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Report 2024-156

Report Title: Long-term Care Staffing Challenges

Committee Name: Community Health

Committee Meeting Date: December 3, 2024

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Golden Plough Lodge

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Council Meeting Date: December 3, 2024

Strategic Plan Priorities: Innovate for Service Excellence
 Ignite Economic Opportunity
 Foster a Thriving Community
 Propel Sustainable Growth
 Champion a Vibrant Future

Information Report

“That the Community Health Committee receive Report 2024-156 ‘Long-term Care Staffing Challenges’ for information; and

Further That the Committee recommend that County Council receive this report for information.”

Purpose

This report for information will provide an overview of staffing challenges experienced in the long-term care sector and staff agency use at the Golden Plough Lodge (GPL).

Background

The GPL is a municipally owned and operated long term care home. The Province mandates every upper-tier municipality to have at least one long-term care home in operation. First

established in the 1850's as a County House of Refuge, the GPL has a long-established history of caring for others.

Today, the GPL serves others whose needs cannot be met in the community and require both personal care and nursing expertise. The GPL is first and foremost home to 151 residents, cared for and supported by 230 dedicated staff members providing Nursing Care, Dietary Services, Life Enrichment Programming, Environmental Services and Administration Support.

As an operating division of the Corporation of the County of Northumberland, the following core values are embedded in all facets of the GPL operations:

- Accountability
- Care & Support
- Collaboration/Communication
- Honesty & Integrity
- Innovation & Excellence
- Mutual Trust and Respect

The GPL operates on an annual budget of \$23,945,474 (2024). Of that \$13,312,827 is funded from Provincial subsidies, \$6,982,034 County levy, \$3,529,313 resident accommodation revenue and \$121,300 other revenues. The bulk of the Provincial subsidies are in the form of a per diem based on occupied beds under various funding envelopes. The largest funding envelope is for nursing and personal care, and this is adjusted by a Case Mix Index factor dependent on the reported acuity levels of the resident population.

Generally, residents at the GPL are seniors and they require a heavy degree of physical care, or they are dealing with Alzheimer disease or other forms of dementia that require constant care. The objectives of long-term care are to promote as much independence as possible for as long as possible, and to ensure the best possible quality of life for each individual resident.

Personal support workers assist residents with their daily care. That may mean help with eating meals, assistance with bathing, and with toileting and general grooming. There are registered nurses (RNs) and registered practical nurses (RPNs) to provide health care, promote wellness, assess for illness, provide treatments and administer prescribed medicines. Homes, like the GPL, also have arrangements with physicians who act as medical directors and attending physicians to work with the residents and to be on call 24 hours a day.

Staffing challenges in long-term care are a persistent issue that can impact the quality of care provided to residents. Factors such as high staff turnover, heavy regulations, lower wages as compared to staff working in other facilities such as hospitals, and demanding working conditions contribute to difficulties in recruiting and retaining skilled staff. The physically and emotionally demanding nature of the work often leads to burnout, further exacerbating workforce shortages. Additionally, the aging population and increasing care needs place added pressure on already limited staffing resources. This shortage can result in reduced 1:1 time with residents, delayed care, and increased stress for existing staff, creating a cycle of strain that is difficult to break. Addressing these challenges requires systemic changes, including more professional development opportunities, more support from the Ministry of Long-term Care (MLTC) as opposed to heavy handed regulations, and improved working conditions to attract and retain a dedicated workforce.

In order to ensure adequate staffing ratios many health care settings turn to temporary staffing agencies. Healthcare staffing agencies specialize in healthcare recruitment and can provide a pool of healthcare professionals with a variety of skills and specialties. They can help healthcare organizations access specific skills and knowledge on a short-term basis.

The Fixing Long-term Care Act (FLTCA) has set mandatory direct care targets of 4 hours of care per day, per resident, provided by RN's, RPN's and PSW's by March 31, 2025.

