

ONTARIO NURSES' ASSOCIATION

SUBMISSION

ON

2022 PRE-BUDGET CONSULTATIONS

TO

STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

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ONTARIO NURSES' ASSOCIATION
85 Grenville Street, Suite 400
Toronto, ON M5S 3A2
Phone: (416) 964-8833
Web site: www.ona.org

Summary of ONA Recommendations for Ontario Budget 2022

ONA proposes the following recommendations for Ontario Budget 2022:

1. Keep existing nurses and health-care workers from leaving their profession by improving their working conditions and showing them respect:
 - Repeal Bill 124, wage suppression legislation, in order to improve retention and recruitment of registered nurses (RNs) in Ontario and restore the right to collective bargaining.
 - Repeal Bill 195, which allows employers to strip RNs of hard-won and constitutional contract rights outside of a state of emergency.
 - Guarantee access to N95s or a higher level of protection for all health-care workers, to protect them from airborne transmission of COVID-19. Fund made-in-Ontario personal protective equipment (PPE) to ensure a readily available supply.
 - Develop retention strategies to keep experienced nurses in their jobs and available for mentorship.
 - Implement 10 permanent paid sick days for all workers.
 - Fund wage parity with hospitals across all health sectors and create more full-time nursing positions to reach a minimum 70 per cent full-time.
 - Expand funding and access to mental health services, focusing on in-person psychological supports.
 - Sign the agreement with the federal government to ensure parents have access to \$10-a-day child care.
2. Bolster the health workforce and plan for the future:
 - Launch a robust recruitment strategy to bridge the RN care gap. For Ontario to reach the average RN-to-population staffing ratio in Canada, the province needs to hire at least 22,000 net new RNs to enable the appropriate and safe staffing of hospitals and in other sectors.
 - Increase the number of RN seats at Ontario universities and college standalone programs and ramp up the financial supports, including Ontario Student Assistance Program (OSAP) grants and stipends for clinical placements.
 - Expand bridging programs, in particular from RPN to RN, at publicly funded universities and colleges, including tuition support and stipends.
 - Fund new jobs for late-career and recently retired nurses to mentor and support nursing students and new nurses.
 - Improve working conditions to attract more workers.
3. On the SARS Commission recommendations:
 - Fully implement – and appropriately fund where necessary – the precautionary principle in all health-care facilities.

- Strengthen the independence of the Chief Medical Officer of Health (CMOH). Justice Campbell observed that the CMOH needs a “greater degree of actual and perceived independence from government.”
 - Make the CMOH accountable for provincial pandemic preparedness, which should include all sectors of the health-care system including long-term care. The CMOH must publicly report, on an annual basis, to the Legislature, on the state of Ontario’s public health emergency preparedness, and make recommendations to address any shortcomings. These plans should be carefully monitored and updated.
 - Stockpile three months’ supply of PPE for all health-care facilities in the province.
 - Empower Ministry of Labour (MOL) inspectors to properly investigate allegations of violations to the *Occupational Health and Safety Act*.
4. In hospitals:
- Permanently raise the annual funding escalator for Ontario hospitals and acute care facilities by a minimum of five per cent to meet estimated annual increases in cost pressures, pre-pandemic, with binding targets to eliminate hallway health care.
5. In public health:
- Permanently reverse the announced 2019 cuts and provincially fund public health programs and services at 100 per cent to ensure consistent service provision and resilience to outbreaks throughout the province. Develop a clear plan to ensure the recruitment and retention of front-line public health nurses.
6. In long-term care:
- Fast-track care levels to four hours of direct care by RNs, registered practical nurses (RPNs) and personal support workers (PSWs) per resident per day. This should be a minimum care standard set within each long-term care home not as a provincial or Ministry target.
 - Ensure a skill mix that is appropriate for resident care: 20 per cent of the four hours of direct care provided by RNs, 25 per cent by RPNs, 55 per cent by PSWs and one nurse practitioner (NP) for every 120 residents.
 - Phase out “for profit” long-term care homes within five years. New bed licenses should not be awarded to for-profit homes.
 - Repeal Bill 218 that shields long-term care owners and operators from liability for their negligence during the COVID-19 pandemic.
7. In home and community care:
- Protect the jobs and employment conditions of care coordinators and direct care staff currently employed in Home and Community Care Support Services (HCCSS) in the public sector.

