

# **SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL 1.0n**

## **BACKGROUNDER**

### **The Need for Nursing Home Standards in Ontario**

Seniors in Ontario nursing homes are still not receiving the care they deserve.

In December, 2003 people across Ontario reacted with horror to revelations in the *Toronto Star* of widespread problems in Ontario's nursing homes. Seniors died painful, needless deaths in nursing homes because there was not enough staff to provide quality care and not enough government oversight to detect and correct problems. In response to public outrage, Minister of Health and Long Term Care, George Smitherman, vowed to take action to protect Ontario's seniors.

Those promises have not been kept.

Ontario nursing homes are not required to maintain a base level of staffing. The Ontario government, despite promises made by Dalton McGuinty prior to the 2003 provincial election, refuses to establish a standard of quality care nursing homes must provide each resident.

The Service Employees International Union Local 1.0n has been fighting for better nursing home care standards for years. SEIU Local 1.0n represents 12,000 nursing home workers, (registered practical nurses, health care aides, personal support workers, dietary and housekeeping aides, and maintenance staff) at more than 130 nursing home facilities across Ontario.

For profit nursing homes continue to warehouse the elderly despite the fact that the present Ontario government claims it has invested an additional \$740 million in the operation of long term care since coming to office in 2003. Promised staff increases, did not materialize. To date there have been no significant increases to nursing home staffing levels, save for an increase in Registered Nurses.

Since the Ontario Health Minister's announcement in January, 2004 that there would be unannounced annual nursing home inspections and a toll-free phone service established for nursing home residents and the public to use to lodge complaints against nursing homes, there has been little else done to improve the quality of care Ontario nursing home residents receive.

The Ontario government promised a revolution of change to Ontario's nursing home industry. It mandated Monique Smith (MPP Nipissing) to write a report that would become a blueprint for change.

Smith's report (spring, 2004) said the government should implement systems that deliver confidence to the public. She said there must be openness and transparency in the complaints process.

Legislation, she said, should include the duty to report abuse and provide whistle blower protection, the creation of an ombudsman to act as a watchdog and advocate on behalf of seniors, a separate inspection function including fines, and there should be public notification and reporting.

Smith called for expanded training for staff to deal with increasingly frail and older residents and the elimination of incontinence products from the personal care envelope.

These initiatives are all to be lauded. But since this report the Ontario Liberals appear to be backing away from ensuring Ontario nursing home residents receive a minimum number of care hours per day.

To ensure real reform in Ontario's nursing homes, the Ontario government's proposals to increase funding and public disclosure must be enacted--but with a staffing standard and a guarantee that taxpayer dollars go directly to patient care and not into the profits of private nursing homes.

- There are 618 long term care homes in Ontario
- 75,000 residents
- There are three classes of homes:
  1. Municipal Homes for the Aged – Operated by a City, County, or Region
  2. Charitable Homes for the Aged
  3. Private Nursing Homes.

To this date the Ontario government's lack of action in developing any standards for a minimum number of care hours nursing home operators must provide is nothing short scandalous. It is immoral.

The Ontario Liberal government's commitment to set standards was set out prior to the last provincial election. Since then the government has done nothing but back track.

## **Liberal Promises on Long Term Care**

Q. Will your party stop awarding long term care beds to private, profit companies?

A. We have a comprehensive plan to improve the quality of life for residents of long-term care facilities. Our plan includes restoring standards and providing the necessary funding to increase the level of nursing care that long-term care residents receive. Inspectors will be required to audit the staff to resident ratios, the number of nursing hours per patient, the mix of staffing and number of staff who have taken a course in the care of seniors.

**Dalton McGuinty**

**April 4, 2003**

**Response to Ontario Federation of Labour questionnaire.**

Q. Will your government make public the number of care hours nursing home residents receive on a daily basis, for each Ontario nursing home?

A. Ontario Liberals are committed to ensuring that nursing homes residents receive more personal care each day. We will invest over \$400 million to increase the level of care in nursing homes and reinstate minimum standards.

