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STAR EXCLUSIVE

Ontario's for-profit nursing homes — which have significantly higher rates of COVID-19 deaths — have 17% fewer workers, new Star analysis reveals

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Ontario's for-profit nursing homes employ, on average, 17 per cent fewer full-time and part-time workers compared to non-profit and municipal homes, according to a Star analysis of union staffing data.

The Star found that for every 100 beds in for-profit long-term-care homes there were 99 unionized workers, compared to 115 for every 100 beds in non-profit homes and 124 for every 100 beds in municipal homes. The Star's analysis is based on pre-pandemic staffing levels.

"It's not surprising at all," said Candace Rennick, a spokesperson for the Canadian Union of Public Employees (CUPE), which represents workers in 182 long-term-care homes in the province. "When you're running a business to make profit you have to cut corners somewhere, and staffing is the biggest cost."

Rennick said lower staffing levels in for-profit homes put a heavier burden on workers.

"But the biggest consequences are for the people who are receiving care," she said.

Previous reporting by the Star has found significantly higher rates of COVID-19 infection and death in for-profit nursing homes compared to non-profit and municipal homes, and also that municipal homes pay higher wages and benefits to workers, leading to better staff retention.

Insufficient staffing has been highlighted as one of many factors that have contributed to unchecked outbreaks in long-term-care facilities, where four out of every five COVID-19 deaths in Canada have occurred.

A spokesperson for Merrilee Fullerton, Ontario's Minister of Long-Term Care, said that based on staffing information reported to the ministry by the homes, there is no significant difference in staffing levels between for-profit, non-profit and municipal homes. But the data the Minister's office provided to support this only looked at the share of workers compared to the share of homes and did not take into account the number of licensed beds in each home, as the Star's analysis does.

The Ontario Long-Term Care Association (OLTCA), which represents more than two-thirds of the long-term-care homes in the province, neither disputed the Star's findings nor addressed the disparity in staffing levels between ownership types.

In a written statement, CEO Donna Duncan said there is "a human resources emergency across long-term care that predated COVID-19."

The staffing shortage — for all roles, but especially personal support workers — has affected all types of homes, she said, regardless of ownership.

“Seniors entering long-term care are more frail and medically complex than even five years ago. However, provincial funding and regulations have not kept pace with the higher care needs of this population, leaving homes underfunded and facing staffing challenges.”

Duncan said long-term-care homes of all ownership types have been affected by COVID-19 outbreaks and factors unrelated to home ownership — such as the age of the home and the number of beds per room — have played a bigger role.

There are 626 long-term-care homes in Ontario, all of which are funded by the same provincial government formula. Nearly 60 per cent are private and for-profit, with the remainder run by charities, non-profit organizations and municipalities.

The Star collected staffing data from eight different unions representing workers in 471 long-term-care homes across the province. The data includes workers that provide direct care to residents, such as personal support workers (PSWs) and registered practical nurses, as well as those that provide indirect care, such as cleaning, laundry and food services.

The data largely excludes registered nurses, most of whom are represented by the Ontario Nurses Association. The data also excludes roughly 150 non-unionized long-term-care homes.

Looking at the total number of staff, not the actual hours worked, is an imprecise measure, but academic experts said the Star’s findings align with previous research into the disparities in staffing levels between for-profit, non-profit and municipal nursing homes in Ontario.

Union officials also said they have heard from their members that for-profit homes have lower staffing levels.

“Yes, 100 per cent,” said Sharleen Stewart, president of SEIU Healthcare, which represents workers in more than 160 long-term-care homes in the province. “Simply put, it’s because they have different priorities and that is that they have to be accountable to shareholders.”

The Ontario government, which spends \$4.3 billion each year on long-term care, provides funding to nursing homes in four “envelopes”: nursing and personal care; programs and support services; raw food; and “other accommodation,” which includes expenses related to the running of the home, such as housekeeping, laundry, property maintenance, and the preparation and service of food.

The funding provided in the nursing and personal care envelope varies depending on the level of medical care required by residents; a home with higher-needs residents will receive more money. Homes use funding from this envelope to pay staffing costs for registered nurses, registered practical nurses and PSWs.

Funding provided in the first three envelopes must be used for those purposes alone; any unspent funds must be returned to the province. Surplus funds from the “other accommodation” envelope can be kept by private operators as profit or reinvested in nursing and personal care for residents. In addition, last year the province introduced another amount of funding separate from the four envelopes that homes can use to address priority areas.

“We do not agree with the premise that private homes operate with significantly fewer full and part-time staff than non-profit and municipal homes,” said Natalie Gokchenian, a spokesperson for Sienna Senior Living, one of the province’s largest private nursing home chains.

“What we can tell you is that the number of employees working at each of our residences is based on the level of funding provided for care and services by government. It is important to note that for every long-term-care home in Ontario, the government funds all resident care, programs and food and no profit can be made from the funds that support direct resident care.”