- Stop privatization in home and community care to improve continuity of care for patients and address some of the root causes behind hospital overcrowding and hallway health care.
 - End the practice of competitive bidding among for-profit home care providers.
8. Tackle head on the growing epidemic of violence in health-care settings across Ontario by improving staffing levels and by fully implementing the recommendations in the *Workplace Violence Prevention in Health Care Progress Report*.
 9. Immediately reverse changes that allow surpluses in the Workplace Safety and Insurance Board (WSIB) Insurance Fund to be distributed over certain levels to businesses. Increase supports through WSIB for front-line and essential workers with COVID-related mental stress claims and claims from those suffering with long-haul, post-workplace COVID symptoms.

I. Introduction

The Ontario Nurses' Association (ONA) is the union representing more than 68,000 registered nurses (RNs) and health-care professionals, as well as over 18,000 nursing student affiliates, providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

ONA welcomes the opportunity to provide the Standing Committee on Finance and Economic Affairs with recommendations from the perspective of front-line nurses and health-care professionals with respect to our priorities for the 2022 Ontario Budget.

Foremost, the government must address the nursing shortage crisis. According to data from the Canadian Institute for Health Information (CIHI), Ontario has had the lowest RN-to-population ratio in Canada for years.¹ Decades of underfunding have left Ontario at least 22,000 nurses short – and the situation is only becoming worse with the Omicron variant.

Across all sectors, nurses and health-care professionals are facing crushing workloads, dangerous conditions, increased violence, endless shifts and overtime, and they are being denied time off they desperately need. The government's wage suppression legislation is fueling an exodus of nurses from the profession.

Nurses and health-care professionals are advocates for our patients, residents and clients. Our members are increasingly alarmed by what they see happening in Ontario's public health-care system. The government's failure to address the nursing shortage means that our members' patients, residents and clients are not getting the quality care that they need and deserve.

ONA's message is clear: Ontario's health-care system is on the brink of collapse. Without nurses, there is no health care.

Budget 2022 is an opportunity to change course. The COVID-19 pandemic has made it painfully obvious that Ontario's health-care sector and its broader economy are inextricably linked. As Finance Minister and President of the Treasury Board Peter Bethlenfalvy stated in Budget 2021, "without healthy people, you cannot have a healthy economy." Economists have become close observers of COVID-19 case counts and vaccine rollouts. They know that as goes the effort to flatten the curve, so goes the provincial economy.

In June 2021, the independent Financial Accountability Office of Ontario (FAO) made promising projections. Rising revenues are expected to help lower the budget deficit to \$11.1 billion in 2023-24 – that is \$7.6 billion less than the government projected for that year.² And for 2023-24, the FAO's revenue forecast is \$6.5 billion higher than the budget's projection.³ This is revenue that can go towards social programs that Ontarians depend on, like public health care.

Budget 2022 must prioritize urgent measures to ensure retention of nurses and health-care professionals and develop a sound plan to recruit thousands more. ONA's submission lays out solutions for the short, medium, and long term. Let's work together to address the nursing shortage crisis and strengthen Ontario's public health-care system. We have no time to waste.

II. Retention and Recruitment of Nurses

Ontario has the worst RN-to-population ratio in Canada. In plain language, this means that there are not enough experienced nurses to provide the health care that patients require and deserve. The latest data available from CIHI on RNs in Canada shows that Ontario had just 665 RNs per 100,000 Ontarians. Newfoundland and Labrador, by contrast, has the best ratio of all provinces with 1,097 RNs per 100,000 residents.⁴

Data from the College of Nurses of Ontario (CNO) shows that the number of RNs employed in nursing in Ontario continues to decline – from 76.3 per cent in 2003 to 65 per cent in 2021.⁵ Over the years, ONA has consistently raised that the replacement of RNs with RPNs combined with population growth and more demand from more complex patients is contributing to a shortage of RNs.

More recently, ONA has been sounding alarm bells about a growing exodus of nurses from the profession. The COVID-19 pandemic – combined with Bill 124 and other regressive legislation passed by government – has been the breaking point for many nurses. There has been a domino effect of unmanageable patient assignments, increased

overtime, extreme stress and burnout, in addition to managing health and safety protocols. Nurses are suffering, and as a result are leaving the profession.