Q. Will your government establish a minimum number of care hours nursing home residents must receive on a daily basis? If so what should the number of care hours per day be?

A. YES. Ontario Liberals are committed to reinstating the standards of care for nursing homes that were removed by the Harris government – including minimum 2.25 hours of nursing care daily and 3 baths per week.

**Dalton McGuinty**

**June 11, 2003 Response to**

**SEIU Local 204 questionnaire**

“Promising a ‘revolution’ in long term care Smitherman told the Star he will make fixing Ontario’s troubled nursing home system his top priority.”

“We are going to push forward on this very rapidly,” Smitherman said.

**Quoted in Toronto Star  
December 8, 2003**

“We’re proud of our record in long-term care.”

**April 26, 2006  
Dwight Duncan Acting Premier**

## **The Reality**

Ms. Martel: Are you going to reinstate 2.25?

Hon. Mr. Smitherman: I answered the question yesterday, directly, and I’m pleased to answer it again.

Ms. Martel: OK, let me just confirm again. Are you going \_\_\_\_

Hon. Mr. Smitherman: NO.

Ms. Martel: So in fact you don’t have any intention of keeping the promise you made in your election document, even though you were quite critical of the former government for canceling the 2.25 hour of nursing care.

**Standing Committee on Estimates  
October 5, 2004**

A Coroner’s Jury report (May, 2005) in the inquest into the deaths of two nursing home residents in June, 2001 made 85 recommendations to improve nursing home standards.

The Ministry of Health and Long Term Care responses to these recommendations (July, 2006) remain cloaked in bureaucratic non committal language indicating the Ontario government will not make the changes to the care nursing home residents receive. To date Liberal promises for better standards remain broken promises.

For example, the **Coroner's Jury Recommendation 29** calls on the MOHLTC, pending an evidence based study should fund and set standards requiring LTC facilities to increase staffing levels to, an average, no less than .59 RN hours per resident per day and 3.06 per resident per day overall nursing and personal care for the average Ontario case mix measure. The funding formula must be immediately adjusted to reflect this minimum staffing.

**MOHLTC response** to this recommendation was a total rejection of the recommendation claiming there were flaws in the jury's data. The MOHLTC claims it is closely monitoring the performance of each home in meeting hiring targets through staffing level reporting.

Even though there are now 24 hours a day on site Registered Nurses present, there is little evidence of staff improvements to other direct hands on care givers.

The Ministry's response to the Coroner's Jury recommendation that at a minimum, care hours in Ontario nursing homes must be comparable to similar jurisdictions is a total cop out. The **MOHLTC** claims the Ministry's Nursing Secretariat is in the process of developing a nursing plan for the LTC sector.

### **Suffering in Secrecy: The Case for Public Accountability**

*"In Ontario, families seeking a home for a loved one have no way of knowing whether a nursing home has a history of substandard care."* Toronto Star, December 7, 2003.

Untreated pressure sores, malnutrition, injuries are all signs of substandard patient care. Ministry of Health inspectors called "compliance advisors" visit nursing homes to look for these sorts of problems in annual inspections. However, their findings remain shrouded in secrecy, collecting dust at the Ministry and inaccessible to the public.

Although inspections have increased since 2002, when the Provincial Auditor of Ontario found that the Ministry "do[es] not routinely review the findings of these inspections" to identify facilities with chronic problems and patterns of non-compliance with the law.<sup>1</sup> Lacking analysis of their inspection findings, Ministry officials are unable to assess the quality of care nursing homes are providing. Too often in the past inspections were announced to the nursing home prior to the arrival of a Ministry of Health inspector.

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<sup>1</sup> 2002 Annual Report of the Provincial Auditor of Ontario, p. 119.

Nursing homes must now post their current inspection report in a public place inside the nursing homes.

