Caring in Crisis:

Ontario's Long-Term Care PSW Shortage

Report & recommendations from the front lines across Ontario

Commissioned from the Ontario Health Coalition by Unifor

December 9, 2019

Unifor

Unifor is Canada's largest private sector union, with more than 315,000 members across the country, working in every major sector of the Canadian economy. We are the largest private-sector union in the country, and yet one in every six of our 305,000 members is a public sector worker. Nearly 30,000 members work in health care in hospitals, long-term care facilities, emergency medical services, community services, social services and in home care. In Ontario alone, Unifor represents 15,000 members who work in long-term care. Among Unifor's broader membership and the thousands of Unifor retirees who are active across the province, many members have direct experiences with long-term care through their own families.

Unifor strives to protect the economic rights of our members and every member of the workforce (employed or unemployed). We are committed to building the strongest and most effective union to bargain on behalf of our members, working with our members to improve their rights in the workplace, and extending the benefits of unions to non-unionized workers and other interested Canadians.

Ontario Health Coalition

The Ontario Health Coalition represents more than half-a-million Ontarians in 400 member organizations and a network of Local Health Coalitions and individual members. Our members include: seniors' groups; patients' organizations; unions; nurses and health professionals' organizations; physicians and physician organizations that support the public health system; non-profit community agencies; ethnic and cultural organizations; residents' and family councils; retirees; poverty and equality-seeking groups; women's organizations, and others.

Our primary goal is to protect and improve our public health care system. We work to honour and strengthen the principles of the Canada Health Act. We are led by our shared commitment to core values of equality, democracy, social inclusion and social justice; and by the five principles of the Act: universality; comprehensiveness; portability; accessibility and public administration. We are a non-partisan public interest activist coalition and network.

To this end, we empower the members of our constituent organizations to become actively engaged in the making of public policy on matters related to our public health care system and healthy communities. We seek to provide to member organizations and the broader public ongoing information about our health care system and its programs and services, and to protect our public health system from threats such as cuts, delisting and privatization. Through public education and support for public debate, we contribute to the maintenance and extension of a system of checks and balances that is essential to good decision-making. We are an extremely collaborative organization, actively working with others to share resources and information.

Background & Process

In the summer of 2018, the Ontario Health Coalition was approached by Unifor to assist in a public meeting in Thunder Bay to respond to the "PSW crisis" in that community. The local union had organized round table meetings including long-term care home management and owners, personal support workers, family councils, seniors' organizations, local health coalition members and others to discuss the situation and make recommendations about what might be done to improve it. The meeting was eye-opening. A shortage of Personal Support Workers (PSWs) was so severe that funding was available but positions could not be filled despite desperate need. Long wait lists for care could not be allayed because of the shortage. Working conditions – and therefore conditions of care for residents – were worsening and morale was becoming an issue. Colleges could not find recruits to solve the problems locally.

Participants documented the situation on flipcharts and proposed solutions that were shared with the group as a whole. There was a deep consensus about the level of the crisis, its impact on care and life for residents, families, staff and management alike, and the need for an urgent policy response to address the situation as it could not be fixed in the local community on its own. As it became evident in the following months, Thunder Bay was not alone.

During the autumn following the Thunder Bay meeting, Unifor local leadership raised the issue of crisis-level PSW shortages with increasing frequency in areas across Southwest Ontario. The Ontario Health Coalition, too, began hearing more often about this problem from local coalitions and advocates. As the year closed, it became evident that it is an Ontario-wide problem. The union asked the Health Coalition to partner in documenting the issue and proposing solutions.

PSW Crisis Round Table Meetings

Participants included: long-term care home human resource managers, administrators, directors, owners, legal staff, union representatives, PSWs, family council members, college PSW program staff, city councillors, advocates for the elderly and local coalitions

Town	Date	Approx. Number of Participants
Thunder Bay	May 29, 2018	57 people
London	February 26, 2019	73 people
Chatham	March 22, 2019	33 people
Kitchener-Waterloo	March 26, 2019	54 people
Windsor	March 28, 2019	46 people
Sault Ste. Marie	May 20, 2019	34 people
Sudbury	June 6, 2019	37 people
Hamilton	June 20, 2019	20 people
Total	**8 round table meetings**	**354 participants**

Over the course of four months, from spring to early summer 2019, Unifor and the Ontario Health Coalition held seven more round table forums for a total of eight across the province. More than 350 long-term care human resource managers, administrators, directors, owners, legal staff, union representatives, PSWs, family council members, college PSW program staff, municipal councillors, advocates for the elderly and local health coalitions participated. The meetings were organized as

consultations in which we asked participants about the crisis, its extent and its impacts. We also asked for recommendations to solve it. This report summarizes their accounts of the crisis and their proposals from the front lines of those working in, managing, supporting, advocating and caring for residents in long-term care.

Introduction

The conditions of work in long-term care homes are the conditions of care for residents and their families. Personal Support Workers (PSWs) are on the front lines, providing much of the daily hands-on care for approximately 80,000 long-term care residents in Ontario. Their ability to provide this care well is vital to residents' health and well-being, their safety and their quality of life. In eight round table consultations held across Ontario over the course of a year -- including more than 350 managers, PSWs, union representatives, family council members, advocates and others -- there was total consensus about many of the key problems and issues for PSWs in long-term care, particularly regarding accounts of a PSW staffing crisis. Working "short" in the lingo of the long-term care sector, means short-staffed, and it is epidemic across the province. It impacts the whole home: from those providing housekeeping to dietary functions; from nursing staff to recreation staff, family members and volunteers; from managers to new recruits, and even to college professors and program directors in the community. It impacts the vital functions of care, leaving inadequate time to provide even basic care for residents. We heard that across Ontario as a result of the shortage, baths are skipped, care is rushed, and residents feel like a burden to overstretched staff.