Pat Armstrong, a sociology professor at York University who has spent more than two decades researching long-term care in Canada, said even if the for-profit homes only have lower staffing levels in cleaning or laundry services, that’s still a problem.

“If that’s where (savings) are coming from I’m equally worried,” she said. “I would argue that those are critical to care.”

Provincial legislation is vague on staffing requirements in long-term-care homes with only a few exceptions, such as the need for at least one full-time cook and that one registered nurse be present in the building at all times.

Other than that they are only required to have enough staff to “meet the assessed needs of the residents.”

In the 1990s, long-term-care homes were required to provide 2.25 hours of nursing care per resident, per day. That requirement was dropped in 1996 as part of a broader deregulation of long-term care by former premier Mike Harris, who now sits as the chair of the

board of directors for Chartwell Retirement Residences, one of the largest private operators of retirement and long-term-care homes in the province.

Many critics are calling on the government to reinstate minimum hours of direct nursing care.

Last year the City of Toronto committed to hiring 281 new staff members in its 10 long-term-care homes by 2025, which will allow its homes to provide four hours of direct daily care to residents, up from their current 3.5 hours.

“We know that residents just don’t get the amount of care that is needed. That has become painfully obvious,” said Jane Meadus, a staff lawyer at the Advocacy Centre for the Elderly in Toronto.

She says she often hears from clients, who are residents, complaining that they did not get their minimum two baths a week, as required in the legislation.

“I hear it more from people in the for-profit sector, but I do hear from people in the not-for-profit sector as well. It happens everywhere,” Meadus said.

“Part of the problem of course is that we don’t have enough people who will work (in long-term care). So you have to increase the wages, so that people aren’t treating residents as widgets.”

The OLTCA attributes the staffing shortage to declining graduation rates for PSWs, trained PSWs choosing other types of work, the “heavily regulated environment” in long-term care and the “stigma of a continued negative focus on the sector.”

New research by professors at York and Carleton universities highlights the heavy workloads in long-term care, with about one personal support worker for every eight to 12 residents during day shifts. That ratio increases to about one personal support worker for every 25 residents on the night shift, the researchers found.

“From the system level, we’re not demanding the sorts of conditions that are required to produce good-quality care,” said Tamara Daly, a professor of health policy at York University and lead author of a new paper examining how work is organized in Ontario’s long-term-care homes. “And in a very basic way, we are allowing the system to be nothing better than mediocre.”

Reduced staffing levels hinder continuity of care, Daly said, referring to everything from knowing a resident’s food preferences, to their sleep patterns, to the sensitive areas of their body.

“Having permanent staff that know residents well is vital to carry out the normal routine or know the reaction for that person and what seems out of the ordinary and that’s the kind of knowledge that doesn’t always get written down on the charts or paper,” Daly said. “It’s simply the sort of stuff you know when you can develop relationships at your job.”

A military report [made public last week](#) detailed disturbing findings made by Canadian Armed Forces personnel deployed to five GTA long-term-care homes hit hard by COVID-19. The 23-page report described residents infected with the virus left to wander, inadequate supplies of personal protective equipment, the use of expired medication, and residents not receiving three meals a day.

Understaffing was highlighted as an issue in the four for-profit homes in which the military personnel were sent, but not the one non-profit.

“The staffing is such that it is impossible to provide care at a pace that is appropriate to each resident or allow them any kind of independence,” reads a section of the report about Etobicoke’s Eatonville Care Centre, which is owned by Rykka Care Centres. The report states that residents are “often sedated with narcotics when they are likely just sad or depressed in a context where there isn’t the staffing to support the level of care and companionship they need.”

In a statement released to media in response to the military’s report, Eatonville executive director Evelyn MacDonald said 104 staff members tested positive for COVID-19 and other workers simply stopped coming in. “Those who remained were overwhelmed by the pressures brought on by COVID-19,” she said. “This shortage of staff was a significant challenge.”

The military report also mentions problems with poorly trained “agency” staff.

Neither the OLTCA nor the private companies contacted for this story responded to questions from the Star about the extent of temporary staffing agency use in long-term-care homes. Union officials said temp agency workers are used more often in for-profit homes.

The Ministry of Long-Term Care said less than 2 per cent of personal support workers, registered nurses and registered practical nurses are employed by temporary help agencies, according to the most recent staffing reports sent by the homes. But agency use in housekeeping, food services and other positions are not reported to the ministry.

The ministry said it launched a staffing study earlier this year in response to recommendations from the public inquiry into the killings by Elizabeth Wettlaufer. The study will be used to develop a “comprehensive staffing strategy” for long-term care, the

ministry said, including “ideal levels” of staff and also best practices for training, recruitment and retention of personal support workers, nurses and other front-line staff.

Fullerton’s spokesperson also said that the independent commission into long-term care, which will begin in July, will address staffing concerns. “We will leave no stone unturned through this transparent, independent, non-partisan commission,” Gillian Sloggett wrote in an email.



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