



**Advocacy Committee
Family Council Network 4**
Hamilton Niagara Haldimand Brant

Sienna Living Family Council Coalition
families & residents from all 37 Sienna LTC Homes

LTC Family Councils
(various) across Ontario

Emergency Measures Needed to Address the Health Care Staffing Crisis

For release on January 14, 2022

Ontario's hospitals, long-term care (LTC) and home care services face critical and growing staffing crises. Our province's health care system is not on the brink of crisis, it is *in* crisis. It is not an overstatement to describe a number of facilities and services as being in staffing collapse. The Ontario government must take measures commensurate to the emergency as a top priority.

Health care staffing shortages were already worsening in the years preceding the pandemic. Inadequate funding and labour force restructuring have resulted in crushing workloads. Insufficient staffing and increasing violence have contributed to untenable rates of injury among health care staff. Planned underfunding, budget constraints and legislated wage suppression turned the shortages into a crisis. In the pandemic, the staffing crisis has become a full-blown emergency, made worse by inadequate PPE and safety protections for workers. For-profit privatization has exacerbated these deteriorating conditions.

The Ontario government must urgently address the immediate emergency in staffing, begin measures to address the pre-existing severe staffing shortages, and set conditions of work that will stabilize our hospitals, long-term care & home care to provide the health care that Ontarians need.

1. Immediate measures needed to address staffing collapse in hospitals, LTC, home care

- Provincial and federal governments must immediately **deploy military teams** to facilities in crisis, as military capacity permits.
- The Ontario government must set up **rapid response teams** and immediately create a voluntary **health human resource emergency deployment system** to sign up health care professionals to help from across the health care system and channel them into hospitals, LTC homes, retirement homes and home care in crisis. Health care providers cannot be left on their own to determine whether they are in crisis.

Ontarians require **leadership and coordination** from our Ministry of Health and Ontario Health to ensure that concrete resource sharing is happening and that additional staffing resources are provided to facilities and services in crisis.

These measures may be needed for future waves, as they were in waves 1, 2 and 3. They should be able to be deployed as needed until the pandemic recedes.

- The Ontario government must immediately require hospitals, LTC homes and home care providers to provide and implement the use of proper PPE for airborne protection against Omicron, including **fit-tested N95 respirators for all staff**. Improved training on the appropriate use of such PPE is required. Essential caregivers, visitors (where allowed), agency and contract staff, delivery staff and **anyone entering these health care facilities must be required to wear an N95 respirator or equivalent**. Where possible, for regular entrants such as essential caregivers, fit-testing should be undertaken.

- The Ontario government must require the College of Nurses and the colleges responsible for the health professionals for whom there are severe shortages (e.g., respiratory therapists, laboratory technologists, pharmacists, diagnostic imaging) to [clear the backlog of approvals for internationally educated nurses and health professionals](#). The federal government must immediately [remove immigration barriers for internationally-educated nurses and other health professionals](#). The Ontario government must immediately create a system to sign them up and get them into facilities in crisis on an emergency basis.
- The Ontario government must require the College of Nurses and the colleges responsible for health professionals to **fast-track credentialing of retired health care professionals** and waive licensing fees for those who are willing to help temporarily to alleviate the staffing emergency.
- Public education and communication are inadequate. **Much clearer and consistent communication, transparency, and urgency are needed from all levels of government and health care leadership.**
 - The pervasive message that Omicron causes mild illness has been devastating, and all public health, political and health system leaders must counter it. We are not on the cusp of a health system crisis, we are *in* it. The public is only now beginning to awaken to the gravity of the current wave, and each successive wave of the pandemic is depleting resilience in the health care system. Ontarians need clear honest public education messages about the consequences of the unfettered spread of the virus for all Ontarians in need of health care and about the long-term effects of COVID-19.
 - Government and public health leadership have downplayed the need for protection against airborne transmission of the virus and continue to limit access to and use of N95 respirators. They have failed to provide clear messages to Ontarians promoting the use of more effective masks, such as N95s or their equivalent. Much stronger, clearer messaging must be adopted, and N95 masks -- which are prohibitively expensive -- must be provided to all Ontarians without charge.
 - In reports over the last week, health professionals are warning that Ontarians are [turning down booster doses](#) of the Moderna Spikevax COVID-19 vaccine, demonstrating a lack of public understanding regarding the severity of the current wave. Clear messaging that vaccines work and encouragement to take the first available booster must be intensified.
 - Where possible, Ontarians on their own may be able to take measures such as improved masking and ventilation, use of HEPA filters, reduction of person-to-person contacts, hand cleaning. Clear leadership and messaging on these issues is urgently needed.
 - The public needs to know where outbreaks are happening in health care, schools and day cares, private businesses and services, both as a public education measure and to deepen consensus regarding public health measures needed. (One model of such transparency has been used in [Nova Scotia](#) where all outbreaks in private businesses have been publicly listed along with times of potential exposures as well as in vital public services.)
- There is a pandemic of COVID-19 that is a real and imminent threat to the health of Ontarians but there is also an ongoing health crisis of staffing shortages that is resulting in irreparable harm to patients. It is vital that there be transparency about the extent of the shortages. **Clear and urgent public reporting of actual staffing levels must be required in hospitals and long-term care homes** (e.g., under the [Medicare and Medicaid Programs: Reform Requirements for Long Term Care Facilities, Final Rule, \(2016\)](#) homes are required to post daily staffing data on the number and type of staff and the actual hours worked per shift.)
- On an emergency basis NGOs may be able to provide support, and all appropriate safe options should be considered.