In every round table meeting we heard that media accounts of poor conditions and inadequate care were making shortages worse and were having an effect of stigmatizing PSW work. These negative reports were felt deeply among care staff. We heard about poor pay, precarious labour conditions, and few or no benefits. Everywhere increasing acuity – that is, complexity and heaviness of care needs – means that more care is needed, yet staffing levels have actually gone down. We heard that College PSW program enrolment is down in all of the areas in which we held roundtables, meaning that shortages cannot be offset by new graduates in the short-term. We heard also of high turnover among management staff.

In many of the round tables, we also heard moving accounts of care and life in long-term care. Care staff told us stories about buying toothbrushes, socks, clothing, gifts, denture tabs; of planting a tree in memory of a resident who died; of celebrating birthdays and worrying about residents whose families never visit; of relationships that have grown with families whose loved ones reside in long-term care. Family members, too, told of staying on as volunteers to help out with other residents once their family member had passed away; of spending extra hours because staff is so stretched; of bringing in special gifts to make life better for residents and staff; of advocating for improved conditions for the workforce; of friendships and caring developed over months and years of visiting and helping at the homes. We heard from managers and college PSW course staff who were developing practices to improve recruitment and support existing staff. We promised participants in the round tables that we would share their stories about the real caring and love that are almost never reported, but happen every day in long-term care. It is a testament to the dedication and commitment of tens of thousands of care workers, families, managers and others whose compassion makes all the difference. But despite these, the facts remain that there is a PSW crisis in long-term care in Ontario that is worse than we have ever seen and that the staffing shortages threaten care and safety for residents and staff alike.

There was total consensus that PSW shortages across Ontario in long-term care are epidemic and severe. Long-term care homes are short-staffed every day; in fact virtually every shift, and in every area of Ontario. The consequences for care and safety are serious. The personal support workers who came to share their stories and ideas painted a vivid and disturbing picture of the conditions of their work and the quality of care and life for residents. In many cases, workers are angry and upset. This mostly female, often racialized workforce feels that they themselves are being abused and neglected. They feel that the stories about long-term care are negative and do not reflect the care and generosity and compassion that are given every day in long-term care. At the same time, they

are frightened of the levels of aggressive behaviours and violence that they face. They feel that they are being held accountable for a level of care that is impossible to provide with the resources that they have been given. Accounts from home managers supported the reports of increasing acuity and inadequate staffing, the impact that negative media is having on the workforce, the extreme level of PSW shortages, and the impossibility of meeting the high expectations without enough staff. This is not a local problem. The situation that was described to us is pressing and it requires urgent systemic action by policy makers.

Key Issues

Critical PSW Staffing Shortage

In every town, in virtually every long-term care home, on virtually every shift, long-term care homes are working short-staffed. It is no overstatement to call the situation a crisis. Long-term care homes reported that they are working with shortages of one to 2 PSWs on almost all shifts. This means that homes can be short five to 10 PSWs in every 24 hour period. Some homes we heard from are short 20 to 50 PSWs. The situation is worse in Northern Ontario and rural areas, but the crisis exists even in the large cities of Southern Ontario. In one rural town near London, a long-term care home reported that there were only eight days of 365 in which they were fully staffed. Weekends, summer-times, and less appealing shifts can be worse, sometimes leaving homes to operate with double the shortages. Shortages are so severe that in Thunder Bay there has been a problem opening all the funded long-term care beds despite an extremely long wait list. Staffing shortages are measurable. They are recorded on shift schedules with blanks denoting staff that have called in sick and been replaced or simply hours that cannot be filled because there are no PSWs to fill them.

Where are the PSWs going? In all the communities we visited, PSW wages that are not significantly higher than minimum wage, and workloads that are considerably heavier than jobs with comparable compensation, have meant that PSWs have voted with their feet; leaving long-term care homes to work in local retail outlets or restaurants. In several towns, participants reported that PSWs opted to apply for less onerous housekeeping positions in the same long-term care home. In other communities, the increased utilization of PSWs in hospitals with better pay and conditions has taken from the too-small pool of available care workers. In many communities it was reported that PSWs are leaving long-term care for employment at school boards. In some communities -- Chatham for example -- participants in the round table meeting described an aging workforce that is not being replaced with new recruits.

Shortages seem to breed more shortages. Across Ontario the situation was described in similar terms. Staff scheduling becomes harder. Everywhere it was reported that vacation time is denied as there is no replacement staff to be found. PSWs described older workers doing “doubles” (double shifts) as people call in sick or shifts cannot be filled, increasing their own sick time and injuries. Turnover is very high, particularly among new PSWs, requiring more training time and increasing workload for other staff. Shifts are long and weekends cannot be taken off. Staff have to spend hours calling to replace absent staff who have called in sick. Agency staff are used to fill in gaps, leaving more work for the existing employees of the home. Long-term care injury rates are extraordinarily high, resulting in staff off on leaves or with modified work, compounding workload issues for the remaining PSWs. Burn-out is a major concern across the province and “compassion fatigue” was frequently described as a problem among staff who have to cope with grief as residents die; high expectations from families, management and government; stressful workloads and inadequate (or nonexistent) emotional support.