This exodus of RNs is supported by internal survey data collected by ONA in the summer of 2021. We surveyed 628 ONA members who had recently exited their workplace. A review of the demographics of respondents indicates an alarming trend: the 30 to 39-year-old age bracket is leaving at 31.4 per cent of those who responded, while under 30 years is at 18 per cent. Combined, our youngest cohorts represent the highest percentage of those exiting at 49.4 per cent.⁶ By comparison, the 50 to 64-year-old age group is the next demographic exiting at 19 per cent.⁷ This survey data highlights the urgency of the situation. Further, the exodus of early and mid-career nurses, in particular, threatens the future of our public health-care system.

When survey respondents were asked to explain why they were leaving their profession, common themes emerged. These include: workload, the lack of work-life balance, wages and benefits, lack of respect and feeling valued, the disrespectful treatment of nurses by government and employers, and concerns about health and safety as well as mental and physical health.⁸ Government action is needed to respond to these key issues and keep skilled RNs in the profession.

Recent research reports further highlight key factors behind the exodus of nurses from the profession. For example, an October 2021 report from Ontario's COVID-19 Science Advisory Table focuses on burnout among hospital workers.⁹ The group says similar problems exist in other areas of health, such as long-term care and public health. Notably, the report finds that burnout was a significant problem in health care before the pandemic, but it has since reached levels that "pose a threat to maintaining a functioning health-care workforce."¹⁰

The report found that "a marked and sustained increase in burnout is likely to lead health-care professionals to seek work that involves less direct patient contact, shorter or more predictable hours, or to leave the profession altogether."¹¹ Notably, the advisors say that interventions must target those most at risk, including nurses, intensive care unit and emergency department staff, women, recent graduates and trainees.¹²

Among the most important factors for dealing with burnout, they recommend "adequate staffing through ongoing evaluation of workload, including mitigation of data entry and administrative burdens, efforts to reduce overtime and avoid long shifts, and staff deployment in areas where they lack training." Additional recommendations include bringing in more new graduates and retaining current staff with financial compensation and building supportive workplaces.¹³

ONA is presenting our recommendations for Budget 2022 to take immediate action to help retain knowledgeable and experienced nurses and health-care professionals:

- Repeal Bill 124, wage suppression legislation, to improve retention and recruitment of RNs in Ontario and restore the right to collective bargaining.
- Repeal Bill 195, which allows employers to strip RNs of hard-won and constitutional contract rights outside of a state of emergency.
- Guarantee access to N95s or a higher level of protection for all health-care workers to protect them from airborne transmission of COVID-19. Fund made-in-Ontario PPE.
- Develop retention strategies to keep experienced nurses in their jobs. End team nursing and ensure proper skill mix so patients, residents and clients have access to the right care, in the right place, at the right time, by the right provider for the level of acuity.
- Implement 10 permanent paid sick days for all workers.
- Fund wage parity with hospitals across all health sectors and create more full-time nursing positions to a minimum 70 per cent full-time.
- Expand funding and access to mental health services, focusing on in-person psychological supports.
- Sign the agreement with the federal government to ensure parents have access to \$10-a-day child care. ONA members note the importance of access to non-standard hours child care services.

ONA's recommendations to bolster the health workforce and plan for the future include the following:

- Launch a robust recruitment strategy to bridge the RN care gap. For Ontario to reach the average RN to population staffing ratio in Canada, the province needs to hire at least 22,000 net new RNs to enable the appropriate staffing of hospitals and in other sectors.
- Increase the number of RN seats at Ontario universities and college standalone programs and ramp up the financial supports, including OSAP grants and stipends for clinical placements.
- Expand bridging programs, in particular from RPN to RN, at publicly funded universities and colleges, including tuition support and stipends.
- Fund new jobs for late-career and recently retired nurses to mentor and support nursing students and new nurses.
- Improve working conditions to attract more workers.

Budget 2022 is an opportunity for the government to present and fund a detailed plan to ensure that Ontario can recruit and retain nurses and health-care professionals. Without them, our system will fail.

III. Full funding and implementation of the recommendations from the SARS Commission

As the Ontario government picks through the avalanche of lessons from the COVID-19 pandemic, we must not lose sight of the lessons learned from the previous pandemic: SARS. Ontario was the North American front line against SARS in 2003 and much was gleaned from this dress rehearsal. Justice Archie Campbell's Inquiry into Ontario's handling of the virus provided a blueprint for the province's pandemic preparations.