2. Short term measures needed to address critical staffing shortages

- The Ontario government must launch an **urgent intensive recruitment and training initiative, following Quebec’s model from the summer of 2020**, to ease crushing workloads for PSWs, RNs, RPNs, and health professionals for whom there are severe shortages. This must be undertaken **in addition to urgently required measures to improve working conditions and wages to retain and attract back existing staff**. The Quebec model was successful in recruiting and training more than 7,000 PSW equivalents in three months-- out of a goal of 10,000-- and deploying them in time to mitigate the second wave in Quebec’s long-term care homes in part because it was **intensive fast-track training without tuition fees (it was paid), with the promise of full-time work and decent wages**.

Ontario’s initiative needs to be similarly ambitious and scaled to the size of our province. This would mean approximately 18,000 PSWs in fast-track intensive training as soon as possible, and a similar number of nurses (RPNs and RNs). In long-term care alone, Ontario needs 21,500 full time equivalent PSWs and 15,500 RN/RPNs by 2025 to get care levels up to safety and open the scheduled new/redeveloped beds. There are currently 22,000 vacant RN positions in Ontario.

This cannot be ad hoc, using private colleges, of variable quality, and at numbers far below projected need, as has been the case to date.
- Ontario’s health care workforce had already experienced a decade of wage suppression prior to the pandemic. Under Bill 124, wages are capped well below the rate of inflation, meaning real-dollar cuts in pay for workers that have held our health care system together through the most challenging and traumatic of circumstances. **Bill 124 must be immediately repealed. Health care workers’ wages must immediately be improved.**
- The Ontario government must immediately implement a **minimum of 10 paid sick days and an additional 14 paid sick days in health emergencies**.
- While wages of regular health care staff in public and non-profit health care services have been suppressed by Bill 124, for-profit staffing agencies are charging exorbitant prices of our public hospitals and long-term care homes for temporary staff. **The Ontario government must urgently pass legislation against price gouging by health care staffing agencies.**
- The Ontario government must **set clear targets and staff recruitment, retention and training plans** for the number of staff needed immediately and in upcoming years, including clear accountable targets for increasing full-time staff and reducing precarity.
- The Ontario government must urgently implement **stronger public health measures** to slow the spread of COVID-19.

In the Ontario Budget, the government claimed that Ontario has the capacity to do 105,000 COVID tests per day. This **increase in our public and hospital laboratory capacity** must be made real, and the Ontario government must cover the full cost of testing in our public hospital laboratories. **Redefining outbreaks, limiting testing, and otherwise manipulating the data to suppress case numbers must stop. Test-trace-isolate must be reinstated.**
- The Ontario government must work with postsecondary partners to ensure the safe **resumption of in-person clinical placements** and labs for all nursing students.

3. Overall measures needed to address staffing shortages

- The Ontario government must **require a ratio of 70 percent full-time staff** in hospitals and long-term care.
 - Staffing agencies have a corrosive effect on health care worker retention. Public and non-profit hospitals and long-term care homes are subject to wage suppression in Bill 124 whereas staff who leave and join agencies are paid sometimes double or more than the staff who stay. To add insult to injury, agency staff do not have the same requirements to work nights and weekends as regular staff. There are widespread reports of staffing agencies charging exorbitant mark ups and engaging in price gouging of our publicly funded health care facilities. The Ontario government must **ban the use of private health care staffing agencies** by hospitals and LTC homes.
 - Threats and violence against health care workers are contributing to extraordinary rates of staff injury, poor working conditions and retention issues. The Ontario government and health care leadership can no longer fail to take action to prevent the torrent of physical, sexual, and racially directed violence at health care staff. Clear, strong messages from leadership at all levels are needed to ask Ontarians to treat health care workers with respect and tolerance. The Ontario government must **issue a directive to health care leadership to take immediate active measures to reduce violence and invest significantly in safety measures.**
- A substantial proportion of violence can be prevented by adequate numbers of staff -- and appropriately trained staff -- with enough time to provide care without rushing and long waits. **Safe staffing levels and training must be implemented as a priority to prevent violence and to provide compassionate care for patients and residents with responsive behaviours and mental illness.**
- The Ontario government **must create a plan with an accountable timeline to reach wage parity across home care, long-term care and hospitals.**
 - The Ontario government must alter its current budget plan which has [set health care funding at billions of dollars per year below population need](#) starting in 2022-23 and instead **plan for the needed revenue and funding policies to support a quality health care system that meets population need for care.**
 - The Ontario government must **stop the for-profit privatization of hospital services, long-term care and home care.**
 - The Ontario government must **report publicly and transparently on progress regarding these recommendations.**

The following organizations have endorsed these urgent demands for concrete action by the Ontario government. We represent more than one million Ontarians on the front lines of the crisis, as health care professionals and workers, as patients, residents and families.

Advocates for Long-Term Care Reform Ontario
Advocacy Committee, Family Council Network Region 4
Long-Term Care Action Now
National Pensioners Federation
Ontario Council of Hospital Unions (OCHU/CUPE)
Ontario Federation of Labour
Ontario Health Coalition
Ontario Medical Students Association
Ontario Nurses' Association
Ontario Public Service Employees Union & Hospital Professionals Division
Sienna Living Family Council Coalition
Unifor
United Food and Commercial Workers
United Steelworkers
Various Family Councils from long-term care homes across Ontario