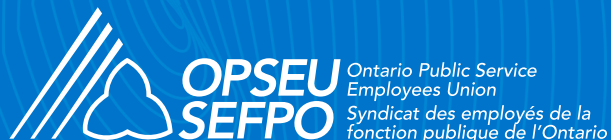


**OPSEU/SEFPO's response to the
Ministry of Long-Term Care's
proposed Bill 37, *Providing More
Care, Protecting Seniors, and
Building More Beds Act, 2021***

November 25, 2021



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About OPSEU/SEFPO

The Ontario Public Service Employees Union (OPSEU)/Le Syndicat des employés de la fonction publique de l'Ontario (SEFPO) represents 180,000 public sector workers in Ontario, including approximately 4,200 care workers in long-term care, retirement homes and related facilities and 200 inspectors working under the Ministry of Long-Term Care.

There are three types of long-term care facilities in Ontario in which OPSEU/SEFPO members are employed: private homes that operate on a for-profit basis, homes that operate on a non-profit basis, and municipal homes, which are public, non-profit homes that are owned and partly funded by municipal levels of government.

OPSEU/SEFPO members work in a variety of classifications in this sector including PSWs, RPNs, HCAs, Social Workers, Laundry Service Workers, Housekeeping Workers, Cooks, and Dietary Workers.

Introduction

Long-term care has been one of the hardest hit sectors during the COVID-19 pandemic. OPSEU/SEFPO has been speaking out for years about the need for increased staffing levels; more rigorous inspection and enforcement; increased funding for worker wages, training and retention; and the removal of the for-profit model from long-term care, to name a few. At the height of the pandemic, these long-standing issues resulted in an unnecessarily high rate of infection, resident fatalities and staff burnout.

Bill 37, Providing More Care, Protecting Seniors, and Building More Beds Act, 2021 responds to many improvements to the long-term care sector that OPSEU/SEFPO has been demanding for decades.

Our union is pleased to see the return of proactive long-term care inspections and heightened powers of enforcement being given to inspectors, the increase in maximum fines for long-term care home offences, as well as the Ministry's commitment to increasing direct hours of care for residents. We are also encouraged by the commitment to improved reporting and accountability by the Ministry of Long-Term Care, which allows for more direct feedback from residents and their families on their experiences in our long-term care system. These measures will all contribute significantly to improving the quality of care.

However, there are numerous areas of Bill 37 that we believe should be strengthened to further improve the quality of care and working conditions in our long-term health care system.

Recommendations

Infection Prevention and Control

When the COVID-19 pandemic hit, the quality of care at long-term care facilities was significantly affected. Facilities were staffed with a workforce that was overworked and underpaid, there was overcrowding and poor infection control procedures in a highly privatized sector of our health care system. The result was a high rate of infection and transmission of the virus.

Bill 37 works to resolve this issue by introducing an infection prevention and control program to be implemented in each long-term care facility, requiring them to have a dedicated and qualified person assigned to lead infection control.

However, the Bill does not outline what the standards are for this program or what the qualifications are for the infection control lead. Further, it does not clarify whether this will be a full-time role or an additional task for long-term care staff.

To ensure that this program can be successfully implemented and audited by long-term care inspectors, OPSEU/SEFPO recommends:

1. The Ministry of Long-Term Care develop a province-wide infection control plan for all long-term care homes. This would set the bar for a consistently high standard of health and safety at each home. Infection control overseen by the infection control lead within homes should be part of a broader-based provincial pandemic protocol.
2. The qualifications for an infection control lead should be specified and training opportunities must be made available for staff.

3. In the instance that the infection control lead role is an additional task to staff's current workload, it should be clarified that additional compensation will be provided.

Direct Care Targets

Staffing and retention issues in the long-term care sector have put a severe strain on the quality of resident care. There have been reports of residents being bathed only once per week or having missed baths, going without personal care, not having their positions changed regularly, and not having the toileting support they need, among other basic care requirements. Put quite simply, there are not enough full-time dedicated staff available to meet the care needs for the large and diverse group of residents in Ontario's long-term care homes.

Long-term care residents deserve dedicated direct care. The formula outlined in Bill 37 to improve the quality of care does not sufficiently meet the target of four hours of direct hands-on care, per resident, per day as promised.

By averaging the direct care provided in all long-term care homes across the province, as compared to evaluating it per home, Bill 37 does not ensure the standard of care promised. As currently stated, an individual long-term care home could fail to deliver the required four hours of care per resident, and still not be in violation of the Bill.