*“In Ontario, it is easier to reliably choose a quality sofa, car or appliance than a nursing home. It is easier to check by Web site an airline arrival time than it is to see if a nursing home with hundreds of vulnerable seniors has been inspected.”* **Ottawa Citizen, May 1, 2003**

Responding to public demands for more accountability, the Ontario government has made some improvements but they are not nearly enough.

The Ministry of Health and Long Term Care has indeed established a Public Reporting on Long Term Care Homes.

However, the information is dated and difficult to locate on the MOHLTC website.

Current data includes only information from the “current” reporting period, January 1, 2005 to December 31, 2005.

Last spring the Ontario Long Term Care Association circulated a petition calling on the Ontario government to increase care by 20 minutes per day per resident.

This is the same organization that in 1995 lobbied the Harris government to remove the 2.25 hours of care regulation each nursing home resident was entitled to and the same organization that 2001 said again there must be no standard of care hours legislated.

Twice the OLTC Association has been wrong. It is wrong again.

It is not just a matter of increasing funding to nursing homes and allowing them to set the standard of care, it is the matter of ensuring nursing homes be accountable to tax payers and residents alike. This can only be accomplished if the Ontario government sets a standard of care hours as it promised prior to last election.

Tax payer money must not go to increase profits for nursing home operators.

# Largest Nursing Home Chains in Ontario

## Extendicare

Extendicare based in Markham, Ontario is none of the largest nursing home chains in Canada and the United States

Note able directors:

Mel Rhineland – President and Chief Executive Officer.

- 2005 – Salary \$800,000 (U.S.)
- Bonus \$1,000,000 (U.S.)
- Retirement Benefit - 79% of salary

Michael Kirby – Senate of Canada (announced retirement)

An advocate of private health care. He exercised stock options in Extendicare while he wrote his Senate report on Canada's health care system.

On May 31, 2006 Extendicare announced a proposed reorganization. It is to turn itself into an Income Trust, because Extendicare thinks the share price does not represent the fair market value of the company.

The new Extendicare REIT (operational September 1, 2006) will continue to operate US and Canadian nursing homes and related business such as Paramed, a homecare agency.

It will spin off Assisted Living Concepts Inc., a United States based company.

ALC will operate 206 assisted living facilities in 17 U.S. states.

Extendicare will operate 438 nursing and assisted living subsidiaries in North America, with 34,700 residents.

It employs 38,300 people in North America.

Revenue from Canadian operations grew 7.2% in the 2006 second quarter compared to same period last year.

Average occupancy was 98% for first six months of year.

Extendicare holds a 34.8% equity interest in Crown Life.

## **Retirement Residences REIT**

Notable Trustees

Hon. William G. Davis, Chairman

Douglas Basset

Darcy McKeough – former Ontario Treasurer under premiership of William Davis.

Retirement Residence REIT is the largest provider of accommodation and care for seniors in Canada. It owns 223 retirement and long term care facilities (40 in the United States) and provides management services to 9 homes for other parties:

- 26,500 residents
- Owns home health care agency Central Health Services.
- RRR may be in the worst shape financially of companies operating in long term care.
- In July, 2006 it cut its cash distribution in half from \$.84 to \$.42 per unit per year.

Paul Reichmann is accumulating RRR units. He currently owns 11,305,492 or 12.2% of the outstanding shares – He had been a trustee of the REIT but resigned prior to his announcement that he would acquire more units. Rate increases in Ontario (4.2%) improved revenue for occupied beds, while labour and related benefits costs increased only 2.5% in the 2<sup>nd</sup> quarter of 2006.

Revenues in Canada increased \$6.9 million in the 2<sup>nd</sup> quarter 2006 over the previous year.

Occupancy rate 94.9%, an increase of 1.8% over the 2<sup>nd</sup> quarter of 2005.

## **Leisureworld**

In March, 2005 Australia's MacQuarie Bank bought all of the privately held assets of Leisureworld for \$528 million.

17 Ontario nursing homes with 3,145 beds; 2 retirement homes with 77 beds; Preferred Health Care Services a home care agency and one independent living facility unit with 53 beds.