Increasing Acuity

Compounding the PSW shortage is the measurable increase in acuity (complexity of care needs) among long-term care residents. Today, long-term care residents (really patients) are medically complex and frail – they require many medications, they have comorbidities, they require complex nursing care. For example, residents today require peritoneal dialysis, wound treatments, palliative care, post-operative care, pain management, suctioning, and so on. This care is being provided in environments that are not physically designed for such care and staffed with insufficient numbers of nursing and PSW staff for the setting. By all measures, levels of acuity have steadily risen and continue to escalate in Ontario's long-term care homes:

- Provincial government data shows that the Case Mix Measure (a key measure of acuity) increased by 12.2 per cent overall from 2004 – 2009[1] and the Case Mix Index increased by 7.63 per cent from 2009 – 2016.[2] These are measures on two different scales but they both reveal dramatic increases in levels of care needs.
- The MAPLe score (Method for Assigning Priority Levels) is used by care coordinators to classify clients according to their level of care needs. The MAPLe score of residents was 76 per cent in 2010. By 2016 it had increased by 8 per cent to 84 per cent, a very significant leap in 6 years alone.[3] Today, the vast majority (84 per cent) of those currently admitted to long-term care homes are assessed as having high and very high needs.[4]
- Government data reveals that 81 per cent of individuals in long term care have some form of cognitive impairment with nearly 1/3 displaying severe cognitive impairment. [5] As many as 86 per cent of individuals diagnosed with dementia will experience displays of aggression as the disease progresses.[6]
- Nearly half of residents in long-term care display aggressive behaviours.[7]

Yet the actual hours of care provided to residents by hands-on care staff (RNs, RPNs and PSWs) is declining. According to Ministry of Health data, after a slight improvement from 2006 – 2012, care levels have dropped to their lowest levels of the decade, despite the increases in levels of resident acuity.[8] Overall, the trend line tracks downward indicating that Ministry of Health funded staffing levels have actually declined since 2006. In addition, half of Ontario's long-term care homes have no in-house Behavioural Supports Ontario (BSO) resources to help manage the increasing behaviours including aggression among long-term care residents.[9] There is no minimum care standard that would ensure a safe level of care for residents and staff.

In every round table meeting, increasing acuity, behaviours including aggression and violence, and injuries were repeatedly raised as major contributing factors to the PSW shortage. Staff and management complained of a lack of specialized training and inadequate staffing to provide care for

---

[1] Statistics Canada, Residential Care Facilities, Table 5.7

[2] Health Data branch. Ontario Ministry of Health and Long-Term Care: *LTC Homes Case Mix Index 2009-2012. Assessment Fiscal SR Ltd.;* LTC Home Level Master Sheet 2015 – 16, 2017 – 18, 2018 – 19 reporting from 2013 – 2016. Reported as fiscal year, SR Limited CMI

[3] OANHSS, 2016: *Pre-Budget Submission: Ensuring the Care Is There*.

[4] Ibid.

[5] CIHI: Continuing Care Reporting System Data 2016 - 2017

[6] Talerico, K, Evans, L, & Strumpf, N, 2002, *The Gerontologist*: *Mental Health Correlates of Aggression in Nursing Home Residents with Dementia.*

[7] CIHI: Continuing Care Reporting System Data 2016 - 2017

[8] Author's calculation based on Ministry of Health and Long-Term Care Staffing Database: *Ontario Long-Term Care Homes Staffing Data 2009-2016*.

[9] *Building Better Long-Term Care*.

increasingly complex residents. Workloads are heavy and the type of work required-- particularly with full care residents whose numbers are increasing -- is physical and demanding. Management, union and PSWs alike called for a halt to the admission of residents whose care levels are too high for homes to provide safely. In London, the situation was described as: "aggressive hospital discharges" resulting in crisis admissions to long-term care without enough time to properly assess the patient. Once the person is admitted, said participants, homes have no recourse to send them back. In Chatham, staff expressed frustration about receiving new residents that are not appropriate for long-term care because their care needs are too high. Once the resident is in the building, staff again reported that they have no recourse, leaving staff upset with management for taking on these residents. In Kitchener-Waterloo, participants reported that the behavioural needs of residents are not appropriate for long-term care. Similar accounts were shared in the meetings across the province.

Long-term care homes have taken on a patient load that is commensurate to that of complex continuing care or psychogeriatric care hospitals but in long-term care they are funded at one-third of the rate. PSWs are on the front-line of this offload of heavy-care patients. At best they are frustrated. At worst, they are getting injured, burnt out or leaving as a result.

Impacts on Care

Everywhere we heard from participants that the PSW crisis means that residents are not getting basic care. In multiple towns, participants reported that residents feel that they are a "burden" to overworked staff. Shortages mean care is rushed, staff are "harried" and stressed, and residents have to wait longer to have their needs met if they are met at all:

- In Hamilton, participants reported short staffing has meant missed baths, missed personal care, and a lack of toileting, among other basic care functions.
- In Sudbury, staff reported missed baths, rushed care, care plans not being followed.
- In Sault Ste. Marie, the situation was described as follows, "Care is rushed. Safety and risk go up. Complaints increase resulting in more critical incident reporting."
- In Windsor, participants reported delays in providing care, or no care provided at all (e.g. baths); residents' frustration increases as they have to wait for assistance leading to increased aggression and anxiety.
- In Kitchener-Waterloo, participants reported delays of meals, housekeeping, bed baths, poorer quality care, more responsive behaviours, more emergencies, bare minimum of care (e.g. skip teeth, shaving).
- In Chatham, participants provided a comprehensive list of impacts on residents including increased odour, falls, depression, infections, errors, complaints, behaviours, anxiety and conflicts.
- In London, participants reported that "assembly line care" was the result, with staff forced to cut corners and not meet the basic needs of residents.

Everywhere, increased "behaviours" including aggression and displays of anxiety from residents were reported as a result of rushed care. Rushing, it was reported, leads to more errors and injuries. Conflicts, emergencies, and critical incidents increase as a consequence. Increased risk and safety concerns for both residents and staff were raised over and over by participants as major issues.

