



# 2021 Budget Submission

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## **On the Front Lines of Care:**

### *Making Health Investments That Matter*

Nurses are the backbone of our health system. Every day, over 50,000 Registered Practical Nurses (RPNs) combine knowledge, skill, judgment, and passion to deliver excellent care in communities across the province. Whether working in hospitals, long-term care, mental health services, or home and community care, Ontario's RPNs are on the front lines, consistently demonstrating their commitment to providing the best possible care to their patients, residents, and clients. These dedicated nurses work diligently and, throughout the COVID-19 pandemic, at considerable personal risk to ensure that Ontarians continue to receive the care they need and deserve.

Over 95 per cent of RPNs are in direct practice, offering care at the bedside. As experts and advocates for our patients, RPNs bring a unique and valuable perspective to Ontario health care. We know what investments will do the most to improve patient care on the front lines, because we *are* the front lines.

As the voice of Ontario's RPNs, the Registered Practical Nurses Association of Ontario (WeRPN) is bringing this perspective to help the government to achieve its bold health transformation agenda, as well as to help Ontario in its ongoing fight against COVID-19. For over a year, RPNs have been at the forefront of the pandemic, helping to keep our communities safe, often at a significant personal and professional toll. We are committed to bringing their stories and experiences forward to government to ensure that in the months ahead, our recovery focuses on building a health system that responds to the needs of nurses and those in their care.

We support the government's commitment to building a better-integrated, patient-centered health system. The plan to accelerate the creation of new long-term care beds, giving colleges the ability to grant nursing degrees, the expansion of scope of practice for several health care providers including RPNs, the commitment to establish a minimum standard of care in long-term care and the ongoing development of a long-term care staffing strategy will all contribute to improving care and the patient experience, while also helping to end hallway health care.

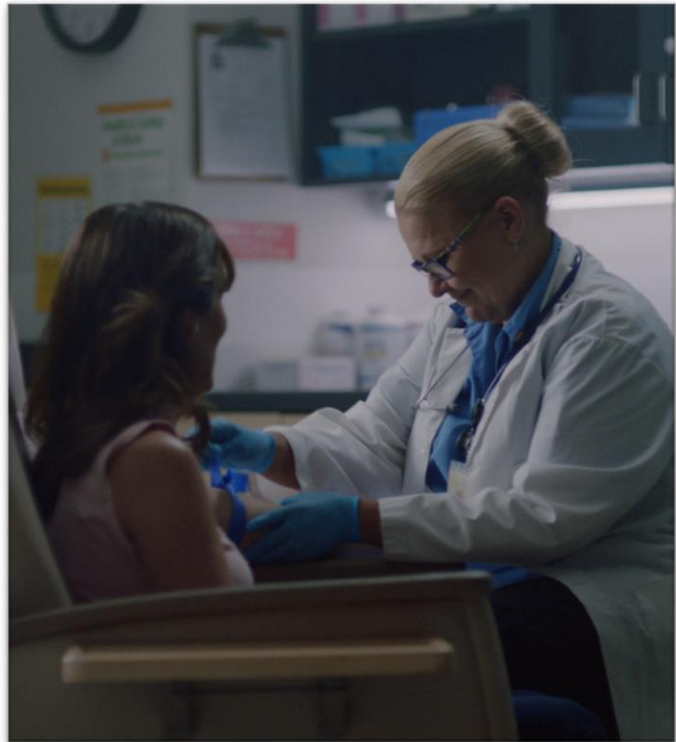
WeRPN is committed to working in partnership with nurses, patients, and government to push these plans forward and to continue to support and care for patients, residents, and clients in the fight against COVID-19. Above all, we know this will require a coordinated effort to recruit, retain and empower health providers so that patients can access the care they need. Our unique perspective and insight from the front lines will help government tackle this challenge head-on.

## Nurses Where We Need Them

In the years ahead, we know the pressures on our health system will only continue to grow. With an aging population and increasingly complex patient needs, we must make sure we have the right mix of health professionals to tackle the challenges of today and prepare for those of tomorrow.