As of June 30, 2006 – occupancy was 98%.

MacQuarie Power Inc. Income trust includes a gas fired cogeneration station and a 45% interest in Leisureworld.

### **Increased Direct Care Staffing is Needed Now**

Better access to information and better reporting are not enough to cure nursing homes' resident care problems. To ensure quality care, Ontario also needs a minimum staffing standard.

What the Smith report did not recommend and the Ontario government has not yet committed to is a minimum staffing level.

Until there are a minimum daily number of care hours available to each nursing home resident, the quality of care for seniors in nursing homes will not improve.

In 1996 the previous Conservative government eliminated the 2.25 hours of care per day standard nursing home residents were entitled to receive.

In February 2004 Dave Levac (MPP, Brant) chief government whip told a Brantford audience the 2.25 hours of care standard would not be sufficient to guarantee better quality care in Ontario's nursing homes.

What the Liberals said before the election and what they say now are worlds apart.

A PriceWaterhouseCoopers study commissioned by the Ontario government concluded in January, 2001 that Ontario offered the lowest amount of total care hours per nursing home resident per day in a sample comparing Canadian provinces to several states in the U.S. and a European country.<sup>2</sup>

The comparisons are:

Ontario	2.04	Saskatchewan	3.06
Manitoba	2.44	Maine	4.40
Michigan	3.40	Mississippi	4.20
South Dakota	3	Netherlands	3.3
California	3.2		

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<sup>2</sup> PriceWaterhouseCoopers, "Report of a Study to Review Levels of Service and Responses to Need in a Sample of Ontario Long Term Care Facilities and Selected Comparators," January 11, 2001.

The nursing home industry in Ontario is opposed to a regulatory standard of care.

They want the public's money, but don't want any public control or accountability.

The Ontario Long Term Care Association<sup>3</sup> said minimum standards contribute to inefficiency by rewarding the status quo and reducing the incentive for innovations such as developing programs that would assist in moving patients out of hospitals or the special needs of residents with specific conditions, stroke, Alzheimer's etc.

It is the OLTCOA that lobbied the previous government to eliminate all care standards. OLTCOA is opposed to a regulatory care standard because it will limit its ability to make profits.

It seems the OLTCOA lobby has won. Nursing home residents and Ontario tax payers have lost.

### **Inadequate Staffing in Ontario Nursing Homes**

Understaffing is a chronic problem in Ontario nursing homes. Understaffing translates into poor resident care.

The typical situations that nursing home workers experience daily show the urgent need for increased staffing. Local 1.0n members responded to a survey about patient care and staffing with the following observations:

Nursing homes demand that a resident's diaper be 80% wet before it may be changed. There is a wetness indicator which turns colour when 80% wet. If a resident happens to have a bowel movement, the diaper wetness indicator will not register any additional wetness. If an extra diaper is needed for a resident in a one shift period, the health care aide or personal support worker must ask the charge nurse for it.

- Diapers are generally restricted to one diaper per shift.
- One personal support worker reported generally taking care of 14 residents at a time.
- Many nursing homes do not replace absent employees and will not pay overtime to remaining staff, because homes claim it is not in the nursing budget.

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<sup>3</sup> "OLTCOA Advocacy Messaging 2003" (Winter Form, 2003)