MLTC targets for increased staffing levels by year are displayed below:

2021-22	2022-23	2023-24	2024-25
3 hours	3 hours 15 mins.	3 hours 42 mins.	4 hours

The Registered Nurses Association of Ontario (RNAO) have developed Best Practice Guidelines for health care providers across the Long-Term Care Home sector recommending staffing complements in each of the Nursing disciplines (NP, RN, RPN), as well as PSW's, that support best practice, and best quality care.

The GPL has also taken these best practice guidelines into account, to ensure alignment with best practice staffing compliments.

A current and future state staffing review was conducted by a third-party, Leading-Edge Group, and concluded that increases in direct care staffing, RNs, RPNs and PSWs was required to meet the FLTCA mandated direct care targets, as well as to support the staffing needs as Golden Plough Lodge increases from the current 151 residents to 180 residents at the new facility.

The legislated requirement moving to 4 hours of care per day has further exasperated an already strained labour force capacity within long-term care.

Healthcare staffing agencies can help healthcare facilities address labor shortages and ensure that quality care is provided in a timely manner. They can also provide ongoing support to both the healthcare providers and the healthcare facility

Many staffing agencies act responsibly, but some do not. Those that do not are taking advantage of a crisis in the long-term care sector by charging exorbitant fees, which are crowding budgets and ultimately undermining care. It is a major problem that is getting worse.

Government has the opportunity to take urgent action to control exploitative agencies. That includes putting restrictions on hourly rates for temporary staff in LTC homes. AdvantAGE Ontario regularly advocates for change in this area directly to the MLTC.

Consultations

Consultations took place with Northumberland County Finance Department, the Director of Health and Human Services and external agencies involved in the cooperative procurement process. Consultations with the Eastern Ontario Wardens' Caucus (EOWC) Administrator's group also took place.

Legislative Authority / Risk Considerations

Ministry of Long-Term Care

Fixing Long-Term Care Act, 2021

Ontario Regulation 246/22

Discussion / Options

Appropriate staffing ratios are of utmost importance when considering the care needs of residents at the GPL. Temporary staffing agencies have long been used in health care settings including long term care to ensure staffing ratios remain stable in the home. At the GPL, agency staff are utilized to cover for permanent County staff when we receive call-ins that create a risk to resident care, during peak vacation periods like the holiday season and summer and when large scale training is being completed. The GPL has worked with the same agency since June 2022 and have utilized agency staff in all direct care staffing roles; PSW, RPN and RN. Over the course of the last three years (2022-2024 YTD), the GPL has spent a total of \$1,979 278.37 on agency use. The following charts break down the costs by year and classification:

RN's

2022:

Q1 January - March	\$0.00
Q2 April - June	\$21,833.29
Q3 July - September	\$74,653.33
Q4 October - December	\$70,887.59
2022 RN Total	<u>\$167,374.21</u>

2023:

Q1 January - March	\$34,354.38
Q2 April - June	\$105,853.80
Q3 July - September	\$73,269.75
Q4 October - December	\$18,940.28
2023 RN Total	<u>\$232,418.21</u>

Q1 January - March	\$66,964.32
Q2 April - June	\$6,161.96
Q3 July - September	\$23,718.78
Q4 October - December	
2024 RN Total YTD	<u>\$96,845.06</u>

2022-24 RN Total	<u>\$496,637.48</u>
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RPN's

2022:

Q1 January - March	\$0.00
Q2 April - June	\$37,330.20

Q3 July - September	\$175,464.29
Q4 October - December	\$153,108.39
2022 RPN Total	<u>\$365,902.88</u>

2023:

Q1 January - March	\$83,529.65
Q2 April - June	\$71,978.80
Q3 July - September	\$78,720.60
Q4 October - December	\$85,740.10
2023 RPN Total	<u>\$319,969.15</u>

Q1 January - March	\$129,520.36
Q2 April - June	\$176,313.65
Q3 July - September	\$211,326.50
Q4 October - December	
2024 RPN Total YTD	<u>\$517,160.51</u>

