



October 11, 2024

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

Dear Minister Kusendova-Bashta,

Re: Consultation on Proposed Amendments to Ontario Regulation 246/22 Under the Fixing Long-Term Care Act, 2021

I am writing to you on behalf of the more than 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.

The COVID-19 pandemic made it clear that residents in LTC are forgotten by decision makers. As for-profit homes reported devastating COVID-19 death totals,¹ the provincial government buried its head in the sand. Rather than investing in the staff desperately needed to care for residents, the Ministry allows private for-profit homes to pay lower wages and increase profits. A coordinated government effort to refocus and improve the retention and recruitment of nurses and health-care professionals is needed to meet the needs of our aging population

Qualification changes

The proposed regulation amends Section 52 of Ontario Regulation 246/22 under *the Fixing Long-Term Act, 2021* (the Act) by changing the qualifications required of Personal Support Workers (PSWs) who work in LTC homes. In doing so, the Ministry proposes alignment with the Health and Supportive Care Providers Oversight Authority (HSCPOA) which will begin registering PSWs on a voluntary basis starting on December 1, 2024. As stated in previous submissions, we support the alignment of PSW qualifications with HSCPOA since it strengthens oversight and creates more consistent practice standards. We have also previously recommended limiting any registration fees to avoid a negative impact on the overall retention and recruitment of PSWs in Ontario as well as developing a process for PSWs to document issues and protect their professional registration, especially in the event of complaints.

¹ Tubb, E. Wallace, K, and Kennedy B. *For-profit nursing homes in Ontario say ownership has nothing to do with their higher COVID-19 death rates. A Star analysis finds that's not the case.* Toronto Star. Feb. 26, 2021.

An addition, not a substitute

The proposed regulations aim to give more “flexibility” to the licensee to hire resident support personnel. Resident support personnel are workers who assist Personal Support Workers (PSW), Registered Practical Nurses (RPN) and RNs with tasks. According to a job posting for a resident support personnel, the specific tasks associated with the role can include cleaning, laundry, assisting residents with tidying their rooms, and supporting with meals.² There is no requirement that applicants for this position have health care training. The wages advertised for the support personnel position are as low as \$17 per hour.³

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 ONA has supported the resident support personnel role, which has emerged as a helpful position.

It is ONA’s position, as stated in previous submissions, that resident support personnel should not replace PSWs or other health-care professionals. These workers should only assist and carry out tasks that involve resident care under supervision. Further, care provided by resident support personnel must be in addition to the direct care targets required in the Act, not as a substitute for care provided by PSWs, nurses or other health-care professionals.

Direct Hours of Care

ONA is especially concerned that the care provided by resident support personnel is being counted by the LTC Ministry towards the target for the direct hours of care to residents provided by allied health-care professionals. Section 9 of the Act sets a target of 36 minutes per resident per day of care provided by allied health-care professionals. Allied health-care professionals include physiotherapists, occupational therapists, social workers, and other trained professionals who provide specialized health and mental health care.

According to a February 2024 Ministry of LTC briefing document obtained through a Freedom of Information request by the Trillium, a news outlet, the Ministry is including resident support personnel in reporting on targets for direct hours of care for allied health-care professionals stating that “Over 1,600 (resident support personnel) RSPs work in the LTC sector contributing ~ ten per cent of the 36 minutes of direct care specified by the Act.”⁴ Further, at a meeting of the Standing Committee on Social Policy on September 26, your Assistant Deputy Minister Sean Court stated that “In the category of allied health professionals, there are lots of people, ranging from people who have title protection and can do controlled acts, all the way to people who are doing things like social work and the resident support personnel who are providing supports for daily living. So within that

² Job posting by Extencicare, Toronto, ON. [Resident Services Aide - Extencicare \(monster.ca\)](https://monster.ca)

³ Job posting by Heritage River Retirement, Elora, ON.

⁴ Duggal, S. ‘Abominable’: Untrained aides should not count toward LTC direct care targets, advocates say. The Trillium. September 16, 2024.

category, there's a wide range of people who are providing more clinical services, but also more social and supports for daily living." In effect, the LTC Ministry is creating a loophole to enable homes to hire resident support personnel over health-care professionals to save money at the expense of the care that residents need and deserve.

Resident support personnel are not allied health-care professionals. Resident support personnel do not have health-care training. They must be supervised by other staff who are a member of a regulated health profession. Any care provided by resident support personnel must be in addition to, and not in replace of, the time dedicated to residents from allied health-care professionals who provide specialized care.

LTC residents rely on their care providers having the knowledge, skills and ability to provide high quality care. Those living in LTC today are more likely to have severe and complex conditions than in the past. Most residents have dementia or cognitive impairments.⁵ Two in five residents display aggressive behavior, and a quarter have depression.⁶ Given the prevalence of these conditions, it is critical that PSWs and other trained health-care professionals are not replaced by support personnel who are not trained to provide health care.

In conclusion, ONA urges the government to address the LTC staffing crisis in a meaningful way. The provincial government can and should take immediate steps to retain and recruit nurses and health-care professionals in this sector by mandating fair wages that are on par with the wages paid to hospital workers, legislating safe RN-to-resident ratios for LTC rather than simply require that one RN is always on duty regardless of the size of the home and eliminating profit-making in this sector. These measures would reduce burnout and improve staff retention.

Thank you for the opportunity to provide feedback.

Sincerely,



Erin Ariss, RN

President, Ontario Nurses' Association

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

⁵ Office of the Auditor General of Ontario. [Value-for-Money Audit: Long-Term Care Homes: Delivery of Resident Centred Care](#). December 2023. Pg. 7.

⁶ Ibid., Pg. 8.