Justice Campbell famously said, "If we do not learn from SARS and we do not make the government fix the problems that remain, we will pay a terrible price in the next pandemic."¹⁴ Unfortunately, many of the crucial recommendations authored by the SARS Commission in 2006 were not effectively implemented in the intervening years, leaving Ontario unnecessarily vulnerable to COVID-19.¹⁵ Ontarians have indeed paid a terrible price.

Notably, Justice Campbell observed that "what we need is a system with clear lines of authority and accountability to prepare us better for the next infectious outbreak." He also spoke about ensuring advance planning requiring the resources of people and equipment. "Examples are surge capacity for human resources and medical equipment [...]"¹⁶ Yet going into the COVID-19 pandemic, Ontario had an outdated plan that did not reflect current organizational structure or state of oversight of the health system, including that the plan did not reflect the creation of Ontario Health or the removal of long-term care from the portfolio of the Ministry of Health.

ONA's submission to Ontario's Long-Term Care COVID-19 Commission presented our recommendations for immediate action to help mitigate the ongoing tragedy in the LTC sector on the basis of the SARS Commission recommendations.¹⁷ These recommendations can and should be applied broadly to the entire health-care system, as well:

1. The precautionary principle, established by the SARS Commission as a fundamental aspect of worker health and safety, must guide the development, implementation and monitoring of measures, procedures, guidelines, processes and systems to ensure worker health and safety.
2. Empower MOL inspectors to properly investigate allegations of *Occupational Health and Safety Act (OHSA)* violations and unsafe workplaces, as recommended by the SARS Commission:
 - This should include a proactive inspection blitz in long-term care homes and other health-care settings, including Resident Quality Inspections (RQI) inspections (Note: the SARS commission recommended that "in any future infectious disease outbreak, the MOL take a proactive approach throughout the outbreak to ensure

that health-care workers are protected in a manner that is consistent with worker safety laws, regulations, guidelines and best practices.”)

3. Strengthen the independence of the CMOH. Justice Campbell observed that the CMOH needs a “greater degree of actual and perceived independence from government.”
4. Make the CMOH accountable for provincial pandemic preparedness, which should include all sectors of the health-care system including long-term care. The CMOH must publicly report, on an annual basis, to the Legislature, on the state of Ontario’s public health emergency preparedness, and make recommendations to address any shortcomings. These plans should be carefully monitored and updated.
5. Stockpile a three-month supply of PPE for every health-care facility in the province, including gloves, gowns, goggles, face shields, surgical masks and NIOSH-approved fit-tested N95 respirators (or equivalent or better). This is a standard policy in Hong Kong, which also dealt with SARS and has had enormous success in curbing the airborne spread of COVID-19.
 - Ensure PPE is readily accessible to all health-care professionals and staff in health-care facilities that need them.
 - Ensure fit-testing for all staff for NIOSH-approved N95s and other respirators.
6. Facilities should provide weekly updates on the supply of PPE during a pandemic to the Joint Health and Safety Committee (JHSC) and the workplace trade unions.

Ontario’s utter failure to learn from the lives lost during the SARS pandemic and disregard for the safety of those who have been on the front lines for their patients has contributed to the current nursing shortage in this province. There must be full funding and implementation of the SARS recommendations immediately to ensure that we are never caught unprepared again.

IV. Hospital Sector

The challenges facing Ontario’s hospital sector were widely known across this province before the pandemic struck. Few Ontarians are unaware of hallway health care, overcrowding and understaffing in hospitals. And once COVID-19 arrived, Ontario’s hospitals continue to provide some of the most obvious and glaring examples of government inaction on the nursing shortage.

In recent months, we’ve seen hospitals implementing Code Orange policies – typically called when there is an unforeseen disaster – to deal with the nursing shortage. ONA’s position is that this is an abuse. The nursing shortage is not new, nor is it unforeseen.¹⁸

Hospital emergency rooms and other units like labour and delivery are closing their doors because they can’t staff with appropriate numbers of RNs.¹⁹²⁰²¹ Ambulances are waiting at hospitals – and patients are stuck on stretchers – because nurses are working short-

staffed and cannot offload patients. As many as 10,000 surgeries and procedures a week are being cancelled to deal with the latest variant. For our patients, the impact is longer wait times, cancelled surgeries and procedures, and a higher risk of suffering complications or even death.

