Submission to the Standing Committee on Legislative Assembly

November 23, 2021

Waterloo Region Health Coalition
Protecting public healthcare for all.

Jim Stewart, Co-Chair
Waterloo Region Health Coalition
72 Roslin Ave. S.
Waterloo, ON N2l 2H1
519 588 5841

waterlooregionhealthcoalition@gmail.com
www.ontariohealthcoalition.ca

Our Vision

The Waterloo Region Health Coalition (WRHC) was established to build a coalition of non-partisan individuals and organizations across Waterloo Region that are focused upon protecting our public health care system from threats such as cuts, delisting and privatization. We provide our members, member organizations and citizens across the region with information about our health care system, its programs and services, and aim to strengthen our public health system.

We are focused upon the principles of the Canada Health Act: universality; comprehensiveness; portability; accessibility and public administration. Our members are actively engaged in responding to public policy and to communicating with our elected officials, media and citizens on healthcare issues. Our goal is to strengthen and protect our public healthcare system and to ensure that it is comprehensive and adequately resourced. We promote public education and public participation that may inform our elected officials on the population based needs that our public healthcare should deliver in Waterloo Region.

Who Is Involved

The Waterloo Region Health Coalition (WRHC) represents more than 1,500 individuals as local WRHC members and/or participant members of affiliated groups. These groups include local social activists, seniors, healthcare professionals, labour and environmentalist, across Waterloo Region, that are supportive of our public health system. We are non partisan and encourage active members from all political parties.

Introduction

Waterloo Region has long suffered consistent staff shortages in Long Term Care (LTC). This chronic understaffing in LTC across Ontario and in Waterloo Region was identified, reported upon frequently and the reasons for such massive turnover in LTC staff, primarily PSW staff, were consistently documented. All of these data were provided to the Government of Ontario, from the many organizations that were attempting to rectify the issue, well before the COVID-19 Pandemic. This understaffing obviously exacerbated the dismal response by many LTC facilities to the challenges of the pandemic (Please refer to Appendix 1: "PSW Staffing Issues in Waterloo Region").

The inability to provide adequate care during the pandemic was tragic and resulted in many more deaths than were reported in the rest of the OECD countries. In fact Ontario has the distinction of having the poorest outcomes in LTC compared to any country or region in the OECD. In our estimation the primary driving factor in perpetuating these staffing shortages has been the absence of any legislated "Standard of Care"; a minimum of 4 hours a day of hands on care, for each resident in LTC. This Standard of Care would require LTC operators to maintain an adequate workforce of full time and part time care providers. In LTC Personal Support Workers (PSW), who provide the majority of care would be staffed accordingly and as a result could meet the care requirements in LTC. The staffing issue has been exacerbated by the For-Profit LTC industry and their focus upon a low cost labour model in addition to achieving their profit targets. During the pandemic we witnessed a soaring death rate in For-Profit Long Term Care chains and the resulting emergency control of operations within LTC facilities by local Hospitals. This occurred all over Ontario including in Waterloo Region;

- Forest Heights Revera (https://kitchener.ctvnews.ca/province-appoints-new-management-at-kitchener-long-term-care-home-over-covid-19-outbreak-1.4965394)
- Cambridge Country Manor https://kitchener.ctvnews.ca/hospital-takes-over-management-of-cambridge-long-term-care-home-with-over-90-covid-19-cases-1.5237746
- Caressant Care Arthur Nursing Home (https://kitchener.ctvnews.ca/north-wellington-health-care-takes-over-management-of-arthur-care-home-during-covid-19-outbreak-1.5265691)

The **Canadian Medical Association Journal's** landmark Retrospective Cohort Study of 623 Ontario LTC Facilities, Municipal, Not for Profit and For Profit (https://www.cmaj.ca/content/cmaj/early/2020/07/22/cmaj.201197.1.full.pdf) clearly stated that the Risk of the Size of the COVID Outbreak was **Significantly associated with For-Profit**, their older LTC facility design standards , and For-Profit Chain Ownership.

With 1500 new LTC beds to be licensed and 31,600 LTC beds to be converted newer design standards, it would not be in the public interest to see these beds allocated to the worst performers among the LTC operators. The very same For-Profit LTC chains that performed so poorly during the pandemic should not be rewarded for their negligence and incompetence.