2022-24 RPN Total	\$1,203,032.54
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PSW's

2022:

Q1 January - March	\$0.00
Q2 April - June	\$0.00
Q3 July - September	\$0.00
Q4 October - December	\$55,265.45
2022 PSW Total	<u>\$55,265.45</u>

2023:

Q1 January - March	\$0.00
Q2 April - June	\$0.00
Q3 July - September	\$25,196.90
Q4 October - December	\$80,646.35
2023 PSW Total	<u>\$105,843.25</u>

2024:

Q1 January - March	\$23,487.69
Q2 April - June	\$14,708.27
Q3 July - September	\$80,303.69
Q4 October - December	
2024 PSW Total YTD	<u>\$118,499.65</u>

**2022-24 PSW
Total****\$279,608.35**

RPN's are the most challenging positions to fill in long-term care. The workload in LTC homes is frequently overwhelming, with high resident-to-nurse ratios and the need to manage residents with complex care needs, including dementia and multiple chronic conditions. These demanding conditions, coupled with limited career advancement opportunities, contribute to high turnover rates and deter many RPN's from pursuing roles in LTC. Furthermore, the public perception of LTC homes, exacerbated by negative attention during COVID-19 pandemic, has made these positions less appealing. At a recent Administrator Leadership course, many LTC's homes from across Ontario are struggling with the same RPN recruitment issues as at the GPL.

The following chart shows spending on temporary agency staff based on data collected by the EOWC group from January- June 2024. Northumberland County falls in the about the middle and about \$35,000 below the average spending between these Eastern Ontario homes.

Municipality	Temporary Agency Costs YTD as of June 2024	Average Hours of Care per Resident per Day
County of Renfrew	\$840,000	3.37
Lanark County	\$593,000	3.70
Cornwall	\$592,564	3.92
Frontenac County	\$554,000	3.82
Prince Edward County	\$510,604	3.92
Northumberland	\$403,140	3.88
Kawartha Lakes	\$337,755	3.05
Peterborough	\$268,568	3.73
Lennox & Addington	\$164,485	2.97
Prescott & Russell	\$131,643	3.45
Hastings County	\$47,155	3.03
Average*	\$439,576	3.53

* Average Agency costs excludes outlier – Hastings County

The need for staffing agencies in LTC varies depending on factors such as workplace practices, location of the home, and workforce availability. Some LTC homes maintain adequate permanent staff due to competitive wages, supportive working conditions and effective recruitment and retention strategies. In contrast, other LTC homes, particularly those in rural or underserved areas, struggle to attract and retain permanent employees due to limited local

talent pools, lower wages when compared to other health care settings and challenges in the working environment.

Through a collaborative purchasing group providing services to Canada's health care supply chain, the GPL now has an opportunity to utilize other agencies with favourable rates resulting in potentially significant savings. The savings on just the RPN classification alone could be up to \$300,000 per year. Ongoing consultation and planning is required and is currently taking place to facilitate with this transition happening potentially as early as mid-December 2024. This is a welcome savings and important to pursue given the new potential agency offers the same services at a cost significantly lower than current provider(s).

Recognizing the current staffing shortage and the need to increase nursing staffing levels transitioning into the new facility next year, initiatives are currently underway for recruitment inclusive of development of a marketing video, possible partnerships with post-secondary institutions inclusive of facilitating PSW labs for students and review of hiring of internationally educated nurses (IEN's) utilizing an Economic Mobility Pathways Pilot (EMPP) program through Immigration, Refugees and Citizenship Canada. IEN's would be hired to work as PSW's while they complete necessary steps for accreditation in Ontario.

Financial Impact

Total cost for agency use from 2022-2024 = \$1,979, 278.37

Potential savings sourcing services of a new agency under cooperative procurement arrangement in the RPN classification could be up to approximately \$300,000/year.

Member Municipality Impacts

N/A

Conclusion / Outcomes

Staff request that the Community health Committee and County Council receive this report for information.

Attachments

N/A