ONA has also been raising concerns about team-based nursing in hospitals, an unsafe model of care that is being used increasingly due to the nursing shortage. “Team-based nursing” is defined as an RN leading a team of staff with different categories of care providers – such as RPNs and PSWs – to care for multiple patients simultaneously. In this model the RN “supervises” the other staff and performs direct patient care. Some of the staff may be unregulated health-care professionals who can only perform task-based interventions under the direction and supervision of an RN.

Team-based nursing differs from situations where nurses perform primary care and work collaboratively in an interdisciplinary team. In a team-based nursing model, care providers are not assigned specific individual patients, but each care provider (RPN or PSW) is assigned a series of care tasks in the overall care of patients. No one nurse is fully responsible for specific individual patients, increasing the risk of not receiving one-to-one primary care, and increased risk of missed assessment, monitoring and medical interventions. This can result in missed care, treatments or medications, errors and miscommunication.

An extreme example is Southlake Hospital where they have adopted a plan for team-based nursing in the Intensive Care Unit. RNs and Registered Respiratory Therapists (RRTs) have been speaking out against this proposed plan. The level of care that critically ill patients must have in an ICU is a 1:1 RN-to-patient ratio. Anything less costs patients’ lives.²² ONA is calling for an end to team-based nursing. It is another example of dangerous practice conditions that are pushing nurses and health-care professionals out of the profession.

Budget 2022 must ensure these conditions in hospitals are not the “new normal”. While COVID-19 has forced the government to reverse course on its planned spending restraint, financial pressures on the health system remain. The independent FAO found in June 2021 that, excluding temporary COVID-19 funds, planned program spending in the health sector is not enough to keep up with normal pressures (inflation, population growth and the health challenges of an aging population).²³ FAO says there must be *at least* 4.4-per-cent growth to maintain services.²⁴

For Budget 2022, ONA urges the government to look inward to find ways to raise revenues. Analysis from the Canadian Centre for Policy Alternatives shows the province is reducing its own revenues by at least \$5 billion a year through a variety of tax cuts

since 2018.²⁵ This is funding that could and should go towards retention and recruitment strategies for nurses and health-care professionals to build system capacity.

As the Ontario government joins with other provinces in demanding federal health transfers to the provinces be raised by a minimum annual escalator of at least 5 per cent to meet cost pressures, ONA believes it is appropriate for the provincial government to deliver at least the same annual escalator to hospitals. Budget 2022 must deliver sustainable funding for health care that is tied to inflation and other cost pressures over the short, medium and long-term. We cannot go back to how things were for many years.

V. Public Health and Public Health Nurses

The COVID-19 pandemic has demonstrated to all Ontarians the critical role that public health and public health nurses play in the pandemic response. From contact tracing, to public education, to infection control and the vaccination roll-out, the vital work of public health nurses has never been more apparent in the everyday lives of Ontarians.

Most public health nurses in the province are members of ONA. Our members report that they can't keep up with COVID-19 contract tracing and vaccinations, never mind their regular day-to-day duties that keep all Ontarians safe. In December, ONA expressed grave concerns following Premier Ford's plea for volunteers to assist with staffing COVID-19 immunization clinics. In addition to our concerns around fair compensation and liability, the fact remains that vaccination is a specialization of public health nurses²⁶

Beyond COVID-19, public health nurses also specialize in countless other areas preventing disease and supporting the health and well-being of Ontarians. Every day, public health nurses work to improve people's health through various programs – from smoking cessation programs to programs for newborn babies and their moms learning to breastfeed to sexual health counseling – to name a few. The ongoing opioid crisis is an emergency of major importance to public health.

ONA is calling on the government to substantially increase public health funding in Budget 2022. The government must prioritize building capacity in public health, including hiring more public health nurses, to return and stabilize routine health protection and promotion activities within our communities.

Back in 2019, ONA opposed the provincial funding cuts to public health services, arguing, among other things, that it would weaken the province's ability to respond quickly to new communicable diseases. This prediction proved to be correct. The funding cuts to the municipal boards of health simply downloaded the cost pressures to jurisdictions with more limited revenue tools.

In the context of the pandemic, there have been temporary injections of funding to public health units to support a robust response to local incidences and outbreaks of COVID-19, however the government has not committed to a complete reversal of the previously planned yearly cuts. Budget 2022 must increase funding for public health programs to 100 per cent, to ensure consistent service provision everywhere throughout the province. Access to public health services in our communities saves lives.