OPSEU/SEFPO recommends:

1. Amend the outlined formula for determining hours of care to ensure that the target of four hours of hands-on care, per resident, per day is evaluated per home; not as an average for all long-term care homes in Ontario.
2. Implement the direct care target, with the amended formula, immediately rather than incrementally over a four-year period. The COVID-19 pandemic has shown the fatal consequences that can occur when residents do not receive the care they need. We must not allow this crisis to continue any longer and must do everything possible to prevent any further fatalities.

Long-Term Care Staffing Improvements

Staffing in long-term care has been a significant problem for many years. Due to a lack of full-time job opportunities, long-term care staff have been forced to work part-time at multiple facilities to make ends meet. When the COVID-19 pandemic hit, these workers were restricted from working at multiple facilities to decrease the spread of infection, which in turn worsened the short-staffing crisis and also resulted in a loss of income for the already low-paid workers.

In addition to this, staffing levels for inspectors have been low for years and limits to their powers of enforcement have put obstacles in the way of comprehensive inspections of long-term care facilities.

The government has recently announced investment in PSW training, a temporary PSW wage increase, and increased inspector staffing with expanded powers of enforcement. These changes are all a promising start to improve some of the long-standing issues in the sector. However, a commitment to improve staffing and retention across job classifications in this sector is necessary to meet the rise in patient acuity and complexity of care that has occurred in recent years. This demand for care will only continue to increase as the government works to meet the target of building 30,000 beds over 10 years to address the long waitlist for care.

To successfully address the staffing and retention issues the long-term care sector faces and improve the quality of care, OPSEU/SEFPO recommends:

1. The Ministry of Long-Term Care mandates staff to patient ratios as part of its commitment to its direct care targets, giving inspectors the ability to take punitive measures should staffing requirements not be met within long-term care facilities. This would improve both the quality of resident care and employee safety.
2. Investment in full-time jobs with better wages and benefits, for all worker classifications in this sector. This would attract workers to the long-term care sector, improve staffing retention and thus improve the quality of care, and reduce the spread of infection by affording workers the ability to dedicate themselves to one workplace.

Removing Profit from Long-Term Care

During the COVID-19 pandemic, the highest rates of infection and fatalities took place in for-profit homes as compared to non-profit or municipal facilities. This should be a wake-up call that we must keep our health care services public. Yet, Bill 37 does nothing to restrict the expansion of privatization within our long-term care sector. Instead, it directs all long-term care organizations to implement a mission statement and notes in its preamble that the government is committed to “the promotion of the delivery of long-term care home services by not-for-profit and mission-driven organizations”.

When it comes to the health of Ontarians, people must always come before profits. What matters the most is ensuring that our vulnerable citizens are given the best quality of care possible. The for-profit business model is broken; profits have no place in the care of human lives. Bill 37 must include strong language to implement real change.

OPSEU/SEFPO recommends the Ministry of Long-Term Care mandate a freeze on issuing licenses for private, for-profit organizations in the long-term care sector. The pandemic has exposed the pitfalls of privatized long-term care; it's time to focus on making long-term care fully public. Investment in the long-term care sector must continue to increase in the coming years to meet the growing demand for care. A licensing freeze would ensure that residents have access to more publicly-funded options, ultimately improving affordability, accessibility, accountability, and quality of care.

Conclusion

Ontario's long-term care system is in dire need of improvements. It is tragic that the recommendations put forth by OPSEU/SEFPO front-line members since at least the 1990s were not implemented in time to prevent the terrible tragedy that occurred in our long-term care facilities during the pandemic.

Bill 37, *Providing More Care, Protecting Seniors, and Building More Beds Act*, 2021 will be instrumental in strengthening our long-term care system and protecting patients and workers from the ill-effects of COVID-19, and any future crisis that may occur.

However, for Bill 37 to effectively safeguard patients and workers for many years to come, it is important that it thoroughly addresses all of the lessons learned during this pandemic. We cannot afford to allow these mistakes to be repeated.

This bill must be strengthened in areas like infection prevention and control, the assessment of direct care targets and improvements to staffing and retention. It's also imperative that the profit incentive be removed from patient care. Privatization is the pay more, get less plan and Ontarians deserve better. The crisis in long-term care has gone on for far too long. We must ensure that Bill 37 creates real, significant change; tens of thousands of Ontarians' lives depend on it.

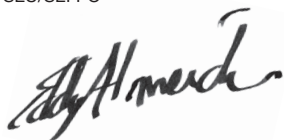
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