- Nursing Home workers tell SEIU Local 1.0n that working short is the worst condition.
- If workers are absent they are not replaced. Too many workers have become stressed because of the heavy work loads and as a result more sick days are taken.
- In one home PSW bath attendants are taken away from baths to help out on the floors. As a result many residents are not getting their second bath per week as now regulated.
- At meal times PSWs are feeding up to three residents per meal. It is impossible to watch every resident to ensure they are not choking.
- Charting residents' care plans are taking up at least one hour per day of an RPN's time. SEIU supports the additional attention to the care plan, in fact a better resident assessment tool is needed to replace the current Case Mix Index. However, charting time does not constitute direct hands on care.
- In many homes housekeeping and custodial staff are told to answer any resident's call bell, but are not trained to do so.
- Workers report that additional work loads will occur on doctors' days when staff needs to attend medical meetings and prepare residents for physicals. Sick residents take even more attention.
- Often staff needs to cope with as many as three resident call bells ringing at one time. It is impossible to meet the residents' demands immediately. Nursing homes are now monitoring bells because they claim staff are not answering bells quickly enough.
- Staff typically comes in early, leave late, and do not take all their breaks just to try to keep up with the workload. The nursing home industry is essentially getting free labour from a significant portion of its work force.
- A typical work day for a personal support workers and health care aides includes helping with two meals, distributing morning and afternoon nutrition, delivering laundry to resident's room, full periodontal care, toileting, bathing, grooming, (finger and toe nails, shaving etc.) making beds, and tidying rooms.

# REAL TIME STAFFING HOURS IN ONTARIO NURSING HOMES

## Calculation of staffing ratio for direct Personal Care.

Full-time hours available = 7 hours per day (Lunch and break times are excluded)

Registered Nurses generally are employed in a supervisory role and therefore provide limited direct hand on care.

Housekeeping and dietary personnel are not factored into the direct personal care ratio since they are budgeted from the Accommodation envelope and not the Nursing and Personal Care envelope provided by the Ontario government.

Care hours per resident per day = number of direct care hours available / number of residents.

## EXTENDICARE – PETERBOROUGH

<b>Day Shift</b>	14 PSWs × 7	= 98
	14 RPNs × 7	= 28
	4 Bath PSWs × 6.5	= 26
	4 PT PSWs × 5.75	= 23
	3 RNs × 7	= 31
<b>Evening</b>	12 PSWs × 7	= 84
	5 RPNs × 7	= 35
	4 Bath PSWs × 5.5	= 22
	2 RNs × 7	= 14
<b>Midnight</b>	8 PSWs × 7	= 56
	2 RPNs × 7	= 28
	1 RN × 7	= 7
<b>Total Care Hours</b>		<b>= 428</b>

**Total Residents 172**

**428 / 172 = 2.48 Hours of care per resident**

**If RNs are factored out**

**386 / 172 = 2.24 Hours of care per resident**

Although this is an improvement from the fall 2004 when SEIU Local 1.0n estimated the care level in this home to be 1.95 hours of care per resident per day, it still falls far short of the Coroner's Jury recommendation of 3.06 care hours per day.

**GRACE VILLA – HAMILTON**

<b>Day Shift</b>	3	RNs × 7	= 21
	3	RPNs × 7	= 21
	15	HCAAs × 7	= 105
	6	HCAAs × 4	= 24
	3	HCAAs × 6	= 18
<b>Afternoons</b>	1	RN × 7	= 7
	3	RPNs × 7	= 21
	12	HCAAs × 7	= 84
	7	HCAAs × 4.5	= 31.5
	1	HCA × 4	= 4
<b>Nights</b>	1	RN × 7	= 7
	3	RPNs × 7	= 21
	6	HCAAs × 7	= 42
<b>Total Care Hours</b>			<b>= 406.5</b>

**Total residents 184**

**406.5 / 184 = 2.20 Hours of care per resident**

**If RNs are factored out**

**371.5 / 184 = 2.01 Hours of care per resident**

**BLENHEIM COMMUNITY VILLAGE  
RETIREMENT RESIDENCE REIT**

<b>Days</b>	1	RN × 7	= 7
	1	RPN × 7	= 7
		PSWs × 7	= 46
<b>Afternoon</b>	1	RN × 7	= 7
	1	RPN × 7	= 7
		PSWs × 7	= 35
<b>Nights</b>	1	RN × 7	= 7
		PSWs	= 21