While the government's larger public health restructuring process has been put on hold during the pandemic, ONA remains concerned about the impact of any restructuring on public funding, retention of public health nurses and locally-based service delivery for marginalized and vulnerable populations across Ontario. Front-line public health nurses want to be involved in consultations, especially with respect to client services. We continue to offer our assistance and urge government to ensure full consultation and collaboration with front-line stakeholders once this process restarts.

VI. Care Coordinators and Home Care

ONA represents thousands of workers, including care coordinators and direct care teams, who play a vital role in the continuum of home care for patients. Care coordinators are regulated and/or registered health-care professionals. They help patients navigate the health-care system, a role that requires many years of experience and extensive knowledge of local health care and support services.

Our members report that due to the COVID-19 pandemic, cases are more complex, and patients are more frail and sick than ever before. Patients are being discharged from hospital at times more quickly and often without a plan in place. Care coordinators must act quickly to ensure a care plan, services, medical equipment, medication and supplies will be in place to avoid rehospitalization. As the government undertakes yet another round of restructuring in this sector, our members are concerned about the potential for significant destabilization, which will compromise care for their patients and clients.

In 2020, the government adopted Bill 175, the *Connecting People to Home and Community Care Act, 2020*, which paved the way to the complete restructuring of home care to the Ontario Health Teams (OHTs). The year 2021 saw the Local Health Integration Networks (LHIN) system change its mandate and business name to Home and Community Care Support Services (HCCSS). Restructuring continues and ONA members still do not have clarity or certainty with respect to the government's plan to support the transition to OHTs.

ONA has spoken out at every stage of Bill 175, including both the legislative and regulatory components.²⁷²⁸ As ONA has communicated to the government on many occasions, it is essential that the positions of care coordinators and direct service teams

be enhanced, not cut, during this health-care restructuring process. If the government is serious about meaningfully improving the quality and continuum of care at home, the jobs and specialization of ONA members must remain in the public sector. Quality home and community care must remain public and available to all Ontarians.

Our recommendation is that the government maintain four to five independent agencies that function as an umbrella agency for home care services.²⁹ These would remain Crown Corporations, funded publicly by the Ministry of Health, providing the patient-care services formerly supplied by the LHINs. This would allow for care coordinators and direct-care staff to remain independent, at arm's length from the service providers, profit and rationed funding. In addition, it would allow for continued consistency, structured support for the care coordinators and standardized oversight of care regardless of location in the province.

In ONA's view, it is chaotic to vision the care coordinator role moving to OHTs. We do not see any ability to ensure consistency with respect to available services or access to health service providers (HSPs) when there is a potential for there to be more than 80 OHTs. What are the provincial requirements for care coordinators? Who will monitor this?

Some of the approved OHTs have more than 100 partners that do not cover all potential services that may be required in any given geographical area. Huge portions of the province remain without approved OHTs. Indigenous services are limited with no clear plan to integrate such services into any OHTs. Few OHTs have home care services as one of the named partners. It is difficult to see how care will be seamless in all areas of the province with the same levels of care no matter where one resides.

Another concern is that Bill 175 opens the door to privatization and a growth in the footprint of profit-making in the home-care sector. In particular, the legislation and proposed regulations facilitate the expansion of for-profit HSPs to manage care coordination. This means an expansion of the market for home care corporations, rewarding companies with a history of lower pay, worse working conditions and lesser quality of care.

Shifting care coordination to private corporations also risks two outcomes. First, care coordinators may opt to exit the field if working conditions, contracts and pensions are jeopardized. Second, shifting the assessment work of care coordinators to the for-profit home care agencies creates the conditions for a costly conflict of interest. Empowering a profit-making service provider to order the services they themselves provide, and then charge the government or the client, removes a check on the system and exposes it to abuse. Budget 2022 should repeal these provisions in Bill 175.

For years, ONA has advocated for the integration of care coordination and home-care delivery under a single public employer. We believe that eliminating the Request for

Proposal (RFP) system, the management of contracts and all for-profit care delivery in home care, will provide savings that can go to fund care rather than public funding going to private profits. The savings from managing the RFPs could be redirected to provide home-care staff with good jobs – full-time jobs with competitive wages and benefits. This is an essential strategy for both recruitment and retention in this sector.

VII. Systemic Change in Long-Term Care

All Ontarians have now born witness to a grave humanitarian crisis in long-term care. Nearly 4,000 residents and 13 health-care workers have died during the COVID-19 pandemic. Cumulatively, over 20,000 residents have been infected and over 9,000 health-care workers and staff.³⁰ Systemic change is desperately needed.

