in infection prevention and control practices with the team
- Participates in case conferencing, rounds and huddles for residents within the team's circle of care
- Participates as a member of the organizational accreditation team
- Engages in wellness and support activities with the resident to enhance overall well-being and joy in the resident's life

RPN Clinical Role

The clinical RPN provides nursing care to residents in a clinical capacity. The clinical role is accountable for a comprehensive daily assessment of residents in the practice setting and supports quality improvement, patient safety, for the resident, team and families. Using nursing knowledge and critical thinking synthesizes clinical assessment of resident status to identify strategies for enhancing nursing care and improving quality of life while acting as a role model for collaboration and resident centred care. Engages in quality improvement and patient safety for residents and their families.

Qualifications

RPN registered and in good standing with the College of Nurses of Ontario, experience and specialized education in gerontology preferred. CNA Gerontology designation an asset. Membership with professional association required. Current First Aid/CPR Level C certification. BSO education required. Baccalaureate degree in a related field is an asset. GPA training required.

Skills

- Good communication and conflict management skills
- Advocacy for residents and staff
- Mentoring to develop team
- Professionalism
- Collaborative approach to care
- Strong leadership skills

Duties

- Accountable for creating an environment of resident centred care
- Accountable for acting as a collaborative member of the team and acting as a role model for excellence in the care of older Ontarians
- Completes daily assessments of residents and synthesizes knowledge using critical thinking to ensure optimal nursing care
- Communicate changes to the team and escalates urgent and emergent issues to the Clinical RN and the administrative nurse, to ensure timely more comprehensive assessment are completed and interventions are initiated to achieve best outcomes for the resident
- Ensures resident care plans are implemented appropriately and serves as a lead role in the prioritization and division of resident care amongst the team
- Assists and supports residents with the implementation of care plan, assessing effectiveness of interventions and/or changing conditions in collaboration with the team and resident
- Provides nursing care to residents in collaboration with the team, including skin and wound care, foot care, nutritional risk assessments, palliative and end-of-life-care
- Uses a collaborative approach to coordinating and providing care with the goal of optimizing team resources to enhance quality of life for residents
- Accountable for appropriate medication administration for residents are required, including narcotic control, medication management and application of treatments and dressings, transcription of orders

- Delegation of controlled acts, in accordance to regulation
- Engages in infection prevention and control practices with the team
- Participates in care conferencing, rounds and huddles for residents within the team's circle of care
- Participates as a member of the organizational accreditation team
- Engages in activities with the resident that bring joy to the resident's life

RN Clinical Role

The clinical RN provides nursing care to residents in a clinical capacity. The clinical role is accountable for consultation and a comprehensive, focused assessment of changing resident condition in the day to day practice setting and supports quality improvement, patient safety, for the team, residents and families. Provides nursing care, including assisting residents with activities of daily living. Using nursing knowledge and critical thinking synthesizes clinical assessment of complexities to identify strategies for urgent/emergent situations while acting as a role model for collaboration and patient centred care. Engages in quality improvement and patient safety for residents and their families.

Qualifications

RN registered and in good standing with the College of Nurses of Ontario, experience and specialized education in gerontology preferred. CNA Gerontology designation an asset. Baccalaureate degree in nursing or other an asset. Membership with professional association required. Current First Aid/CPR Level C certification. BSO education required. Advanced gerontology education required. GPA training required.

Skills

- Good communication and conflict management skills
- Advocacy for residents and staff
- Mentoring to develop team
- Professionalism
- Collaborative approach to care
- Strong leadership skills
- Skilled in the provision of urgent and emergent nursing care

Duties

- Accountable for creating an environment of resident centred care
- Accountable for providing support to the team and acting as a role model for collaborative practice
- Leads the urgent/emergent assessment process for changing conditions that arise in day to day care
- Assists and supports residents with the implementation of care plans, assessing effectiveness of interventions in collaboration with the team and resident
- Provides nursing care to residents in collaboration with the team, including skin and wound care, foot care, nutritional risk assessments, palliative and end-of-life-care
- Uses a collaborative approach to coordinating care with the goal of optimizing resources to enhance quality of life for residents

- Accountable for appropriate medication administration for residents as required, including narcotic control, medication management and application of treatments and dressings, transcription of orders
- Ensures resident care plans are implemented appropriately and serves as a lead role in the prioritization and division of resident care amongst the team
- Delegation of controlled acts, in accordance to regulation
- Engages in infection prevention and control practices with the team
- Participates in care conferencing, rounds and huddles for residents within the team's circle of care
- Participates as a member of the organizational accreditation team
- Engages in activities with the resident that bring joy to the resident's life

RN/RPN Administrative Role

The Nurse Administrative role provides senior leadership and support to the nursing team and residents in an administrative capacity. The administrative role is accountable for day to day operations, quality improvement, risk management, patient safety, and acting as a role model demonstrating collaboration and patient centred care is a resource for the team. RNs and RPNs with advanced health-related degrees and specialized training have the appropriate knowledge and skills required for the nurse administrative role.

Qualifications

RN/RPN registered and in good standing with the College of Nurses of Ontario, credentials may include Certification with CNA- current Gerontology designation, Leadership Certificate, Infection Prevention and Control designation, Wound Care certification/designation, Baccalaureate degree preferred (nursing or other health-related). Membership with professional association required. Current First Aid/CPR Level C certification. BSO education required. GPA training required.

Skills

- Good communication and conflict management skills
- Advocacy for residents and staff
- Mentoring to develop team
- Professionalism
- Collaborative approach to care
- Able to lead with emotional intelligence

Duties

- Accountable for creating an environment of resident centred care
- Accountable for providing leadership to the team and acting as a role model for collaborative practice
- Leads the assessment process and team to create optimal quality of life care plans for residents
- Accountable for review and revision of care plans in collaboration with the team and resident
- Accountable for managing, assigning and developing staffing teams and anticipating needs to ensure safe practice and care

- Accountable for supporting and guiding new staff
- Ensures team meets the accountabilities of practice as outline by the CNO and accepted long-term care best practices, and provides guidance as required
- Supports the Director of Care with the development of organization guidelines, policies and procedures
- Supports the Director of Care and nursing staff with quality assurance learning plans, and PSWs with professional development plans
- Focusing on continual improvement in quality care adopts best practice standards using innovation and evidence
- Accountable to ensure Ministry of Long-term Care compliance standards are met to ensure continual delivery of high quality care
- Ensures all members of the team are meeting or surpassing professional standards of practice, MLTC guidelines, and best practices
- Has accountability for the oversight of infection prevention and control support
- Engages in leadership activities related to the organizational accreditation
- May include education for staff on delegation, changes to legislation, policy and procedures at the governmental, regulatory, and organizational levels
- May include the management of wound care
- May include RAI data collection
- May be required to engage in clinical practice as needed
- Engages in activities with the resident that bring joy to the resident's life