During the first wave of the pandemic, we saw how long-standing staffing shortages contributed to challenges in managing the spread of the virus. This was particularly acute in our long-term care sector and was a significant contributing factor in determining how facilities fared in the face of COVID-19.

Right now, impending shortages of certain categories of nurses and other health workers continue to pose a significant threat to the future of health care in Ontario, as well as our current ability to tackle the second wave of COVID-19 and potential future pandemics. Further action is also needed to ensure that the government can achieve its goal of establishing a daily average of four hours of direct care for residents of long-term care homes.



While the number of RPNs in Ontario continues to grow each year, our province is currently experiencing a shortage of Registered Nurses (RNs) and Personal Support Workers (PSWs).

Government has already recognized the need and value of accelerating and expanding educational opportunities for frontline health care providers. Now it's time to take action to ensure we have a pipeline to generate the right mix of skilled health professionals to care for the people of Ontario. We have a willing supply of RPNs who are ready to help fill this gap. We need government to take action to maximize on this potential – with a low-cost, practical solution that will make sure we have nurses where we need them.

### **Recommendation 1:**

Support more RPNs to career ladder to RN roles by increasing the investment in the Nursing Education Initiative, administered by the Registered Practical Nurses Association of Ontario (WeRPN).

Ontario has a healthy and steady supply of RPNs, providing government with a ready opportunity to address the looming shortage of RNs by supporting RPNs to career ladder to RNs. As highly educated health professionals with experience working on the front lines in patient care teams, and younger on average than RNs, RPNs who wish to do so are well-placed to transition into the RN role with the right education and supports. Given their knowledge and clinical experience, an RPN only requires one bridge year and two regular academic years of education to transition to the RN role, as compared to the four years required for a high school graduate to complete a nursing degree. In addition, RPNs who make this transition bring a wealth of front-line knowledge and experience to the RN role, meaning better care for patients.

For years, WeRPN’s Nursing Education Initiative (NEI) has helped alleviate some of these financial barriers by offering grants to help offset the cost of this education. But there is an opportunity to do more.

Each year, WeRPN must decline on average over 800 eligible RPN applicants pursuing career laddering programs due to insufficient funding. This means that many RPNs who are eager to transition to the RN role, are unable to do so. This is a missed opportunity to help address Ontario’s nursing shortage. By investing to close the gap, the government can help grow the supply of nurses at a time when Ontario needs them most.

Currently, an average of \$600,000 per year is invested to provide financial assistance to RPNs pursuing career laddering programs. Assuming the maximum grant is provided, this supports roughly 400 RPNs. However, on average, 1.6M eligible applications are unfunded. WeRPN is proposing an additional investment of \$900,000 for a total of \$1.5M to support more RPNs to pursue this path (see Table 1). Through this additional investment, the government could support at minimum an *additional* 600 RPNs to transition to the RN role, which is critical to help grow Ontario’s health care workforce and address our nursing shortage.

*In a recent WeRPN survey, nearly **29% of Ontario RPNs indicated a desire to career ladder to the RN role, up from 18% in 2015.***

*Approximately **35% of RPNs face financial barriers to pursuing continuing education.***

**Table 1: Investment to Support Career Laddering**

Funding Category	Currently Funded	Eligible but Unfunded	Total Funding Requested to Close the Gap	Purpose and Outcomes
<b>RPN to RN Laddering</b>	\$ 0.60 MM	\$ 1.60 MM	<b>\$ 1.50 MM</b>	Career laddering to help address the RN shortage. Additional funding will support over 600 nurses to ladder to RN roles <sup>1</sup>

<sup>1</sup> Estimate based on current \$1,500 maximum funding per nurse.

For over a decade, the Registered Practical Nurses Association of Ontario has been a trusted government partner in administering the Nurses Education Initiative and supporting the government's goal to assist nurses in gaining new and updated skills that reflect the latest advances and best practices. This education translates into better care at the bedside.