ONA represents RNs in approximately 314 long-term care facilities across Ontario. For decades, we have been outspoken advocates for improvements in long-term care – particularly concerning understaffing and underfunding. We also advocate for the phasing-out of privatization in this sector.

Currently, the staffing levels in long-term care are lower than ever. Without staffing, there is no care for residents. This is especially true of RN staffing, because residents have increasingly complex and chronic conditions. Many of our members in non-profit homes have had their wages cut by this government's Bill 124, fueling an even worse retention crisis. Budget 2022 must address the staffing crisis in long-term care.

In November 2021, ONA spoke out about recent changes in Bill 37, *Providing More Care, Protecting Seniors, and Building More Beds Act, 2021*.³¹ We support the government's commitment to four hours of direct care by nurses and PSWs per resident per day, but this should be a minimum care standard set *within each long-term care home*, not as a provincial or Ministry target.³²

Bill 37 failed to legislate an appropriate skill mix. ONA's recommends: 20 per cent of the four hours of direct care provided by RNs, 25 per cent by RPNs and 55 per cent by PSWs, and one NP for every 120 residents.³³ The Final Report of the COVID-19 Long-Term Care Commission echoed ONA's skill-mix recommendations in recommendations #44 and #46.³⁴ The Commission stated it is a reasonable mix considering the acuity level of long-term care residents, particularly the continuing decline of mental cognition. The Commission also emphasized that more registered nursing staff are required in the long-term care sector.³⁵

Budget 2022 must demonstrate the government has learned the lessons from COVID-19. It is known that the lack of wage parity was undoubtedly a factor contributing to the extra challenges with staffing experienced by long-term care homes, in particular the for-

profit homes. The COVID-19 Long-Term Care Commission heard from staff that the decision regarding which home to work at during the pandemic was influenced by salary.³⁶ Further, the pandemic has highlighted the degree to which homes rely largely on part-time staff, who work in more than one facility and could risk serving as a vector of spreading infection. ONA recommends wage parity across sectors and an increase in full-time positions, with benefits to recruit and retain staff.

Finally, ONA opposed measures in Bill 37 that may lead to greater privatization in the sector. Previously, the preamble of the *Long-Term Care Homes Act, 2007* (now the *Fixing Long-Term Care Act, 2021*) stated a commitment “to the promotion of the delivery of long-term care home services by not-for-profit organizations.” Bill 37 watered down this commitment by inserted the words “and mission driven”.³⁷ “Mission driven” is not defined and could mean anything. ONA’s recommends the previous language should remain, outlining a clear commitment to not-for-profit long-term care. This is significant as the preamble is the lens by which the entire *Act* is interpreted.

Ultimately, ONA’s position is that for-profit homes must be eliminated in the long-term care sector. For years, research suggested that not all homes were created equal, that for-profit homes tended “to deliver inferior care across a variety of outcome and process measures.” Due to their very nature, which requires an accountability to shareholders, for-profit homes do not use all public funds to support resident care, but instead take funds from the “other accommodation” envelope as profit.³⁸

ONA is not aware of any research that concludes there is any particular benefit for residents to live in a for-profit home. Multiple reports and studies paint a damning portrait of the performance of for-profit homes during the pandemic. For instance, Dr. Nathan Stall published a paper in July 2020 studying outbreaks during the First Wave. He concluded that while the risk of having an outbreak in a long-term care home was not directly related to the home’s for-profit status, there was evidence “that for-profit long-term care homes have larger COVID-19 outbreaks and more deaths of residents from COVID-19 than non-profit and municipal homes.”³⁹

In addition, a January 2021 report from the government’s COVID-19 Science Advisory Table concluded that for-profit homes had outbreaks with “nearly twice as many residents infected” and “78 per cent more resident deaths” compared to non-profit homes.⁴⁰

ONA is urging the provincial government to begin phasing out for-profit homes. New bed licenses should not be awarded to for-profit homes. The provincial government owes it to the memory of the nearly 4,000 residents and 13 health-care workers who have died thus far in the long-term care sector to ensure systemic change beginning now.