**Total Care Hours = 139**

**Total number of residents = 65**

**Total hours of care per resident**

**139/65 = 2.13**

**If RNs are factored out**

**118 / 65 = 1.82 Hours of care per day per resident**

## ST. CATHARINES – EXTENDICARE

<b>Day Shift</b>	1 RN × 7	=	7	
<b>First Floor</b>	1 RPN × 7	=	7	
	1 HCA 7 – 11	=	4	
	1 HCA 6 – 11	=	4.5	
	1 HCA 7 – 12:30	=	5	
	1 HCA 6 – 1:30	=	7	
	6 HCAs × 7	=	42	
	<b>Second Floor</b>	1 RN × 7	=	7
	1 RPN × 7	=	7	
	1 HCA 6 – 8	=	2	
	1 HCA 6 – 11	=	4.5	
	9 HCAs × 7	=	63	
	1 wound care RRN	=	7	
<b>Afternoons</b>	1 RN × 7	=	7	
<b>First Floor</b>	1 RPN × 7	=	7	
	1 HCA 3 – 9	=	5.5	
	1 HCA 5 – 9	=	4	
	5 HCAs × 7	=	35	
	1 wound care RRN	=	7	
	<b>Second Floor</b>	1 RN × 7	=	7
		1 RPN × 7	=	7
	1 HCA 5 – 9	=	4	
	1 HCA 3:30 – 8	=	4	
	1 HCA 4 – 9:30	=	5	
	3 HCAs 2:30 – 10:00	=	21	
	4 HCAs × 2-10:00	=	28	
	1 wound RPN 4 - 10	=	5.5	
<b>Nights - First Floor</b>	1 RPN × 7	=	7	
	2 HCAs 10:00 – 6:00	=	14	
<b>Second Floor</b>	1 RN × 7	=	7	
	2 HCAs 10:00 – 6:00	=	14	
	1 HCA 12 – 6 :00	=	5.5	

*Total Hours* = 354.5

**Total Residents 152**

**354.5 / 152 = 2.33 Hours of care per day**

**If RNs are factored out**

**326.5 / 152 = 2.14 Hours of care per day**

**EXTENDICARE – KIRKLAND LAKE**

<b>Days Shift</b>	1 RN × 7	= 7
<b>Second Floor</b>	1 RPN × 7	= 7
	6 HCAs × 7	= 42
<b>Third Floor</b>	1 RN × 7	= 7
	1 RPN × 7	= 7
	6 HCAs × 7	= 42
<b>Evenings</b>	1 RN × 7	= 7
	6 HCAs × 7	= 42
<b>Second Floor</b>	Two leave at 8:00 p.m.	= 22
<b>Third Floor</b>	1 RPN × 7	= 7
	6 HCAs × 7	= 42
	Two leave at 8:00 p.m.	
	Two leave at 9:00 p.m.	= 34.5
<b>Nights</b>	1 RPN × 7	= 7
	1 HCA × 7	= 7
<b>Second Floor</b>		
<b>Third Floor</b>	1 RN × 7	= 7
	2 HCAs × 7	= 14
	<b>Total Care Hours</b>	<b>= 217.5</b>

**Total number of beds = 100**

**217.5 / 100 = 2.18 Hours of care per resident**

**If RNs are factored out**

**189.5 / 100 = 1.9 Hours of care per day per resident**

## EXTENDICARE – FALCONBRIDGE

### Second Floor

<b>Days Shift</b>	6 PSWs × 7	= 42
	2 RPNs × 7	= 14
	1 RN × 7	= 7
<b>Evening</b>	2 PSWs × 7	= 14
	2 RPNs × 7	= 14
	4 PSWs × 5.5	= 22
	2 RNs (Whole Building) × 7	= 14
<b>Nights</b>	2 PSWs × 7	= 14
	1 RPN × 7	= 7
	1 RN(Whole Building) × 7	= 7

### Third Floor

<b>Day Shift</b>	9 PSWs × 7	= 63
	2 RPNs × 7	= 14
	1 RN × 7	= 7
<b>Evening</b>	3 PSWs × 7	= 21
	6 PSWs × 5.5	= 33
	2 RPNs (Whole Building) × 7	= 14
<b>Nights</b>	2 PSWs × 7	= 14
	1 RPN × 7	= 7