> ***"INTERPRETATION**: For-profit status is associated with the extent of an outbreak of COVID-19 in LTC homes and the number of resident deaths, but not the likelihood of outbreaks. Differences between for-profit and non profit homes are largely explained by older design standards and chain ownership, which should be a focus of infection control efforts and future policy"* (For-profit long-term care homes and the risk of COVID-19 outbreaks and resident deaths Nathan M. Stall MD, Aaron Jones MSc PhD, Kevin A. Brown MSc PhD, Paula A. Rochon MD MPH, Andrew P. Costa PhD n Cite as: CMAJ 2020. doi: 0.1503/cmaj.201197; early-released July 22, 2020).

Not-For-Profit versus Mission-Driven

Consequently, it is with deep dismay that we have noted the proposed new LTC homes act (Bill 37, Providing More Care, Protecting Seniors, and Building More Beds Act, 2021) is opening up LTC to even more For-Profit operators, now thinly disguised as "**mission-driven organizations**", in the preamble of Bill 37. The obfuscation, utilized in the language of the preamble of just who these operators are, is shameful and suggests that the Government understands fully what the public reaction would be to including and expanding **For-Profit Operators** across LTC. This devious new language must be removed and replaced with the original language from the existing LTC Bill; "long-term care home services by not-for-profit". Inserting language that is designed to deflect public criticism away from this Bill 37 by utilizing "stealth wording" that is subject to the broadest definitions; "**mission-driven organizations**", is repellent. **The WRHC is requesting that this mission-driven language be struck from Bill 37**.

There are additional issues identified in the language of the preamble that we are compelled to request be changed.

Accountability

Since we have noted (above) that the management in many For-Profit LTC facilities was not held **accountable** for the negligence, despite management being replaced, as outlined above in Waterloo Region and across Ontario. Moreover, the negligence that was detailed to such an extent and reported voluminously in the media and by our Military during the pandemic would require much stronger language to avoid repeating the tragedy. It would be prudent to insert clear language on management's accountability. The opening phrase in the preamble would be the obvious place for including mandatory rather than discretional accountability and liability for the leadership in all LTC facilities.

We would also request that language be included in the preamble that defines how the management in LTC facilities provide **transparency** of their performance and that can provide the public with unfettered access to their policies and resulting penalties for any negligence occurring, during their tenure in management, and be linked with the following language, which exist in the current LTC Bill, "Firmly believe in clear and consistent standards of care and services, supported by a strong compliance, inspection and enforcement system". Eliminating the language around the standard of care diminishes Bill 37.

Standard of Care

Given the 20 year battle to have a **standard of care** adopted in LTC as legislation and, as outlined in Appendix 1, that the exodus of PSW labour could be remedied in many instances, with adequate staffing levels and full time employment, we see no reason why the 4 hour standard of care should be delayed until 2025. Their remains a massive labour deficit in Ontario LTC. A 4 hour standard of care being adopted immediately could resolve much of this deficit. Why wait until 2025 when we have witnessed the tremendous death and suffering inflicted upon LTC residents as a result of inadequate staffing levels.

Requirements not Targets

Again the language in the Bill 37 needs to be defined more clearly to eliminate any subjective interpretation or vague and meaningless nomenclature. Within the act (Section 8) there exists standard of care language which is described as a "**target**" not a requirement to increase standard of care to 4 hours per resident per day in every LTC facility in Ontario. What is the legal definition of a target? This wording suggests that a "target" may or may not be reached. Consequently, the word "**requirement**" should replace this vague terminology. Furthermore, this target will not be reached until 2025. The delay is unsupportable given the urgent need for adequate staffing in LTC and the unquestionable need for LTC facilities, especially given For-Profit operators provided millions of dollars to their shareholders while their residents died during the pandemic, to provide much improved levels of care for the residents of LTC.