Impacts on Working Conditions

Several themes emerged as key issues contributing to the shortages of PSWs:

- Scheduling is a major complaint. Staff everywhere wanted more flexibility in scheduling and too-long shifts were a cause of hardship for them. There were frequent concerns raised about too few full-time jobs and staff working two part-time jobs leading to more absences as they try to manage two employers' schedules.
- There was a deep consensus among PSWs, family council members, managers, college staff, and advocates that PSW wages are simply too low for the work and benefits are inadequate.
- The culture of work was described as "punitive". PSWs report that blame is a one-way street in which they are afraid of being punished for neglect or abuse but their own working conditions are neglectful and exploitative. False complaints have serious consequences for PSWs. They can mean that PSWs lose income and have no recourse. Investigations take a long time, workers are not protected in these circumstances and are afraid about their liability.
- The need for PSWs to be recognized, valued, appreciated, included in the care team as full members, to be heard and respected were raised everywhere.

The PSW crisis is making already overstretched working conditions worse. As a result of the shortages, long-term care homes are riskier and less safe places to live and work. At round table after round table, managers and staff raised concerns about injuries and violence, and increased WSIB claims and leaves which only worsen staff shortages. Staff are insecure about their safety and about their care because they are working short. Impossible workloads were described in homes where they might be five to 10 staff short in every 24-hour period, yet all the baths for dozens of residents still need to be done.

The descriptions of working conditions show that PSWs have gone the extra mile to make things work despite the systemic failure to support them adequately. Double shifts are common to cover for blanks in the schedule despite the fact that shifts are long and the work is heavy. PSWs have sacrificed time at home, been denied vacation with their families, miss weekends and statutory holidays. They have taken care of increasingly acute residents without any commensurate increase in the level of staffing or compensation and despite crisis-level staffing shortages, expectations from management, families and the Ministry of Health were described as impossible to meet.

The evidence is that conditions have deteriorated and are at a breaking point. We were shocked by the palpable anger of PSWs about their working conditions and their treatment in many of the round table meetings. Many described symptoms of severe burn out and emotional distress as a result. Many have simply left for lighter work and better conditions.

Recruitment and Retention

To solve the PSW crisis there needs to be an increase in the number of PSWs. But across the province, college staff reported that enrolment is low. In several communities college courses have been cancelled due to lack of enrolment. Everywhere, managers gave accounts of job postings and vacancies that are not filled. Common themes impacting recruitment for college PSW courses included:

- High tuition costs. Courses cost $5,000 or more and child care costs can double this, making courses inaccessible for many.

- Negative media reports have contributed to stigmatizing long-term care and PSW work, making it less attractive.
- Positive stories are rarely if ever told and shared widely.
- PSW courses are not adequately promoted.

After graduation the recruitment and retention problems continue. In many towns it was reported that new PSWs do not stay. High turnover wastes resources and worsens workloads. Many reported that the courses often do not give new graduates a real sense of what PSW work in long-term care is like. New recruits are unprepared for the workload and stresses of the job. In some cases, burnt out and overstretched staff were reported to be unkind to new recruits. In many towns, the need for mentorship programs, co-ops, apprenticeships and other models of training that provide real experience and adequate support to new PSWs were highlighted. Everywhere it was reported that opportunities for full-time work and advancement were inadequate. In Chatham, for example, staff reported that some were waiting ten years for a full-time job. A number of participants suggested that staff who are skilled at training need to be supported and rewarded for their extra work supporting new PSWs.

Recommendations

There are solutions that could help to alleviate the PSW crisis within long-term care homes and in local communities such as improvements to scheduling, enhanced flexibility and access to full-time employment. But these will not be sufficient to solve the systemic problems that have created the severe staffing shortages. Daily hands-on care funding for long-term care has been cut in real dollar terms in the 2018 budget and new cuts to special funds that support long-term care homes are slated for implementation in early 2020. Funding is already insufficient and real staffing and care levels are falling. Without action from the provincial government it will not be possible to stabilize the labour force. Further, it will not be possible to recruit and retain PSWs if there are not enough graduates from college PSW programs to meet demand. A provincial approach to attract students to and support them in PSW programs is needed. To ensure that funding goes to improving care levels and to ensure that care levels meet the best available evidence for safety, there is a broad consensus that a regulated minimum average care standard of 4-hours of daily hands-on care per resident per day must be implemented. The provincial government has an obligation to legislate minimum care standard without further delay.

We heard many additional excellent ideas from participants in round table consultations across the province. Some are already implementing scheduling changes and have created partnerships with educational institutions that seem to be working to improve recruitment and support new PSWs in the workplace. We encourage policy-makers and long-term care home operators to review the complete lists of recommendations contained in the summaries of the round table meetings in the final section of this report. The following are our priority recommendations to address the crisis:

1. Provide enhanced funding to improve wages and working conditions for PSWs. Compensation must be competitive to attract staff to long-term care. Funding should be tied to increasing the number of full-time positions, reducing precarious work and improving wages and benefits.

2. Levels of care in Ontario's long-term care homes must be improved and this improvement must be mandatory and enforceable. Increased funding must go to improving care. The Ontario government must institute a regulated minimum care standard of an average of four

hours of daily hands-on direct nursing and personal support per resident to provide care and protect from harm.

3. A provincial human resource recruitment and retention plan must be developed with clear, publicly reported timelines and targets, and accountability for meeting these targets in order to implement the minimum care standard.

4. Long-term care homes must be resourced with trained staff able to deal with the increasing responsive behaviours in the homes. Homes should have in-house Behavioural Support Ontario (BSO) teams in addition to the four-hour minimum care standard (above).

5. Provincial standards for PSW courses must be set to ensure that students are prepared for the real work environment. Provide resources and leadership to create partnerships between college PSW programs and long-term care homes, apprenticeships, paid co-op placements in long-term care, and other real-world training and work experience as part of all PSW courses.

6. Tuition costs must be reduced; access to grants, daycare and other subsidies to support students must be provided.

7. Staffing shortages must be reported to the Ministry of Health and posted in each home.

8. A publicity campaign to share a positive image of personal support work must be developed to increase retention and attract students to the sector.

9. Capacity in our public hospitals must be restored including psychogeriatric and complex continuing care beds. The offloading of patients whose care needs are too complex to be appropriate for long-term care must be stopped.