### Fourth Floor

<b>Day Shift</b>	7 PSWs × 7	= 49
	2 RPNs × 7	= 14
	1 RN × 7	= 7
<b>Evening</b>	3 PSWs × 7	= 21
	4 PSWs × 5.5	= 22
	2 RPNs × 7	= 14
<b>Nights</b>	2 PSWs × 7	= 14
	1 RPN × 7	= 7

*Total Care Hours = 487*

**Total number of beds = 230**

**487 / 230 = 2.12 Hours of care per resident**

**If RNs are factored out**

**445 / 230 = 1.93 Hours of care per resident**

In the fall of 2004 SEIU Local 1.on estimated the total amount of care in this home was approximately 1.89 hours of care per resident.

## LEISUREWORLD – NORTH BAY

<b>Day Shift</b>	4 HCAx × 7		= 7
	<b>Pier 1</b> 1 RN × 7		= 7
	1 RPN × 7		= 7
	<b>Pier 2</b> 5 HCAx × 7		= 35
	1 RPN × 7		= 7
	1 RN × 7		= 7
	<b>Pier 3</b> 5 HCAx × 7		= 35
	1 RPN × 7		= 7
	1 RN × 7		= 7
<b>Evenings</b>	3 HCAx × 7		= 21
	<b>Pier 1</b> 1 RPN × 7		= 7
	<b>Pier 2</b> 5 HCAx × 7		= 28
	1 RPN × 7		= 7
	<b>Pier 3</b> 4 HCAx × 7		= 28
	1 RPN × 7		= 7
	1 RN × 7		= 7
	<b>Nights</b> 5 HCAx × 7		= 35
<b>Entire Building</b>	1 RPN × 7		= 7
	1 RN × 7		= 7
<b>Days / Evenings</b>	3 Bath people × 6		= 18
	2 Bath people × 6		= 12
	1 Treatment RPN × 7		= 7
	Maybe another RPN position created Friday October 6 <sup>th</sup>		= 7
	<b>Total Care Hours</b>		<b>= 338</b>

**Total number of residents = 148**

**Total hours of care per resident**

$$338 / 148 = 2.28$$

**If RNs are factored out**

**289 / 148 = 1.95 Hours of care per day per resident**

**NEW ORCHARD LODGE – OTTAWA**

<b>Day Shift</b>	2 RNs × 7	= 14
	8 HCAs × 7	= 56
	3 HCAs × 6	= 18
	4 HCAs × 5.5	= 22
	4 RPNs × 7	= 28
<b>Evening</b>	8 HCAs × 7	= 56
	2 HCAs × 4.5	= 9
	4 RPNs × 7	= 28
	2 RNs × 7	= 14
<b>Midnight</b>	4 HCAs × 7	= 28
	1 RPN × 7	= 7
	1 RN × 7	= 7
<b>Total Care Hours</b>		<b>= 287</b>

**Total Residents 111**

**287 / 111 = 2.58 Hours of care per resident**

**If RNs are factored out**

**224 / 111 = 2.01 Hours of care per resident**

**MAYNARD NURSING HOME (TORONTO)**

(Data as of August 8, 2006)

SEIU Local 1.on opposed the renewal of this home’s license until such time our concerns about care were met.

<b>Day Shift</b>	8 PSWs × 7	= 56
	2 RNs × 7	= 14
	1 Shower person × 7	= 7
<b>Evening Shift</b>	5 PSWs × 7	= 35
	2 RNs × 7	= 14
<b>Night Shift</b>	3 PSWs × 7	= 21
	1 RN × 7	= 7
<b>Total Care Hours</b>		<b>= 154</b>