There is a ready opportunity to leverage this investment and to do more. With a modest increase in annual funding, the government can support a new dedicated initiative to enable more RPNs who are interested in doing so to transition to the role of RN – and fill that supply gap by similarly growing more PSWs into RPNs.

*RNs earn higher salaries than RPNs and this translates to higher income taxes. Creating more opportunities for RPNs to career ladder to RNs therefore means increased tax returns to government, potentially over decades. A recent Conference Board of Canada report examining a similar initiative for training Internationally-Educated Nurses found that government earned an average of \$9 for every \$1 spent on bridging education to create new RNs – **that's an 800% return on investment.***

## Supporting Nurses to Gain Specialized Knowledge and Expertise



WeRPN's NEI is been a trusted resource for nurses seeking to expand their knowledge and skills to support patient, resident, and client care. Over the past three years, more than \$4M has been invested to support over 7,300 RPN applicants to complete continuing education. This granting program has catalyzed nurses across Ontario to enhance their knowledge and remain up to date on the latest practice advancement, ultimately resulting in better quality of care for patients. While the NEI continues to enable professional development, the fund has not been able to keep up with increasing demand. Over the same three years, the NEI has had to deny over 6,600 eligible applicants with requests totaling over \$3.6M due to insufficient funding.

Through the ongoing COVID-19 pandemic, we’ve learned just how critical it is for our frontline providers to have the latest education and specialized knowledge. As the complexity of patient care needs continue to grow, we need to ensure that Ontario’s nurses have access to continuing education to ensure they are equipped with the tools and skills to take on the challenges of not only today, but tomorrow.

The government will need a robust plan to enable a range of education approaches to meet health system needs into the future. The NEI offers an ideal mechanism for funding these approaches. Not only is WeRPN a strong and trusted organization with a track record of partnership with the government, the NEI is currently operational, flexible, and immediately scalable.

**Recommendation 2:**

Support more nurses to gain specialized education and knowledge to meet the needs of the health care system now and into the future by investing \$1M for continuing education through the Nursing Education Initiative, administered by the Registered Practical Nurses Association of Ontario (WeRPN).

WeRPN is requesting a modest additional investment to support RPN professional development. As outlined in Table 2, the NEI currently provides on average \$700,000 per year to support professional development. Given pressures on the fund, \$500,000 worth of eligible applications are unfunded. WeRPN is requesting an additional \$300,000 to help close this gap. This funding would enable at minimum 200 *additional* RPNs to receive specialized education in areas of high priority such as infection prevention and control or gerontology.

**Table 2: Investment in Professional Development to support specialized knowledge**

Funding Category	Currently Funded	Eligible but Unfunded	Total Funding Requested to Close the Gap	Purpose and Outcomes
<b>RPN Professional Development</b>	\$ 0.70 MM	\$ 0.50 MM	<b>\$ 1.00 MM</b>	Supporting specialization within the RPN role, in the most needed areas. Additional funding will allow over 200 RPNs/year to gain new knowledge & expertise to provide even better and specialized patient care <sup>2</sup>

<sup>2</sup> Calculation based on current NEI funding maximum of \$1,500 per nurse.

## Addressing the PSW Shortage

PSWs play an integral role in Ontario's health system and the ongoing fight against COVID-19. Each day, thousands of Ontarians rely on the support, hard work and dedication of PSWs working in hospitals, long-term care, and home and community care.

The job of PSWs is extremely demanding, resulting in high levels of stress and burn out. These pressures have only been further exacerbated by the ongoing COVID-19 pandemic. For many PSWs, there is no clear career trajectory and limited opportunities to further develop their skills. Increasingly, this has had an impact on the ability to recruit and retain PSWs across our health system, with many Ontario colleges seeing declining enrollment in their PSW programs and pervasive staff shortages in communities across the province. Even more alarmingly, more than half of all PSWs leave health care within five years.

Severe shortages of PSWs greatly impacts care for Ontarians, particularly residents of our long-term care homes. Addressing the shortage of PSWs is essential to our ability to successfully manage COVID-19 and prepare for potential future pandemics.