London Round Table Meeting

February 26, 2019

1. Describe the extent of the PSW crisis: can you quantify the shortage? How often are homes working short staffed? How short staffed are they? What does this mean for care? For scheduling? Other impacts?

Participants outlined the situation in London and the surrounding region as very serious. Most homes are working short every day and the situation is even more grave in rural areas. Shortages were quantified as follows: one home was described as short PSWs every shift (days/evenings) with nights being better. In an area rural home there were only eight days out of 365 days where they were fully staffed. Difficulty in retaining workers was noted as a major problem. One home hired 44 PSWs in September 2017 but by January 2018 only had seven remaining. As a result workloads had become impossible. In one home nine PSWs were needed in one area of the home yet they are often working only with four PSWs who still had to try to complete 15 to 18 baths each day.

Participants gave accounts of heavy work demands for PSWs made worse by high expectations for care that are not possible to meet with the current staffing levels. Increasing mental health and behavioural issues among residents exceed staff training and resources for staffing. Participants were concerned about high levels of violence and injury, staff denied vacation because of shortages, burnout, inadequate care and shortcuts taken because there is not enough time to give the needed care. It was noted that the shortages impact every department of the homes and impact the residents who feel they are a "burden". Care is both less than what is needed by residents and less than what staff and managers want to provide for them. Negative media and a punitive culture are frustrating and frightening for staff and it was felt that these are worsening the staffing shortage.

The following are the points raised by participants:

- Shortages lead to increased requirement for overtime, burnt out staff and an increase in WSIB injuries
- Care is compromised – staff have to cut corners
- Increase in agency staff use but contracted services lead to a decrease in quality, lack of commitment, resulting in an increase in workload for regular staff
- New managers lack experience
- Unreasonable expectations by management and families
- Media exposure high and often not positive
- Front line wants to know what support owners/management are giving them
- Ministry expectations are high – they still want everything done even when PSWs working short
- Staff are not trained to handle residents with mental illness
- Vacations are denied because of shortages, staff are not getting time off and are burnt out
- Increased call-ins, discipline
- No time to be with a resident emotionally
- Very high safety risks as a result of working short
- Insecure about doing their job because demands can't be met, assembly line care
- Work overload leading to poor quality of care, basic needs not met
- It does impact the residents as they feel they are a burden, they know we are busy
- Impacts every department when homes are short-staffed

2. Why do you think there is a shortage of PSWs in long-term care homes?

Participants described a situation in which the workload and expectations had surpassed the compensation and working conditions for PSWs. Inadequate pay and workload were raised as key issues along with too few full-time positions and staff required to work two jobs; workplace violence, heavy physical demands on staff; high acuity and mental health issues among residents and staff inadequately trained to work with these residents; a punitive culture rather than a supportive or collaborative culture, and; unattainable expectations. Not only are there not enough new recruits but PSW courses were not felt to be realistic and did not adequately prepare students for the work leading to poor retention. Admissions were described as "aggressive" and once residents are in the home without adequate assessments to make sure that the homes can meet their care needs there is no recourse. Negative publicity was felt to have impacted the ability to recruit and retain staff. Among the issues raised by participants are the following key points:

- Pay rate is inadequate for the work
- Not enough full-time positions, staff have to work two jobs
- High mental, physical demands in PSW work
- Inadequate funding
- Hospital implementation of PSW roles have taken a lot of PSWs out of the mix
- Media attention to the challenges of PSWs
- Participants are worried about reputation with the publicity of negative issues in long-term care
- Schooling is not meeting actual job expectation
- Workplace violence
- Burnout
- Expectation of a level of care that is not attainable
- Lack of specialized training
- Mix of populations
- Management coaching to improve relationships – need to be more supportive/collaborative rather than punitive
- No loyalty from both sides
- Start at beginning for new hires even when they have years of experience
- Disciplines and investigations taking too long
- Barriers to child care – long-term care is a 24-7 operation but child care is not available
- Too heavy of a workload
- Lack of empathy
- Staff abuse – families are abusive
- No flexibility in scheduling
- Lack of benefits
- Lack of community support
- Aggressive hospital discharge – crisis admissions result in not enough time to properly assess and get report – no recourse for LTC to send them back if assessment not appropriate

3. What can be done to improve the situation?

- Job fairs – create awareness
- Recruitment incentives
- Support/grant money for education courses that PSWs take – paid while going to school – similar or branch of EI type program

- Partnering with large organizations to recruit – provide funding for PSW training
- Funding increase – make sure used for front line staff
- More full-time positions
- When hiring PSWs – increase wage and decrease ratio
- Standardize PSW wages – like nurses
- Permanent part-time lines
- Reduced work weeks
- Deal with requirements for documentation that staff do not have time to do
- Address work/life balance issues of workers
- EAP assistance for Health Care workers – to be able to manage jobs/work
- Increase benefits
- Collaboration between multiple sites within same organization
- Provide strong orientation with PSWs who are interested in providing mentorship
- Increase liaison with colleges
- Colleges need to promote the program
- Recognize good work – find out how they do it
- Educate of managers
- Hire PSAs and pay for them to become PSWs under an agreement
- High school students graduating with PSW – have them work in summer months, volunteer
- Consistency of PSW Program in high school diploma – province wide
- Straight shifts
- More opportunities for time off of work
- Deconstruct the punitive work environments
- Pod staffing
- More psychogeriatric beds
- Improve wait times for background checks – why do you have to have a job offer to apply for a background check – does the City of London fund the police check division
- Don't share negatives – share & support the positives

Chatham Round Table Meeting

March 22, 2019

1. Describe the extent of the PSW crisis: can you quantify the shortage? How often are homes working short staffed? How short staffed are they? What does this mean for care? For scheduling? Other impacts?

