



SUBMISSION ON

# Feedback on Home Care Modernization Contracts

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## Ministry of Health

Home and Community Care Branch

Strategic Partnerships Division

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## Introduction

The Ontario Nurses' Association (ONA) represents over 68,000 registered nurses (RNs) and health-care professionals, as well as over 18,000 nursing student affiliates. Our members provide care in hospitals, long-term care (LTC) facilities, public health units, the community, clinics, industry and at home. ONA thanks the Ministry of Health (MOH) for the opportunity to provide its feedback on home care modernization, including service provider organization (SPO) contracts and provider selection.

## Balancing Act: Key Performance Indicators (KPIs) vs. Quality Care

ONA has substantial concerns about introducing productivity in the delivery of quality care in a sector with many variables, such as patient needs and complexity, staffing levels, skills, equipment, travel time, geographical factors, communication, patient and family dynamics, workplace culture and support system within a "client provider," financial incentives, and reimbursement models and much more.

While demand for home care is rising, the sector is characterized by high worker turnover and vacancy rates. Ontario's independent Financial Accountability Office projects that there will be a province-wide shortage of 33,000 nurses and personal support workers (PSWs) by 2028.<sup>i</sup> The province needs to take the necessary steps to address staffing shortages. Instead of measuring productivity, the MOH must prioritize employee satisfaction, which is pivotal, with concerns about retention in the face of higher-paying opportunities elsewhere, such as hospitals or long-term care facilities, where support systems may be more robust.

Additionally, the MOH must account for training costs, potential productivity losses during training periods, and turnover. Turnover costs associated with new hires underscore the significance of comprehensive orientation programs and ongoing support for employees to address the sector's multifaceted challenges. Centering patient care and employee satisfaction as a measure of success instead of KPIs will foster a more resilient and sustainable home care sector, which has been restructured and renamed numerous times. ONA strongly opposes the introduction of KPIs in this sector.

## **Barriers to Effective Documentation**

ONA recognizes the importance of documenting patient assessment, services provided, and patient status. It is ONA's position that the Personal Health Information Protection Act, 2004, and other pertinent regulations and acts be applied in their entirety and as per the type of service provided (e.g., Assessments, record keeping/documentation).

Home care providers often face time constraints due to heavy workloads and the need to attend to multiple patients within a limited period. Accurate charting requires time, and home care providers must have dedicated administrative time (for charting and preparation) depending on the number of patients to allow for thorough patient record documentation so that they are not rushed. Given the complexity of care, home care documentation can be subject to diverse standards. The responsibility lies with "client providers" to cultivate a culture of comprehensive documentation without imposing expectations on employees to engage in unpaid work.

Home care providers must not be expected to fulfil service updates, organizational planning for the delivery of care, or provide 24/7 on-call support for emergency and non-emergency procedures. "Client providers" must have dedicated staff to provide organizational and planning support so that workers in this sector can have a work-life balance.

## **Barriers to Optimization of Staff Contributions**

The primary barrier to optimizing staff contributions to delivering patient-centred, high-quality care is the availability of staff to provide the necessary care. There are currently not enough care providers in any classification to provide care to the patients who need care that grows daily. The acuity and complex needs of patients discharged home from the hospital or waiting for long-term care home placement trigger multiple caregiver requests as required to recover, stabilize, or maintain functionality. Home Care agencies need more staff to meet the needs as assessed by Home and Community Care Support Services (HCCSS).

Hospital at Home services contracts some home care providers for the 8-to-12-week recovery period following discharge from hospital programs – surgical, cardio,

etc. This period is a contract with the hospital. Patients have not been referred to HCCSS for assessment as they are expected to recover within the 8-to-12-week period. If the patient needs further care, they are assessed at the discharge date by HCCSS and then integrated into the home care provider with the contracts for the area. Working to full scope is difficult when services are parsed over different classifications. This does not mean that services should be delivered by those not qualified to do so. Not every patient will fit into a "prescribed list" of services. Needs assessment should be continuous, with adjustments as needed.

