



June 15, 2024

Hon. Natalia Kusendova-Bashta
Minister of Long-Term Care
6th Floor, 400 University Avenue
Toronto, ON
M5G 1S5

Dear Minister Kusendova-Bashta,

Re: Proposed amendments to Ontario Regulation 246/22 under the Fixing Long-Term Care Act, 2021 regarding the role of Resident Support Personnel in Long-Term Care Homes

I am writing to you on behalf of the 68,000 registered nurses (RNs) and health-care professionals, and over 18,000 nursing student affiliates represented by the Ontario Nurses' Association (ONA). Our membership includes thousands of nurses and health-care professionals providing care in long-term care (LTC) facilities, and together we are advocates for improvements in this sector.

Ontario's population is aging. It is expected that the population over the age of 75 will increase by 350,000 in the next five years alone.¹ This will have substantial implications for our health-care system. A coordinated government effort to refocus and to improve retention and recruitment of nurses and health-care professionals is needed to meet the needs of our aging population. That is why ONA continues to push for retention solutions such as safe staffing ratios and removing private profiteering from care.

As a union, ONA advocates for decent work. The wages advertised for the Resident Support Personnel position are as low as \$17 per hour.² We believe that instead of shifting one health-care professional's existing roles and responsibilities to other health-care providers, the government should implement policies addressing the root causes of the nursing and health-care worker shortage – namely, uncompetitive wages and untenable working conditions that cause burnout and deplete the workforce.

An addition, not a substitute

The current circumstances in the LTC sector are dire. Understaffing is the norm, nurses and health-care workers experience punishing workloads, and this has a devastating impact on the care residents receive and that staff can provide. It is only considering this context, and the failure of the provincial government and for-profit nursing homes to address the root causes of understaffing, that the resident support personnel role emerges as a helpful position. Resident support personnel assist Personal Support Workers (PSW), Registered Practical Nurses (RPN) and RNs with tasks. ONA supports the continuation of this position

¹ Kralj, B and Sweetman, A. *The Impact of Ontario's Aging Population on the Home Care Sector*. February, 2024.

² Job posting by Heritage River Retirement, Elora, ON.

provided that resident support personnel do not replace PSWs, and only carry out tasks that involve direct resident care under supervision.

ONA's position is clear: the resident support personnel role must not replace any of the current roles mandated by legislation such as PSW, RPN, RN, Physio, occupational therapy and dietary roles. The Auditor General's Value-for-Money audit of LTC homes shows that staff vacancy rates increased significantly during the pandemic, where there were 8,000 vacant nurse and PSW positions in 2022-23.³ Vacancy rates were notably higher in for-profit homes compared to non-profit and municipal homes. Resident support personnel are not a solution to the LTC staffing crisis. The replacement of current roles with resident support personnel would reduce the quality of care received by residents. Therefore, care provided by resident support personnel must be in addition to the four hours of personal care per resident, not as a substitute for care provided by PSWs and nurses.

Supervised high-quality care and assessment

ONA is concerned that the proposed regulation continues the role of resident support personnel, allowing them to provide care to low-risk residents without supervision, and to provide care to moderate-risk residents with supervision. ONA believes it is imperative that resident support personnel work alongside PSWs, RPNs and RNs in all situations where direct care is provided. Therefore, the Ministry of Health should amend this proposal, so residents deemed low risk receive support care that is supervised. This is necessary given the vulnerable and changing conditions of residents. The *Fixing Long-Term Care Act, 2021* requires specific orientation and training for everyone working with residents. This requirement must be maintained as the Act is amended.

PSWs are trained to perform basic assessments of health characteristics including mobility, skin integrity and behaviour with every interaction. Changes in health and behaviour are then reported to registered staff for further assessment. These proactive assessments by trained personnel are essential. For example, some medications or an unwitnessed stroke can lead to choking while feeding. Resident support personnel do not have the training to assess health status or respond to situations like choking. Resident support personnel must be accompanied by a PSW or trained staff, even when caring for low-risk residents, so timely assessments are completed, adjustments can be made and high-quality care is delivered.

As stated, resident support personnel should not provide direct care to residents without assistance. That said, resident support personnel are helpful in the current context of understaffing in assisting staff with resident transfers, feeding and scheduled activities. They reduce workloads by preparing meals, bedmaking and performing other tasks that do not involve direct care. In addition, resident support personnel are helpful in assisting PSWs with tasks such as toileting, where transfers should be performed with two staff to prevent injury.

³Office of the Auditor General of Ontario. *Value-for-Money Audit: Long-Term Care Homes: Delivery of Resident-Centred Care*. December, 2023. Page 5. [AR_LTCresidential_en23.pdf \(auditor.on.ca\)](#)

Conclusion

In conclusion, the resident support personnel role can be a helpful addition to the LTC staffing team if it does not replace any of the current roles mandated by legislation. However, it must be emphasized that the support role is helpful only given the current context of understaffing. This position is not a solution to the staffing crisis. It is crucial that the Ontario government refocuses its efforts on measures to retain and recruit the nurses, PSWs and other health-care professionals needed to provide quality resident care by offering fair wages and safe working conditions. Lastly, ONA reiterates the need to eliminate the for-profit motive from LTC, so public funds go towards patient care in its entirety.

Thank you for the opportunity to provide feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'Erin Ariss', written in a cursive style.

Erin Ariss, RN

President, Ontario Nurses' Association

C: Hon. Sylvia Jones, Deputy Premier and Minister of Health