VIII. Ending Violence in Health Care

Pervasive workplace violence continues to take a punishing toll on the mental and physical well-being of nurses and health-care professionals. Each day, nurses and health-care workers face violence from their patients or their families as well as – sometimes – co-workers. Rates of violence have increased during the pandemic. It is a symptom of a health-care system that is under-resourced and under stress. This is unacceptable. Prior to the pandemic, violent incidents causing lost-time injuries for nurses in Ontario have risen 27 per cent in a recent four-year span.⁴¹

A recent Freedom of Information request from ONA to WSIB revealed staggering statistics about workplace violence in health care. In 2020 alone, there were 1,010 accepted WSIB lost time claims for workplace violence. This is an increase of 21 per cent since 2016. Health-care workers missed more than 266 years (or 97,201 days) of work because of workplace violence and harassment. More than \$24,513,100 was paid out in benefits by the WSIB because of workplace violence. To put these staggering numbers into context, we know that workplace violence and harassment still remains grossly under-reported because of a number of factors including the time-consuming reporting process; WSIB benefits are less than sick benefits in most workplaces, fear of reprisal or blame of the worker, lack of supervisor support and the belief that reporting will not lead to positive change.

Recently, the federal government passed and implemented an amendment to the *Criminal Code* for the courts to consider – for sentencing – when an assault victim is a health-care worker, as an aggravating circumstance.⁴² This change is the result of years of advocacy by nurses' unions across the country, including ONA. It is an important step towards reaffirming that violence is not part of the job.

The provincial government also has a responsibility to protect front-line nurses and health-care workers from violence on the job. ONA reiterates our recommendations from last year's pre-budget submission.⁴³ It is crucial that the Ontario government confront the chronic understaffing in health-care settings across the province by fully implementing the recommendations from the 2017 *Workplace Violence Prevention in Health-care Progress Report*. Regrettably, according to the 2019 Auditor General report, as few as 10 per cent of the recommendations had been fully implemented in the last three years. No update was included in the 2021 Auditor General report.

Ontario owes so much to our front-line nurses and health-care professionals as they continue to risk their health to save lives every day. Guaranteeing their health and safety, including ending workplace violence, must be a top priority.

IX. Supporting Injured Workers

At a time when Ontarians are emerging from the most impactful global health crisis in recent memory, the WSIB has a vital role to play in the compensation and rehabilitation of the many front-line workers who have sustained mental and physical illness arising out of the pandemic. This is in addition to the WSIB's everyday responsibility to injured workers.

ONA advocated against Schedule 6 of the government's Bill 27, the *Working for Workers Act, 2021*, which allows surpluses in the WSIB Insurance Fund to be distributed over certain levels to support businesses to cope with the impacts of COVID-19.⁴⁴ As ONA made clear in our submission, the idea that a surplus exists in the insurance fund is a fallacy. The idea that the WSIB should be permitted to funnel any surplus to employers is offensive. There is no "extra" money for the WSIB to reallocate to employers.⁴⁵ Budget 2022 must reverse these changes immediately.

As previously mentioned, of particular concern to ONA are the staggering statistics of workplace violence incidents happening in our members' workplaces. WSIB benefits are less than sick benefits in most workplaces. In the pandemic context, we have seen an increase in COVID-related mental stress claims and claims from those suffering with long-haul, post-workplace COVID-19 symptoms. The government's COVID-19 Science Table has issued reports both on *Burnout in Hospital-Based Healthcare Workers*⁴⁶ and on *Understanding the Post COVID-19 Condition (Long COVID) and the Expected Burden for Ontario*.⁴⁷ Both reports shed light on risk factors that impact the health-care workforce. Essential and front-line health-care workers need more support, treatment and psychological intervention.

Less money in the general fund as a cost saving measure for employers will continue to encourage the WSIB's practices of poor decision making at operations and appeals, and poorly investigating claims rather than remedying these chronic issues that act as barriers to recovery for many Ontarians. Budget 2022 must reverse the regressive changes in Bill 27 and give all injured workers the help and support they need. With the transition to new leadership at WSIB, now is the time to act.

X. Conclusion

As the provincial government and the Minister of Finance make choices for Budget 2022, Ontario nurses ask that the government pay close attention to the costs of inaction.

Ontario's critical nurse shortage must be met with a meaningful show of support to ensure retention of nurses and health-care professionals and to develop a funded plan to recruit

thousands more. This is the only way to ensure high quality patient, resident and client care during the current pandemic and into the future.

The Ontario Nurses' Association and our 68,000 members are committed to working in partnership with government to build a quality and responsive public health-care system for all Ontarians. We are here to help and to advocate for our patients.

Endnotes

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