- There was total consensus that most or all of the long-term care homes are working short staffed every day. There are lots of call-ins, shortages on virtually every shift. Homes are always advertising for staff.
- There is low enrolment in PSW courses.
- Staff is aging and retiring.
- Staff is concerned about the negative stories about long-term care in the media; concerned that these impact the attractiveness of being a PSW in long-term care.
- The workload is too heavy. PSWs are at risk because of heavy workloads and not enough staff. It leaves remaining staff doing more dangerous things, a high injury rate.
- New staff start and leave quickly. It is hard to retain staff.
- There is not enough care as a result of inadequate staffing overall, worsened by short staffing, staff are rushing all the time and cannot do the care.
- Concerns were raised about the work environment not being positive.
- Short notice regarding filling positions, hard to get vacation time off for existing staff. This leads to more call-ins. Staff have to call to find replacements and sometimes can call for more than an hour and find no one to take shifts.
- Concerns were raised about how long it takes from application to hiring and starting work. It takes a long time to hire new staff. It takes four weeks to get criminal checks done. Delays in police checks impact recruitment. Also delays in TB tests – the homes used to do them in-house and they were free. Now new staff go to Public Health and have to wait for an appointment and pay.
- What this means for care:
    - Increased infections
    - Increased wounds
    - Increased supply cost
    - Increased restlessness and agitation among residents who are waiting for help
    - Increased complaints
    - Increased odour
    - Increased behaviours between residents and staff
    - Increased conflicts (staff/residents)
    - Increased anxiety (staff and residents)
    - Increased hospital admissions
    - Increased regular staff required to do chores
    - Increased risk of medical errors
    - Increased burnout
    - Increased risk of injury (staff and residents)
    - Increased falls
    - Increased depression
    - Increased department overload
    - Increased overtime paid out
    - Increased time scheduling, call outs
    - Decreased quality of life (both staff and residents)

- Decreased dignity
- Decreased respect
- Decreased time spent engaging with residents
- Decreased reputation of job
- Decreased time to feed
- Decreased food/fluid consumption
- Decreased staff morale
- Decreased baths
- Staff face hard choice in deciding care vs documentation
- All the care isn't getting done
- Staff are rushing and forget things
- Stress is very high for the PSWs
- Heavy workload
- When staff are feeling burned out there is compassion fatigue
- More injuries makes staff want to work less, will call in sick
- Depends on the staff working
- Staff don't get vacation

2. Why is there a shortage of PSWs in long-term care homes?

The group described the frustration levels among staff as high. Some of the key stresses for the existing staff were reported as follows: the workload is too heavy; staff are underpaid for the heaviness of the work; some staff report the need for benefits; the complexity of the residents' care needs is high and there is more aggression and more behaviours including hitting and mental health issues for which staff are not trained and there are not enough staff for this level of need; there are lots of family demands on staff; the job is very physically demanding; staff are frightened of claims of abuse; they feel that there is a punitive work environment in some homes; there are high expectations which are not in line with the level of care that is funded; shifts are uncertain and there are not enough full-time opportunities and staff can wait up to 10 years for a full-time job. Home management and staff reported that staffing shortages compound the problems. Many staff have two jobs and it is difficult to manage between the scheduling demands of two jobs. They described new staff leaving very quickly, sometimes even before orientation is done. Staff expressed concerns about the reputation of the work; bad press; a perception that the reputation of PSWs has declined; staff feel that PSWs are not respected. There is a need to improve career exploration; high school guidance counselling; "selling" PSW work. The group reported that there is increased documentation; too much "task-focus" and not enough time for actual care. There are lots of other jobs with less risk and wages that are close. All of this has contributed to burn out, decreased enrolment in PSW courses, and poor retention of PSWs.

Additional points that were raised include the following:

- Frustrations: receiving residents that are not appropriate but information is inaccurate
    - Once the resident is in the building, staff have no recourse and staff are upset at management for accepting them.
- Hospitals are hiring PSWs with higher wages and not doing the full PSW role.
- Agencies hire PSWs when homes are short.
    - Agencies cost more and also cause issues.
    - Decrease continuity, not properly orientated to the home.
- Time spent documenting taking away from hands-on care.
- Ministry needs to relook at their requirements for documentations

- Tuition costs are prohibitive. It takes time to complete the PSW program. In this region, PSW programs are reporting decreased enrolment and the cancellation of one PSW program due to decreased enrolment.
- Staff and students need more childcare options.
- There needs to be better training of students at college level. Graduates are shocked when they come into the homes to work and they leave quickly. More mentorship is needed.
- The government is not responding to the situation. It needs to act.

3. What can be done to improve the situation?

For the existing workforce, there was repeated advice to create more full-time positions, support efforts to recruit more PSWs to address shortages including making the job more attractive, improve pay and benefits, reduce workload by increasing staffing levels, improve the work environment to make it safer and less punitive, provide better education and training, reduce the acuity of residents to a level where care can be safely provided; paid opportunities for advancement and career development; childcare for shift workers; improved security and improved scheduling.

For recruitment, ideas included:

- Bursaries or other support with tuition/lower tuition
- Incentives to complete the program
- Preceptors and mentorship
- Promotion and outreach
- More relevant and better training more true to the real work environment
- Training staff to be good mentors
- More engagement with students
- Evening courses and high school PSW courses

Overall:

- Proper funding
  - Fund and regulate four hours of hands-on care/resident/day
  - Pay rates need to be competitive
- More positive stories
- Reduce resident acuity
  - Consider the uniqueness of the resident when placing them
- More hands-on care and less charting/documentation

Kitchener-Waterloo Round Table Meeting

March 26, 2019

1. Describe the extent of the PSW crisis: can you quantify the shortage? How often are homes working short staffed? How short staffed are they? What does this mean for care? For scheduling? Other impacts?