Furthermore, the care delivered should be provided only by **qualified staff**; registered nurses, registered practical nurses and personal support workers. No management staff such as Directors of Care, Vice Directors of Care or other management not providing hands on care for the residents should be included in the determination for achieving the standard of care in any LTC facility in Ontario. Reporting on achieving the standard of care should be consistently, scheduled frequently (monthly/quarterly) and publically available to all (residents, family member, staff) on a public website (Ministry of Health website).

In order to enforce this requirement of a Standard of Care of 4 hours per resident per day in every LTC facility in Ontario, it is our recommendation that enforcement consist of a return to **annual surprise inspections** to determine non-compliance. We strongly support reinstituting the RQI inspections that were in effect until cancelled in 2018 by Premiere Ford.

Recommendations:

1. All **Long Term Care beds should be directed to Not-For-Profit operators** across Ontario. This allocation to Not-For Profit would include the 15,000 new LTC beds and the 31,600 LTC beds which will be redeveloped to meet current design standards. Allocating LTC beds to For-Profit (Mission-Driven) operators is not in the public interest or in the interest of residents or families of residents. The tragedy of 4000 deaths in LTC, many in the most

deplorable situations of dehydration, starvation, unhygienic care, isolation and neglect, cannot be repeated. For-Profit LTC operators have been proven to deliver poor care and are unable to respond robustly to pandemics given their chronic understaffing.

2. There must be an **immediate adoption of the minimum Standard of Care in LTC**. This Standard of care; a minimum of 4 hours per day per resident in every LTC facility across Ontario cannot wait until 2025. All evidence supports the adoption today. The government can move very quickly to have legislation adopted as evidenced by the speed of the adoption of Bill 37.
3. The **Government of Ontario is acting in an undemocratic fashion** by pushing Bill 37 forward so rapidly and by giving the people of Ontario less than one (1) day to apply for standing for the public hearings on Bill 37. In addition allocating only two (2) days of public hearings without adequate notice is deplorable. This action and the inclusion of obfuscation in the language of the Bill 37 are unacceptable and undemocratic. This shameful process must be eliminated and sufficient time be given to the people of Ontario to consider and respond to future legislation

Appendices:

Appendix 1: Issues Contributing to the Exodus of PSW's in Waterloo Region LTC (Pre Pandemic)

March 26, 2019 (Pre Pandemic)

Prepared by: Long Term Care Committee, WRHC, for the LTC Round Table Consultation organized by UNIFOR & OHC

PSW Staffing Issues in Waterloo Region

Unlike most other health care workers in **Ontario**, Personal Support Workers (**PSW)** are not a **regulated** health care profession, meaning there is no governing body which sets standards for the skills and knowledge needed to practice as a PSW, and the services they can provide. This has implications for both the work environment that a PSW experiences and the resulting quality of care that is delivered in LTC facilities and in Homecare. The Waterloo Region Health Coalition (WRHC) interviewed actively employed PSW's to uncover the challenges, and appropriate resolutions; they face everyday in their workplaces. This was undertaken in confidence and with the promise of maintaining the participant's privacy given the likelihood of reprisals at their workplace.

The Waterloo Region Health Coalition (WRHC) has identified ten (10) examples of the issues faced by PSW workers in Waterloo Region; No mandatory regulation of the ratio between PSW and number of long term care residents.

1. Shortage of Staff in Long Term Care Residences
2. Lack of "Safety Training" for aggressive dementia patients
3. Homecare PSW - Lack of Assignment Details
4. Homecare PSW - No Mileage Reimbursement
5. No Incentives to Train or Remain Employed as a PSW
6. PSW Wages
7. PSW Classification
8. PSW Training
9. Inclusivity and Accountability

Issue #1. No mandatory regulation of the ratio between PSW and number of long term care residents

Ratios of PSW to patents have been reported in the **Region at a range of between 1:10 to 1:23** (Unifor LTC Roundtable Consultation, March 26, 2019) and as high as 1:27 and that consequently it is impossible to achieve a recommended standard of care of 4 hours per patient /day. In fact this recommendation is not even accepted. There is **no mandate** despite a well accepted level of care being identified by the health care experts in LTC.

In the current literature (Situation Critical: Natalie Mehra, Ontario Health Coalition, January 22, 2019) care provided to patients is at an average of only 2.66 hours per patient/day across Ontario not in each residence so many could get far less than this. This is a significant issue and is typical for local for profit LTC facilities.