### **Recommendation 3:**

Invest one-time incremental funding of \$250,000, to be administered by the Registered Practical Nurses Association of Ontario (WeRPN) to retain PSWs by supporting new career pathways to nursing through career laddering.

Expanding opportunities for PSWs to career ladder to nursing, similarly to our proposal for RPNs, would offer a strong incentive for them to remain in the health workforce. Providing a clear and supported path for PSWs who are interested to become RPNs will help create new roads to career progression. It would help to grow the number of RPNs at the bedside in Ontario while, more crucially, making it easier to recruit and retain PSWs. It is one more incentive for taking on this very difficult but vitally important work.

One-time incremental funding of \$250,000 would enable the WeRPN to create a specialized investment stream to support opportunities for over 160 PSWs to career ladder to the RPN role. If successful, this investment could be made a permanent annual investment stream. To support greater retention of PSWs the government could tailor this program to applicants with a defined minimum number of years of experience to be eligible for funding (e.g., 3 years of PSW experience).

Given our institutional accountability and longstanding experience administering nursing grant programs, we are well positioned to manage this program effectively and efficiently, and such a program would naturally dovetail well with our proposed RPN-to-RN education initiative.



## Supporting the Mental Health of Our Frontline Nurses

Ontario nurses are struggling. Even before the pandemic, RPNs reported feeling overwhelmed and experiencing mental health challenges due to the challenging nature of their profession. COVID-19 has only further exacerbated those challenges, leaving many nurses feeling burnt-out, stressed, and facing high levels of anxiety.

In a recent survey conducted by WeRPN, 83 per cent of RPN respondents reported that their mental health has been adversely affected, with 64 per cent saying the pandemic has taken a significant or noticeable toll on them. Virtually all nurse respondents (96 per cent) felt their daily experience at work has become exponentially more stressful from the general impact of COVID-19. Many nurses also noted that while the pressures of their role continue to increase, they do not have adequate mental health supports available to them. Overall, 73 per cent agree they would benefit from more mental health support for the toll the job has taken on them. The impact of the pandemic has been so dramatic that 1 in 3 RPNs is now considering leaving the profession. Without further action, Ontario risks losing a significant number of nurses at a time when they need it most.



The long-term impact on nurses will be significant as they try to cope with the challenging realities they are facing on a daily basis. To ensure that the province’s nurses can continue to care for the Ontarians who need it, it is essential that we put in place new ways to support them.

**Recommendation 4:**

Invest in additional mental health services to support nurses and other frontline health care providers through the pandemic and recovery.

We recognize and appreciate the government’s investments in strengthening Ontario’s mental health system. But further action is needed. Right now, many nurses do not have adequate access to mental health supports, depending on their employer. For those who do have benefits, they often only cover a limited number of appointments with a mental health counsellor. We must ensure that our frontline nurses – those who have served tirelessly in the battle against COVID-19– have access to the mental health resources and supports they will need to endure and recover from this pandemic. Without it, we fear many RPNs will choose to leave the profession, further exacerbating Ontario’s existing nursing shortages at a time when we need them most.

*“We are exhausted mentally and physically and so many healthcare workers are talking about leaving the profession. We are definitely not paid near what we should be for what we endure”*

- RPN Survey Respondent

## **Expanding Access to Full Time Positions & Ensuring RPN are Fairly Compensated**

To ensure we have enough, and the right professionals on the front lines of care, we must also ensure our vital health care staff have access to full time roles and are compensated fairly, no matter where they provide care. Currently, compensation (e.g. wages, benefits, full-time positions) varies greatly between sectors, creating challenges in the ability to recruit and retain qualified staff in some sectors, such as long-term care and home and community care.

Adequate compensation remains a cause of concern for many RPNs. For years, RPNs have experienced significantly lower wages than their colleagues in different nursing categories such as registered nurses and nurse practitioners. RPNs have also historically been underemployed, having to pull together two or more-part time positions to achieve full time hours. WeRPN’s recent survey found that most respondents (86 per cent) did not feel they are fairly compensated for their roles as RPNs.