Staff shortages were described as "epidemic" with homes working short every day and almost every shift. There was a consensus that homes are short one or more staff every day and weekends are particularly short staffed. Workloads were described as too heavy and staff are leaving for jobs with less workload, including taking other jobs in long-term care homes (e.g. housekeeping). Part-time staff are working two jobs because they are not guaranteed hours. This makes scheduling more difficult. Vacations are denied because of staffing shortages. Employers are running focused recruitment campaigns.

The consequences of consistent shortages were described as follows:

- Rushing
- Frustration
- Pain
- Increased risk to staff and clients
- Family members "work" as staff
- Increased falls rates
- Increased dehydration rates
- Increased overtime pay for working on weekends off
- Increased burnout, increased absenteeism
- Attitude of "just make it work" and "do the best you can"
- Delay of meals, housekeeping: it impacts the whole home
- Negative impact on care: bed baths, poorer quality care, more responsive behaviours, more emergencies regarding resident abuse, bare minimum care provided (skip teeth, shaving),
- If the scheduler not available it becomes RN's job, pulls staff away from care. Focus changes, all departments affected (dietary, recreation, housekeeping).
- Majority have 2+ part-time jobs because hours aren't guaranteed and no job security, no pay grid/education incentives,
- Staff are leaving for less work load jobs
- Impacts on mental health, physical health issues
- Gives a bad name for PSWs
- Not compassionate care
- Forced overtime
- Historic level of vacancies
    - Rural vs. urban divide (rural homes described 50 per cent of lines as vacant with a lower number in urban homes)

2. Why is there a shortage of PSWs in long-term care homes?

Key issues identified included the following:

- PSWs going to schoolboard, Tim Hortons, Skip the Dishes – better pay and less workload
- Need increased staffing levels

- Hard work versus unfair pay
- Difficult to stack multiple part-time positions
- Part-time staff have other jobs because hours are not guaranteed.
- PSW work is now seen as a stepping stone to move to RPN or other positions.
    - Inequity in PSW wage rates; home care vs. long term care vs. hospital
- Negative media coverage of long-term care
- New staff coming in i.e. students, new staff/ negative environment – not staying
- Staff bus to work as they do not have cars, this affects recruitment in rural areas
- Students and new generation have different attitude and do not stay
- Increased minimum wage means that PSW pay is not competitive
- Overuse of "abuse": staff feel this is one-sided. They are getting blamed for systemic problems or for defending themselves. Resident behaviours are inappropriate for long-term care setting. Staff defending themselves is not abuse.
- Increased injuries

3. What can be done to improve the situation?

To improve conditions for current staff, ideas included the following:

- Improved staffing levels.
- Admission of inappropriate residents with too-high care needs should stop.
- Improved pay.
- Changes to scheduling practices, better scheduling and more flexibility/creativity:
    - Flexible schedules (10-hour shifts)
    - Move breakfast time to give more time to get residents up
    - Overlap night shift to help with morning rush
    - Job sharing
    - Recognize time for documentation
    - Can larger homes share part-time staff to get them into full-time with benefits scenario
- Float pool to staff areas that are short.
- Families need to know about short staffing.
- Administrative staff should help front-line staff when levels are low.
- More full-time positions.
- Staff stay for relationships with residents and colleagues.
- Employees need more opportunities to have vacation/stat holidays/weekends off.
- Decrease job stress
- More equitable workloads
- Paid mental health days
- Pay overtime if working short
- More action (vs. documentation) with aggressive /violent residents
- Have incentives for working overtime (food, pay, time off)
- Have consistent training
- Feed staff/ charge min fee for food meals
- Improved working conditions
- Improved accountability

For improved recruitment and retention:

- Partner with educational institutions.
- Increase funding for training and advancement.
- Mentorship/ Student placements
- More preceptor/internships/mentorships
- Subsidize tuition/pay tuition.
- Positive marketing/messaging.
- More education on real expectations/what they are getting into
- Bonus staff who train others well
- HR incentives, recognition, appreciation
- Paid placements

In general:

- Behavioural needs of residents are not appropriate for long-term care
- LHIN assessments are not up-to-date upon admission
- Transportation support for employees in rural homes.
- Greater incentives to join and to stay in role
    - Staff recognition programs
    - Higher wage, referral program
- Front line workers need to have more of a voice
- Educate people on the value of service
- Stop opening new locations until you can adequately staff them
- Improve legislation, funding, fund the homes as the government truly wants care done

Windsor Round Table Meeting

March 28, 2019

1. Describe the extent of the PSW crisis: can you quantify the shortage? How often are homes working short staffed? How short staffed are they? What does this mean for care? For scheduling? Other impacts?

Participants were unanimous that the staffing shortages are severe and homes are having problems filling them. It was reported that all long-term care homes in this region are working short daily. There are numerous full-time and part-time vacant postings and homes are experiencing difficulty hiring and retaining PSWs. Participants described the current situation as follows:

- All homes are working short daily.
- There are numerous full-time permanent and part-time vacant postings.
- New PSWs are not taking shifts/call outs.
- More senior PSWs are working double shifts.
- Standard staff-resident ratio is unable to be met.
- The LHIN is providing agency care for residents.
- The LHIN's long-term care admission criteria is changing. Care needs for residents are getting more complex all the time.
- Existing funding is still inadequate to meet the needs of the residents.
- Injuries to residents and workers; stress/medical leaves of absence.
- Lack of regulations in retirement homes i.e. Landlord Tenant Act, Retirement Homes Act.
- Too many precarious part-time positions.
- Denials of vacation and requested time off.
- Overwork is causing emotional and physical staff burnout; unsafe, rushing increases risk.
- Residents' increasing frustration being made to wait for assistance.
- Increased aggressiveness, increased anxiety.
- Inconsistent continuity of care.
- Difficulty hiring and retaining workers.
- Retirement homes have residents that should be living in LTC.
- Delays in providing quality care, or no care provided at all i.e. baths.
- Need to prioritize care.