However, in local not-for-profit LTC facilities the staff ratios are significantly improved. For example in "**Trinity Village**" a not-for-profit organization owned by Lutheran Homes Kitchener-Waterloo the staff ratio is **1:7.5** (4 PSW's for every 30 residents).

Resolution

Adopt the same mandatory guidelines which exist for children's daycare. Long term care residents are also considered "vulnerable" and the current ratio is 1:5 or 1 Daycare worker to 5 toddlers. In Canada there are now more seniors than children.

Issue #2. Shortage of Staff in Long Term Care Residences

A consistent staff shortage has been identified across local LTC facilities. This becomes an alarming issue during;

- weekends and statutory holidays
- after resident meals
- during staff meals
- during any emergency (such as a patient falling)

Resolution

Increase ratio of PSW's to residents to accommodate PSW sick time call-ins, holidays etc.
Hire a floater or on-call PSW per floor and for every shift.

Issue #3. Lack of training and safety for aggressive dementia patients

Controlled entrances in dementia wings function in lieu of PSW staff. This results in additional patient discomfort and agitation as they are **incarcerated** within the facility. This additional agitation/stress level often results in serious safety concerns for the PSWs as well as other long term care residents and visitors.

Resolution

Implement a mandatory ratio of PSW's to residents and also prevent the common practice of staff being "**loaned**" to other floors when there is any staff shortage (see Issue #2 above).

Issue #4. Homecare PSW - Lack of Assignment Details

In a homecare role the PSW is provided a "work assignment" which includes the client's name, home address and directions along with a brief description of the type of care required. (i.e. housekeeping, PSW, Community Support Worker CSW, etc.).

Resolution

The work assignment should be revised to include the following details;

1. Any pets in the home - for PSW with allergies.
2. Client is not mobile or has limited mobility - Requires lifting or special equipment to aid PSW.
3. Client has flu or cold symptoms - PSW must supply their own mask and/or gloves (PPD).

Issue #5. Homecare PSW - No Mileage Reimbursement

A PSW is not compensated for mileage unless client is in the car with them. (i.e. resident is accompanied to medical appt or grocery shopping). The Government mileage rate is currently $0.52/Km.

During a day when a PSW receives a work schedule of **3 client visits** we would anticipate that the total distance travelled by the PSW is **50 km** with a daily "**Travel Cost" of $26.00/day**. Again, this travel cost is not compensated. Given an hourly payment rate of $16.25, which is common in this region, and a scheduled client visit time of 1 hour then the PSW, over 3 calls, is **earning $48.75**. This means that 53% of daily earnings, before tax, are consumed in Travel Cost. The effective hourly pay rate is 47% of $16.25/hr or **$7.64/hr**; obviously, an unacceptable pay rate.

Resolution

A Homecare PSW can work in an area as large as Kitchener, Waterloo and Cambridge. They must receive mileage compensation OR they must have a minimal catchment area to travel within to eliminate Travel Costs.

Issue #6. No Incentives to Train or Remain Employed as a PSW

- NO Benefits
- NO Raises
- NO Mileage
- NO Career Advancement
- NO Educational Funding provided for PSW course re-certifications
- NO Educational Funding provided for first aid training or CPR

ULTIMATELY NO INCENTIVE TO WORK AS A PSW

Resolution

The crux of these issues is that a PSW can leave their employment and work for a chain such as Tim Horton's. There they receive a guarantee of regular scheduled hours, a benefit package and after three months and company incentive plan. Existing chains of LTC Corporations simply do not offer competitive compensation compared to non skilled work environments such at Tim Horton's.

For Profit LTC chains direct all of the realized savings from “low employment costs” into the profitability of the corporation. Notably, in the for profit LTC industry, staff compensation levels do not reflect any significant attempt to improve overall compensation or retention. For profit LTC corporations DO NOT invest in neither their PSW staff nor their clients/residents quality of care (PSW/Client ratio).

However, in the Non Profit sector we note that employers funnel funding back to services and staffing which enrich the lives of their residents and clients.