Since the onset of the pandemic, nearly one in three RPNs have faced financial hardship because of the necessary, but personally challenging policies restricting many nurses to one workplace. This has further compounded the stress many RPNs are facing and is driving many to consider alternate careers. Nurses who are considering leaving the profession cited wages as the top contributing factor.

At the end of 2020, the Ontario government announced a temporary pay increase for PSWs in recognition of their work during the pandemic and to aid retention efforts. No one knows the challenges that PSWs face better than the RPNs who work alongside them day-in and day-out – and RPNs believe their PSW colleagues should be fairly compensated for the work they do. Yet, RPNs face many of the same challenges – low wages, limited benefits, and part-time, precarious employment – but these dedicated nurses did not see their pay similarly increase.

*“There needs to be a comparable wage increase for RPNs in Ontario to better reflect the amount of knowledge, skill and judgement that we have”*

**- RPN Survey Respondent**

Failing to implement similar wage increases for RPNs has resulted in these nurses feeling under-supported and left behind at a time when their jobs have become more challenging than ever. It is critical that all our dedicated frontline health providers, including RPNs, are compensated fairly and in full recognition of the critical care they provide every day.

**Recommendation 5:**

Implement a temporary wage increase for RPNs and address existing compensation disparities between sectors to help recruit and retain qualified professions.

## **Building a Health Human Resource Strategy**

People are at the core of our health system. But right now, we don't have a comprehensive, system-wide understanding of the people power needed to care for patients, or a plan to keep our system running efficiently while delivering excellent care. This needs to change.

### **Recommendation 6:**

Work in partnership with health organizations and stakeholders to develop a robust long-term vision and strategy for health human resources to ensure we have enough, and the right professionals at the front lines of care.

We commend government's recent commitment to a long-term care staffing plan. This is a positive and critically needed step to start addressing health human resource gaps in one of our most challenged sectors. As government moves forward in this work, it will be vitally important to likewise establish a plan to address health human resources across other health sectors – and to integrate these plans in a way that benefits our whole system.

The initiatives noted in the previous pages are immediate actions that government can take to quickly address some of the critical gaps in our system, help Ontario in the fight against COVID-19, and help government in its ongoing commitment to tackle hallway health care. But these are just first steps. If we want to continue to build a 21<sup>st</sup>-century health system that responds to the needs of Ontarians, government needs to work in partnership with health stakeholders toward a comprehensive and integrated health human resources strategy.

## **Protecting Vulnerable Long-Term Care Residents**

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.

WeRPN applauds the government's commitment to achieve an average of four hours of daily direct care in long-term care by 2024-25. This commitment is much needed and, once achieved, will go a long way in ensuring that our seniors get the care they need and deserve.

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.

**Recommendation 7:**

Follow through on governments commitment to invest up to \$1.9B annually by 2024-25 to create more than 27,000 new positions in long-term care for PSWs, RPNs and RNs to meet resident needs.

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. In addition, 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 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.

**Recommendation 8:**

Establish a staffing mix that ensures long-term care residents receive a high quality of care provided by practitioners with the appropriate knowledge to effectively respond to the challenges of today's long-term care environment.

Leadership played a significant role in the care provided to residents in LTC during the pandemic. In many instances, facilities that fared worse 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 to future waves of COVID-19, and potential future pandemics.

**Recommendation 9:**

Develop specific supports to enhance capacity in long-term care leadership, such as analyzing and improving organizational care delivery processes, optimizing models of care, and leveraging health professionals' full scope.

Our long-term care home residents and the staff who care for them are among those who have been the most severely impacted by the COVID-19 pandemic. Addressing the gaps and challenges that contributed to these devastating impacts in our LTC homes will not only help as we continue to fight this pandemic but will help us build a better LTC system for the future – one that puts safety, dignity and quality at the heart of resident care.

## Enabling More Residents to Age at Home

Increasing numbers of Ontarians identify that they would prefer to age in their homes for as 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.