**Total Residents 78**

**154 / 78 = 1.97 Hours of care per resident**

**If RNs are factored out**

**119 / 78 = 1.52 Hours of care per resident**

**UXBRIDGE HEALTH CARE CENTRE (UXBRIDGE, ONTARIO)**

Operated by Central Park Retirement Residence REIT

Data as of September 1, 2006 Facility Beds = 100

Current occupancy = 97

<b>Day Shift</b>	1 RN × 7	= 7
	2 RPNs × 7	= 14
	1 PSW (bath) × 7	= 7
	9 PSWs × 7	= 63
<b>Evening Shift</b>	1 RN × 7	= 7
	2 RPNs × 7	= 14
	1 PSW (bath) × 7	= 7
	9 PSWs × 7	= 63
<b>Night Shift</b>	1 RN × 7	= 7
	4 PSWs × 7	= 28
	<b>Total Care Hours</b>	<b>= 217</b>

**Each resident receives only 2.23 hours of care per day.**

**If RNs factored out = 1.87 hours of care per day**

**CARESSANT CARE - MARMORA**

<b>Day Shift</b>	1 RN × 7	= 7
	1 RPN × 7	= 7
	8 PSWs × 7	= 56
	1 PSW (10-6p.m.) × 7	= 7
<b>Evening Shift</b>	1 RN × 7	= 7
	1 RPN × 7	= 7
	7 PSWs × 7	= 49
<b>Night Shift</b>	1 RN × 7	= 7
	3 PSWs × 7	= 21
	<b>Total Care Hours</b>	<b>= 168</b>

**Total residents 84**

**168 / 84 = 2.00 Hours of care per resident**

## ONTARIO NURSING HOMES – HOW THEY ARE FUNDED

Total income nursing homes receive from the Ontario government – approximately - \$2.1 annually.

Accommodation charges received from residents – Approximately \$985 million.

Government funding comes in three envelopes.

### 1. **Nursing and Personal Care**

\$70.52 per day from provincial government.

Currently this covers staff salaries, education, restorative care, supplies and equipment, (i.e. diagnostic equipment personal hygiene, including diapers, and treatment supplies).

Food - \$5.46 per day.

### 2. **Accommodation**

Resident co-payment ranges from \$49.76 per day for basic accommodation to \$67.76 per day for a private room. Includes meal and administration charges. Provincial subsidies are available for residents who can not afford the cost.

The co-payment increases yearly to match the consumer price index.

### 3. **Programming**

Physio and occupational therapy is funded by the government.

\$ 6.82 per day

Total \$128 per day

The previous Conservative government funded the construction of 20,000 new beds at the cost of approximately \$75,000 per bed. Two thirds of these beds were granted to private nursing home operators such as Extendicare.

The Provincial Auditor found that this funding may not be consistent with the actual construction costs incurred.

Private nursing home operators' profits come from the accommodation envelope. Given that the Ontario taxpayer pays for the construction of facilities and personal nursing care, nursing home operators are virtually guaranteed to make a profit. It's like running a hotel with a guaranteed 98 per cent occupancy rate.

## **SEIU Local 1.on Recommendations**

- Improve public accountability by increasing public disclosure. MOHLTC must list current information on the website. Current and historical inspection reports, staffing information, and other quality measures should be available to all residents and families on the Internet.
- Unannounced inspections.
- Whistleblower protection for staff who speak up about problems in their nursing homes.
- Overhaul of the current funding system, as the Coroner's Jury recommended.

In the last Ontario election the Ontario Liberal Party Promised to restore the 2.25 hours of care per resident per day, the previous Ontario government had eliminated. Currently there is no minimum care standard for nursing home residents.

The nursing home industry in Ontario is opposed to a regulatory care standard. The Ontario Long Term Care Association is opposed to any regulatory care standard. In an Advocacy Messaging Document (2003) OLTCA says, "minimum standards contribute to inefficiency by rewarding the status quo and reducing the incentive for innovations."

Ensure a staffing ratio – full time to part-time 75/25

SEIU Local 1.on calls on the Ontario government to enact a staffing standard of 3.5 hours per resident day to ensure seniors receive quality care. Without staff to provide the care seniors need, Ontario's nursing home residents will continue to suffer. It's time the Ontario government held Ontario's nursing home industry accountable.