A better approach to long-term care in Ontario

All seniors in our province should live with dignity in an environment that fully meets their needs. With inadequate staffing and a flawed funding model, Ontario's long-term care homes are struggling to provide their residents with quality care in secure, safe and comfortable settings.

The *Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System* released its final report on July 31, 2019. The report identified a number of systemic issues threatening the quality of care offered in Ontario's long-term care homes. The report's 91 recommendations provide a detailed plan for long overdue improvements. RNAO urges the Minister of Long-Term Care to act on the following key recommendations:

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Recommendation #85

"The Ministry of Health and Long-Term Care should conduct a study to determine adequate levels of registered staff in long-term care (LTC) homes on each of the day, evening, and night shifts. The Minister of Health and Long-Term Care should table the study in the legislature by July 31, 2020. If the study shows that additional staffing is required for resident safety, LTC homes should receive a higher level of funding overall, with the additional funds to be placed in the nursing and personal care envelope."

Recommendation #20

"The Ministry of Health and Long-Term Care should encourage, recognize, and financially reward long-term care homes that have demonstrated improvements in the wellness and quality of life of their residents."

RNAO further recommends that savings resulting from the implementation of best practices and improved resident acuity be reinvested in measures to continue improving resident acuity.

Background

LTC homes provide care and a home for people – primarily seniors – with long-term health needs and/or cognitive impairments. This sector provides care to more than 115,000 people every year. There are 626 LTC homes in the province with over 79,000 beds. Of these homes, 58 per cent are for-profit and 42 per cent are not-for-profit.

Finite resources and increasing demands are straining Ontario's system of long-term care. There has been a sharp increase in resident complexity in recent years. Following changes to the admission criteria in 2010, people now come into LTC homes at a later stage of cognitive and physical impairment when their health is more complex, less stable and their care needs are higher. Nearly all residents have multiple chronic conditions (e.g. heart disease, diabetes, arthritis). About 90 per cent of LTC residents have cognitive impairment, including dementia, and about 80 per cent of residents with dementia have behavioural symptoms, including aggressive behaviour.

This issue is further compounded by Ontario's rapidly aging population. The number of Ontarians waiting for a bed in a LTC home grew by 45 per cent from 2015 to 2018. This includes Ontarians waiting in hospital beds. In 2018, 15.5 percent of hospital beds were occupied by patients waiting for care elsewhere. The median wait time for hospital patients waiting for a LTC bed was 94 days in 2018. Experts estimate the number of seniors aged 75 and older will double within the next 20 years. Without dramatic system changes, there will be a shortfall of 48,000 LTC beds over the next five years.

RNAO advocacy

In 2016, Elizabeth Wettlaufer admitted to the murder and attempted murder of numerous nursing home residents. In response, RNAO called for a public inquiry into the horrific killings. Throughout the course of the public inquiry, RNAO highlighted the systemic issues in Ontario's LTC sector that must be fixed to ensure that seniors are safe and secure. RNAO's closing submission outlined the critical changes required to improve staffing levels and mix, and fix the funding model.

RNAO on staffing

LTC homes need adequate staffing levels and an appropriate staffing mix to keep residents safe and healthy. However, the only legislated LTC staffing requirements in Ontario is a vague instruction for care *"to meet the assessed needs of residents"* and a minimum requirement of one registered nurse (RN) on duty at all times, regardless of the size of the home. There is no legislated minimum staffing ratio (the number of nursing home staff members compared to the number of residents), and no legislated requirements related to how much care residents receive on a daily basis (paid hours of care per resident per day).

RNAO believes the rapidly increasing complexity, acuity, and unpredictability of the LTC population means residents should be cared for by RNs. However, there is marked increase in the share of nursing and personal care employment held by RPNs and unregulated staff in Ontario's LTC homes. Currently, RNs (including NPs) represent slightly more than 10 per cent of the nursing and personal care employment in LTC homes while RPNs and PSWs account for 18 and 71 per cent, respectively.

The evidence is clear that RNs improve the quality of care in LTC homes. Research demonstrates that increasing RN staffing ratios in LTC homes reduces mortality, improves resident outcomes and lowers the probability of hospitalizations and associated health system costs. On the other hand, the absence of appropriate regulated staff within the home results in unnecessary hospital transfers and care.

Consequently, RNAO has long advocated for a model of care delivery in LTC homes based on the following staffing mix:

- 20 per cent RNs and NPs
- 25 per cent RPNs
- 55 per cent PSWs

This staffing mix assumes:

- One Attending Nurse Practitioner for every 120 residents
- At least four hours of nursing (NP, RN and RPN) and personal care per resident per day
- All regulated staff working to their full scope of practice with assistance from PSW
- A care model that assigns a primary nurse provider for each resident

This staffing model provides continuity of care, person-centred care and results in improved health outcomes.

RNAO welcomes the recommendation of the public inquiry to conduct a study to determine adequate levels of registered staff in LTC homes, and to table this study in legislature by July 31, 2020. RNAO is eager to begin and participate in this process, to inform the changes needed in LTC homes and calls on the government to immediately undertake recommendation #85 of the report.

RNAO on the funding model

As the complexity and level of care that residents require continues to increase, resident health and safety remains at risk unless funding meets their needs. The Ministry of Long-Term Care funds homes through four spending envelopes, only one of which – the Nursing and Personal Care (NPC) envelope – is variable. Funding in the NPC envelope goes up with the level of

resident complexity and care needs (known as patient “acuity”) as measured by the case-mix index (CMI).

This funding model is severely flawed, and needs to be modernized.

- **Disincentives to improve patient outcomes**: Under the current funding structure, there is a financial disincentive to improve patient outcomes. When evidence-based practices are implemented (e.g. RNAO’s BPGs and other resources available through our Long-Term Care Best Practices program) and resident problems are prevented or resolved, resident acuity decreases. While this is good for residents, the home’s CMI falls and funding in future years is decreased. In other words, the unintended and negative consequence of quality improvement is that LTC homes are financially penalized. This penalty acts as a disincentive to improve patient outcomes.
- **Gaps in funding coverage**: Funding is not provided for activities or conditions that are not captured in the resident assessment tool, including some preventative interventions. For example: if a resident is incontinent, funding is provided for incontinence care and supplies, but funding is not provided for the staff hours required to implement prompted toileting at regular intervals to reduce the frequency of incontinence. Similarly, the highest level of funding that can be provided for the responsive behaviours of residents with dementia is inadequate to cover the more costly and time-consuming interventions required for residents displaying severe or very severe aggressive behaviours.
- **Retroactive data used to determine current funding:** LTC homes receive funding based on retroactive data. For example: funding for 2018-19 was based on the case-mix data that was submitted at the end of the four quarters in 2016-17. Therefore, funding fails to keep pace with and account for actual resident acuity.

RNAO calls on the government to review and transform funding models in LTC to address complexity of resident care needs and health outcomes. LTC homes that decrease resident acuity (i.e. CMI) for providing quality, compassionate and evidence-based care should retain all funding so it can be reinvested in front-line staffing and/or programs for residents.

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