Even before the COVID-19 pandemic, Ontarians could expect to wait up to three to five years for a LTC bed. Waitlists have only grown due to the ongoing pandemic and the need for older homes to eliminate four-bed ward rooms to help contain the spread of the virus.

The impacts of COVID-19, coupled with pressures of an aging population in Ontario, means that the capacity pressures on our LTC homes are likely to be felt for years. Helping older Ontarians remain at home for as long as possible is not only the safest option to protect this vulnerable population from COVID-19, it will also help to ensure that capacity in our already strained LTC sector is available for those who need it most.

### **Recommendation 10:**

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



## Leveraging the Full Scope of Nurses' Expertise

Patients get the best care at the right time when health professionals are enabled and empowered to deliver the care they are educated to provide. Health professionals working in an integrated care team and to their full scope of expertise are fundamental to ensuring patients get the care they need, when they need it, and to providing patient-centered care. It also ensures we're making the best use of our precious health care dollars.

Ontario's health care system has been facing growing pressures for some time—pressures that are being further compounded by the ongoing COVID-19 pandemic. Now, more than ever, it is essential that we make sure all health professionals are putting their education and experience to best to use to ensure patients receive the timely and excellent care they deserve.

The Registered Practical Nurses Association of Ontario applauded the Ontario government's 2019 Budget commitment to move forward with modest changes to scope of practice for several health professions, including RPNs.

Over the past year, we worked closely with the College of Nurses of Ontario (CNO), who were tasked by the Minister of Health to bring forward regulatory amendments that would authorize RPNs to independently initiate the procedures including irrigating, probing, debriding, and packing of wounds or starting an intravenous in an emergency situation.

On September 17, 2020, the CNO approved these regulation changes. WeRPN was pleased to see the CNO move forward with these changes, which will improve patient care and the patient experience, and we look forward to continuing to work closely with the Ministry of Health and the CNO to ensure that these amendments are implemented in a manner that protects patient safety.

### **Recommendation 11:**

Enable RPNs to put their knowledge and experience to best use by implementing the regulatory changes to RPN scope of practice that have been approved by the College of Nurses of Ontario.

We are confident that giving RPNs the authority to initiate procedures they have the experience, expertise, and authorization to perform will ensure patients get the care they need faster and bring better value to our health system.

## Summary of Recommendations

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1. Support more RPNs to career ladder to RN roles by increasing the investment in the Nursing Education Initiative, administered by the Registered Practical Nurses Association of Ontario (WeRPN).
2. Support more nurses to gain specialized education and knowledge to meet the needs of the health care system now and into the future by investing \$1M for continuing education through the Nursing Education Initiative, administered by the Registered Practical Nurses Association of Ontario (WeRPN).
3. Invest one-time incremental funding of \$250,000, to be administered by the Registered Practical Nurses Association of Ontario (WeRPN) to retain PSWs by supporting new career pathways to nursing through career laddering.
4. Invest in additional mental health services to support nurses and other frontline health care providers through the pandemic and recovery
5. Implement a temporary wage increase for RPNs and address existing compensation disparities between sectors to help recruit and retain qualified professions.
6. Work in partnership with health organizations and stakeholders to develop a robust long-term vision and strategy for health human resources to ensure we have enough, and the right professionals at the front lines of care.
7. Follow through on governments commitment to invest up to \$1.9B annually by 2024-25 to create more than 27,000 new positions in long-term care for PSWs, RPNs and RNs to meet resident needs.
8. Establish a staffing mix that ensures long-term care residents receive a high quality of care provided by practitioners with the appropriate knowledge to effectively respond to the challenges of today's long-term care environment.
9. Develop specific supports to enhance capacity in long-term care leadership, such as analyzing and improving organizational care delivery processes, optimizing models of care, and leveraging health professionals' full scope.
10. Enhance access to home care to help alleviate pressures on the long-term care system, while enabling Ontarians who are able to do so to remain in their homes for as long as possible.
11. Enable RPNs to put their knowledge and experience to best use by implementing the regulatory changes to RPN scope of practice that have been approved by the College of Nurses of Ontario.