Due to concerns about scheduling and a payment model that compensates employees per visit, more time is required to collaborate with other registered professionals on the patient care plan rather than deliver minimal care. The per visit model is poor and encourages fraud. Given the high acuity and early discharge of patients needing treatments like wound care, IV therapy, and cardiac support, service providers must offer fair compensation and an opportunity to communicate and engage with other service providers involved in providing care. This will reduce fragmented care. "Client Providers" must ensure guaranteed work hours, as they provide stability akin to full-time employment, including associated benefits. When patients cancel visits, "client providers" must provide compensation and adjust assignments.

### **Improving Retention and Recruitment**

The primary obstacle to maintaining a robust health-care workforce in home and community care lies in the persistently low wages compared to those in hospitals or long-term care facilities. This wage disparity disproportionately affects women and workers of colour, perpetuating retention, and recruitment challenges. The introduction of Bill 124 exacerbated staffing issues by suppressing wages, leading to ongoing uncertainty for health-care workers in Ontario. Furthermore, unsafe working conditions, including exposure to potential infections, threats and violence resulting in staff injury, and accidents on the road, further contribute to retention issues. To address this ONA suggests that the government legislate pay parity, quarantine pay, reimbursement for rental service in case of accidents, and offer a comprehensive benefits package with access to unlimited mental health services and a pension plan.

The impact of the pandemic has increased the vacancy rate for RNs by 421%, and the vacancy rate for full-time PSWs has risen by 331%, according to the Ontario Community Support Association.<sup>ii</sup> In communities across Ontario, the retention and recruitment crisis is already devastatingly impacting care. In Atikokan and other northern communities, ParaMed service providers cannot fill staffing shortages, negatively impacting patients needing home care. As a result, waitlists have grown to more than 60 days for primary home care and other services in some parts of the province.

MOH must consider several steps to address these challenges and bolster health human resource capacity. Harmonizing wages and benefits across all provincial classifications requires significant and consistent sector funding increases. Funding announcements must be transparent and shared with unions promptly to ensure all available increases are allocated to stabilizing the home care workforce.

Additionally, consistent scheduling practices, more extended orientation periods, promotion of student placements, opportunities to shadow, adequate mileage and compensation for travel costs and time, signing bonuses on par with the hospital sector, paid educational opportunities including case conferences, and remote premiums for home care workers who work in large and more challenging to serve geographical areas are crucial to improving recruitment and retention for rural and northern communities. The lack of harmonization of wages, benefits, and working conditions for home care workers will create a revolving door for workers who will follow the best wages to survive in the current fiscal reality.

### **Contract and SPO Selection and Technological Considerations**

The contracting system with competitive bidding leads to undercutting to obtain contracts or overpromising—these practices should be eliminated to ensure that providers with the necessary services are available in all areas of the province. This will result in standardization of care across the province. Home care in the home needs to remain a priority – requiring attendance in a brick-and-mortar clinic is not always feasible as the patient population does not always allow for ease of transportation or mobility to access clinics without family support. There are transportation services that increase the cost of obtaining care. This should not be the only alternative for patients.

In terms of technology, leveraging functionality across all geographies and implementing systems that allow access to patient data across services can improve working conditions and ensure comprehensive care. Notepads and iPads can be used to chart and order supplies. Backup options should be available in case home care providers have concerns regarding the operating capacity of the assigned technology. Members who serve in areas with limited to no network coverage must be provided with satellite phones for safety, along with following Occupational Health and Safety standards as they relate to the sector. However, communication and transparency are paramount to providing safe working conditions.

## Conclusion

ONA members are committed to working with the MOH to improve home and community care for clients and workers. We need timely investments in home and community care to meet the rising health-care needs of Ontarians. These investments must focus on enacting pay equity for home and community care workers, taking immediate measures to reduce violence against health-care workers and introducing legislation requiring the delivery of home and community care to be not-for-profit and publicly funded. The MOH must prioritize operational support for workers as it does for management positions to improve home care delivery in Ontario.

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<sup>i</sup> Financial Accountability Office of Ontario. 2023. Ontario Health Sector: Spending Plan Review (faon.org)

<sup>ii</sup> Ontario Community Support Association. 2022. Staffing crisis threatens home and community care sector with 421% increase in vacant RN positions and 331% increase in vacant PSW positions (ocsa.on.ca)