Now a new **disruptive technology** has arrived in the Homecare industry. This technology is similar to applications such as “Uber” and it is driving the move by PSW to become completely “Freelance PSW”. Unfortunately, this technology “**Bloom**” (https://www.joinbloom.ca/join-our-team-1) require both a client and a PSW (referred to as a Care Pro) to sign a complex Terms and Conditions agreement which removes all responsibility from Bloom and burdens the “Care Pro” with all responsibility along with requiring them to fully indemnify Bloom. There is **no apparent regulatory function** to maintain compliance with established **Quality of Care** requirements. There are also **no clinical support** services, **safety programs** or ongoing **training** plans offered. The software provides for Self Serve scheduling and payment for the Client and the “Care Pro”. However Bloom does offer a slightly improved pay scale for PSW of $20.00-$27.00/hr. In addition it is feasible that the PSW could schedule 40 hours of work per week equivalent to a full time position.

Issue #7. **PSW Wages**

PSW tuition costs range from $1,300.00 - $7,000.00 depending upon the teaching facility selected; St Louis WRDSB and Trios College respectively.
Courses are typical 8 months in duration of two full semesters at a community college. Once completed the student becomes a certified as a Personal Support Worker.

NOTE: Rivera LTC chain offers a grant of $2OOO toward tuition if the PSW works for them.

The compensation level ranges from slightly above **minimum wage** ($15.00 to $16.25 per hour) at **for profit LTC chains**. LTC faculties such as **Sunnyside a Non Profit** pay a higher wage ($**27.00** per hour) depending on the institution.

In the Homecare industry PSWs have no guarantee of scheduled hours. Work schedules can vary from $800 for two weeks of pay to $200 during the following two weeks as the demand for Homecare varies constantly.

Our committee asks “How can a single person survive on varying paycheques when they have to pay their rent, mortgage and groceries and also repay their student loans?” Certified PSW also must pay for any additional courses out of pocket along with mandatory TB screening tests.

Resolution
Increase the pay commensurate with PSW experience and number of specialties. Look to REGULATE the PSW or add them to a health care union to improve professional standing and to drive wage and work conditions in a more progressive fashion. Actively promote the inclusion of unionized, certified PSW within the WRLC/UNIFOR.
Many PUBLIC hospitals have a pay grid or ladder which compensates staff for years of service and years of experience. Certified PSW are currently employed to support nursing staff with bathing, catheters, dressing and personal hygiene for patients; mandate PSW certification for staff positions in hospitals, LTC facilities and Homecare. Enforce ongoing recertification, training programs and safety courses and promote the placement of certified PSW in healthcare.
Increase the funding and incentives, by the government, to educate and encourage PSW candidates.

Issue #8. **PSW Classification**

Most PSW's are not classified as part time or full time. **They are casual or on-call status**.

Resolution
The WRLC/UNIFOR must resolutely advocate for full time and the part time status as pools of employees. This will allow a PSW to be compensated appropriately and receive scheduled hours at work.

Issue #9. **PSW Training**

All clinical training for PSW is minimal, only 6 weeks in duration, and is restricted to long term care facility orientation only (no hospitals or homecare training rotation). Typically instruction is delivered by certified PSW graduates with variable experience levels (5-7 years).

Resolution
Improve the **training curriculum** by increasing the **length** of weeks for training and expand the variety of clinical **training sites** and healthcare facilities utilized. Include different locations such as home care, retirement homes, hospitals and LTC facilities and have training provided by certified clinical specialists.

Issue #10. **Inclusivity and Accountability**

Since a PSW can spend a lot of time with their clients/residents providing personal care and support they are informed on each client/residents health care profile. However, this information is never requested from the PSW. They are not included as an integral component of a team of caregivers. Moreover, they are not asked for any progress reports or feedback. Consequently, they are marginalized by both administration and professional colleagues which demeans their role in healthcare and is discouraging.

Resolution
Ensure that the PSW workplace lists ALL PSW credentials. For example, Jack is a housekeeper, PSW, Community Support Worker (CSW) & Registered Social Worker (RSW) so they can be fully recognized and utilized. Ask for feedback and comments as they are an INTEGRAL part of the team for your loved one.