

Long Term Care

A Staffing Catastrophe

Two years from the initial onslaught of the pandemic we are in a crippling fifth wave of Covid-19. During the first two waves of the pandemic 4,000 long-term care residents in Ontario died needlessly. The very transmissible Omicron variant has led us to a far worse place than we were last year at this time. Surely it could have been better.

In 2020, long term care deaths in for-profit homes occurred at a rate of five times those in publicly owned homes and double those of non profits. All long-term care homes are supported by taxpayer money. That includes those that made millions of dollars in profit while their residents suffered the results of less direct care and fewer staff with lower pay. Resident care has been shown to be directly related to staffing levels.

RTOERO advocates for improved conditions in all long-term care homes and for improved staffing levels. To that end we are advocating for a national plan for long-term care homes with national standards and processes to ensure high levels of accountability. We are also declaring that all long-term care homes should be not-for-profit, focused on the care of residents and not profit making.

Long-term care legislation that promised much needed reform to the long-term care system was passed by the Ford government just before Christmas, 2021. It is disappointing legislation. The new legislation allows for more private ownership of long-term care homes. In fact, thousands of 30-year licenses for new long-term care beds are now being allocated to for-private long-term care companies, including the operators of homes where the Canadian military exposed horrendous neglect, suffering and death. Billions of dollars in public money will be going to private long-term care operators. Thus far, in Sault Ste. Marie just under half of all new beds have been allocated to a for-profit company. The new legislation does not improve staffing levels. It does propose to implement four hours of daily care as a "target", an average across homes by 2025. But because it is not legislated, it will not be enforceable. Unannounced annual quality inspections, necessary to ensure compliance to regulations, were discontinued.

For decades, many long-term care homes have been operating at critically low staffing levels. Now, due to the very transmissible Omicron variant, a growing number of frontline healthcare workers are sick, isolating, burnt out or have left

the profession. Staffing levels at long-term care homes in Ontario, including those in Sault Ste. Marie, are even lower than before the pandemic. Low staffing levels result in inadequate resident care. In many long-term care homes, the staff work beyond their 12-hour shifts, work double shifts, and go without vacations. The situation is so dire that several for-profit chains have issued emergency requests for family members to volunteer to provide care for residents other than their own family members. And this far into the pandemic, not all long-term care workers have been provided N95 masks. Some are not required to wear them. Those that are, do not always receive adequate training on how to use them.

As of January 13, 2022, approximately 75,000 long-term care residents have been in lockdown for a month. More and more residents are sick with Covid. Those who are not sick are also confined to their rooms. Residents are in decline from lack of personal care such as bathing, from dehydration and inadequate feeding, from bed sores, from isolation. Mental health issues are skyrocketing. Residents are spending day after day in their rooms without any interaction with other residents.

Health care advocates are proposing measures to address the severe staffing shortages.

Short term measures could include the immediate deployment of military teams to those facilities in crisis and the creation of rapid response teams composed of volunteer health care professionals from across the health care system. They could be deployed into those long-term care homes, hospitals, retirement homes and home care locations in need of crisis services. Doctors and nurses could be freed up from vaccination centres and replaced with other injection-qualified health-care professionals. The use of proper fit-tested PPE, enforced in all health care settings, would help control the spread of the virus and reduce staffing shortages. The accreditation of internationally trained and retired health care professionals could be fast-tracked and licensing fees waived.

In the longer term, advocates insist that critical staffing shortages that have existed for decades in long-term care, hospitals and home care must be addressed. According to the Ontario Health Coalition, "In long-term care alone, Ontario needs 21,500 full time equivalent PSWs and 15,500 RN/RPNs by 2025 to get care levels up to safety and open the scheduled new/redeveloped beds. There are currently 22,000 vacant RN positions in Ontario." As well as increasing the number of staff and the compensation they receive for their crucial work, training is important. Every patient deserves appropriate and compassionate care. Transparency from government and health care leaders would help the public to understand and respond appropriately to important

health care issues as they arise. And as our population ages, we need health care capacity that will meet population needs.

Solving the staffing crisis will require a huge investment of resources, people and ideas. Stable long-term funding is expensive but necessary. Valuable insight can come from frontline workers and from patients and their families who have been impacted.

For too long governments have allowed the situation to deteriorate. Now the stability and very existence of a quality health care system depends on immediate concrete action to address unprecedented, catastrophic staffing shortages.

Marie DellaVedova

Political Advocacy Representative,
District 3 Algoma, RTOERO