



Standing Committee on Health

Impacts of Staffing Shortages in Long Term Care

January 11, 2022

NSNU Recommended Staffing Levels in LTC – Witness, Janet Hazelton – NSNU President

(Introduction)

Good afternoon,

Almost a year to the day, I spoke before the Standing Committee on Health about staffing in long term care. Not much has changed except for this most recent and most contagious wave of COVID-19. Omicron has had a crippling effect on staffing, particularly in long term care. Needless to say, Omicron has made a bad situation, worse. Especially now, nurses are being put in increasingly unsafe circumstances

Since I last appeared before the Committee, legislation on this matter was written but not tabled. This current government also made a commitment to increase hours of nursing care, that has yet to be realized. Nurses need to see a plan and need immediate relief. Nurses are being put in increasingly unsafe situations, with unreasonable expectations to keep our long-term care system functioning. Nurses fear that allowing the system to continue functioning the way it is, with staffing constantly bordering on crisis, jeopardizes safe nursing care.

My presentation will have a familiar ring simply because we've been talking about staffing issues in long term care for a very long time.

The state of Nova Scotia's long-term care system remains a longstanding concern of the members and leadership of the Nova Scotia Nurses' Union. These concerns were articulated and validated in our 2016 publication, Broken Homes. In that report, we called for a series of reforms to the long-term care sector in order to improve care for residents, improve working conditions for staff, and improve data collection and transparency.

Despite progress on several fronts, the single most important recommendation from the publication, the one that would do the most to improve the quality of life for residents and working conditions for health providers, remains unchanged. That is the call for explicit,

evidence-based staffing standards. At a minimum, this would mean an average of 4.1 hours of care per resident per day, including 1.3 hours of nursing care (RN and LPN combined). Roughly, this would require one RN and one LPN staff for every 30 to 40 residents during the day, and for every 40 to 55 residents at night; and one CCA for every 7 residents during the day and for every 15 residents during the night. Again, these are minimum requirements to meet a minimum standard. Given that our senior population is soon to reach an apex, this standard may already be outdated.

For many years, this province has promised to introduce a tool that would support our recommendations, the internationally recognized Resident Assessment Instrument. This tool would give us the clarity we need with respect to the acuity and complexity of resident needs. It is finally being rolled out, and we commend the department for working to make this tool a reality. We cannot lose sight of the fact though that this tool will increase the overall workload of nurses working in long-term care, further emphasizing the need for more staff.

Even without the Resident Assessment Instrument fully rolled out, the Nurses' Union and others believe we have enough information to implement a minimum staffing ratio, one that can be adjusted upwards if our needs are revealed to be higher. One that must be enshrined in legislation.

In late 2018, the then Minister of Health established an expert panel to look at ways to improve the quality of long-term care in Nova Scotia. In its terms of reference, the panel was tasked with "recommending appropriate staffing levels, staff complement, and skill mix for long-term care facilities". The panel's report made important recommendations, including many that were previously made by the Nurses' Union and agreed to by government. Unfortunately, it did not live up to its mandate with respect to establishing a staffing ratio.

The Nurses' Union saw this as a missed opportunity. In our view, and in the opinion of experts we consulted, there is more than enough evidence to establish minimum staffing standards for Nova Scotia, even if based on a best-case scenario.

In 2019, the Nova Scotia Nurses' Union contracted Dr. Charlene Harrington, a renowned researcher of long-term care, to further investigate the long-term care staffing situation in Nova Scotia and fulfill the task of recommending a minimum staffing standard.

After examining the situation and data available for Nova Scotia, Dr. Harrington also concluded that the province should implement the minimum professional standard of 4.1 hours of care per resident day, including 1.3 hours of nursing care provided by an RN and LPN.

We cannot speak about reform in the long-term care sector without recognizing the tragedy that unfolded in nursing homes. In our province, an overwhelming majority of COVID-19 deaths occurred in nursing homes, a trend we saw across the country and internationally.

The issues of understaffing in long-term care, and the COVID-19 crisis in this sector, are intimately related. Long term care has been chronically underfunded for decades. Staff struggle to deal with increasingly complex residents. Increased funding and staffing levels would have helped buttress efforts against this deadly disease, with more resources for infection control and health and safety, staff to deal with residents who wander or who exhibit challenging behaviours, staff to perform vital, regular assessments, and enough staff to deal with the particular challenges presented by a pandemic. We must realize that the staffing standard that we are imploring government to act on is only a minimum. The 4.1 is merely the level required to prevent deterioration of health status, an incredibly low bar when we should be aspiring to provide dignity to those living in long-term care. We need to stop designing systems around providing the bare minimum, when we have learned through painful experience just how easily the system can crack and crumble under the weight of the challenges that LTC now faces.

We also recognize that federal work is underway to establish national standards for long-term care in Canada, through both the Health Standards Organization and the Canadian Standards Association. This is important work, undertaken by experts in the field, but unless the standards they develop are written into legislation, we fear that very little will change. The Federal and Provincial governments must also realize that no amount of creative and innovative thinking about the delivery of long-term care will have any effect without a steep increase in funding. Funding to cover a deficit that has been decades in the making.

Legislating the 4.1 hours of care as a minimum will safeguard the ratio from changing whenever government parties and priorities change, sets a clear expectation for facility operators, and allows for both accountability and enforcement. It also provides a higher level of consistency across the province so that care standards do not differ from operator to operator. We cannot make the mistake of blindly increasing the funding for facilities without explicit instructions that the money needs to be spent on staffing, legislated standards will provide that guarantee.

We talk a lot about ratios and numbers, but we are really talking about the lives and well-being of some of the most vulnerable people in our society. In my view, we owe them better. They don't deserve to wait long periods for personal care, to be treated like tasks that need to be done because there is no time for social and personal connections.

At the end of the day, we must ask ourselves, "What does the level of care in nursing homes say about us as a society"? What steps are we willing to take to ensure long-term care reflects the

values we hold as a society? Values like the dignity of life of our seniors and all long-term care residents, and the respect we show them as they live out this stage of their life.

I could share stories about nurses who are at the brink, who are exhausted, frustrated, fearful and defeated, but no doubt you are aware of the critical situation we find ourselves in.

The NSNU was pleased to hear about the investments and commitments this government has planned for long term care. It is our hope that government will heed the existing evidence and take the necessary steps to provide the quality of care our residents deserve; a minimum of 4.1 hours of care that includes at least 1.3 hours of care provided by an RN and LPN. We must safeguard this commitment in legislation to truly demonstrate our respect for those who have contributed so much to help build this province.

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