2. Why is there a shortage of PSWs in long-term care homes?

Participants described working conditions that include heavy care and workloads, wages that are not adequate for the job required, shortage of new recruits and difficulty attracting new staff, new staff that do not stay in the sector, a punitive culture that is felt to be unfair particularly given the work demands, and poor morale as major contributing factors. The following are the key points raised:

- Enrolment in PSW classes is down in Ontario colleges.
- Impossible workload
- Low wages
- Workplace violence
- Lack of flexibility

- Fear and burnout, including fear of litigation against workers, angry families, police intervention. It was felt that workers are often the scapegoat.
- Newer hires are not prepared for the workload
- WSIB injuries increasing
- The work demands time and skills but the work is undervalued
- More full-time permanent positions needed
- Retirement homes are all for profit; retirement homes are being accessed by hospitals for respite stays which places additional strain on already overworked staff.
- Nursing care is too heavy, and rewards are too little
- Negative media coverage
- Low morale

3. What can be done to improve the situation?

- More flexibility: self-scheduling
- Higher wages
- Employer-paid education i.e. courses, upgrading skills, CNO registration fees
- Create more full-time permanent positions
- Benefits, sick leave for part-time workers
- Incentives i.e. recruiting and retention bonus
- Multidisciplinary approach – dietary, laundry and housekeeping take on different tasks i.e. bed-making, nutrition carts, laundry, etc.
- Provide equipment to assist with resident needs
- Ensure adequate supplies are always available
- Employment Standards Act – not being met and without consequence
- Employer's expectations are inflated as to how much work PSWs can perform during a shift
- Education – offer financial incentives, possible two-tier program (6 months) for LTC work; standardization of education
- Creative job postings
- Documentation needs to be streamlined and realistic
- Focus on success stories

Sault Ste. Marie Round Table Meeting

May 27, 2019

Question 1) Describe the extent of the PSW crisis: can you quantify the shortage? How often are homes working short staffed? How short staffed are they? What does this mean for care? For scheduling? Other impacts?

The staffing shortage in Sault Ste. Marie and Algoma was described as a "major crisis". There was consensus that the homes are working short-staffed daily and on virtually all shifts. Some homes reported working an average of 2 – 3 people short per shift or more. Weekends are worse. As a result, participants reported, care is rushed, risks increase, and safety is compromised. In addition, complaints increase and there is more critical incident reporting. Staff reported that the staffing shortage and its effects on the culture of work and care, "take the joy out of being in the home as a resident or staff member". High stress levels mean staff become "harried" and when they call in sick they are not replaced. The consequences of the staffing shortage are severe and participants reported them as follows:

- Gaps in scheduling, refusing call ins, increased agency staffing, book offs, not following collective agreements, prebooking, overbooking/underbooking, the schedule becomes "a mess"
- Staff morale down, resident morale down, no continuity of care
- Heavy workloads turn off new PSWs
- Residents feel they can't ask for care because they don't want to be a burden
- Increased risk of injury to residents and staff; increase in WSIB claims; increase in sick time and long-term disability claims
- Increased burnout/PSWs leaving
- Decreased staff morale/toxic work environment
- The schedule is put up with holes in it. Shifts are not even filled.
- Increased complaints from family members
- Part-time staffing – people work 2 homes
- Many call in to one job because took shift at another home -- no sense of loyalty
- 12-hour shifts are too long, too many jobs are part-time rather than full-time
- Stress caused by shortage of staff reduces care – rushed and harried
- Scheduling – hard to replace and people just don't want to come in
- Staff are tired often part-time workers work 3 weekends a month and don't want to pick up shifts
- Showers are missed
- Increased behaviours among residents
- No time, work becomes task oriented, not care-oriented
- There is no or little enrolment in college PSW courses; one program was cancelled last year because of low enrolment
- The curriculum is not hands-on, too book-oriented, students are not prepared for the work
- Clinical placements are not realistic

3. Why is there a shortage of PSWs in long-term care homes?

The causes of the shortage included inadequate compensation and undervaluing of PSW work, poor working conditions and work environments, serious safety issues, lighter workloads and

better conditions at similar-paying jobs, problems with recruitment and cost for college PSW programs. The main points raised by participants are as follows:

- Wages are too low, demands of the job are high
- College is too expensive: $5,000 plus childcare costs, therefore around $10,000
- Care needs are too high
- Divide between departments: PSWs are treated badly, leads to a poor work environment. No team – other departments don't help.
- No teamwork
- PSWs are undervalued, don't get respect
- Increasing acuity, increasing violence, increasing injuries
- Unrealistic Ministry of Health demands
- Blame/shame culture
- Lure of lighter workloads in other workplaces
- Fear of claims of abuse: people are supposed to be innocent until proven guilty
- PSWs are leaving to go to Community Living Algoma, home care, schoolboard, Walmart, Booster Juice, housekeeping
- No enrolment/poor enrolment in PSW programs. One program was cancelled due to poor enrolment

3. What can be done to improve the situation?

For the current workforce, ideas included:

- Increased wages. More full-time opportunities.
- Improved staffing levels
- Daycare on site
- More credit given for care given by staff
- Innovative and flexible scheduling
- Contingency planning for short-staffing: e.g. when the home is short everyone helps
- Team-building
- Overtime pay after 7.5 hours not after 12 hours
- Reduce amount of behavioural problems among residents
- Have protocol to limit illness so staff don't get infected & injured

To recruit/retain staff, ideas included:

- In-house education course, like a co-op
- Better recruitment of students: the course is seen as a way out of social assistance, therefore people take the course but do not stay for the work
- Better preparation/education in school (education does not support the level of acuity in health care today)
- Take the students under our wings
- Scholarship opportunities
- Training should be done by experienced PSWs

Overall:

- Funding is insufficient for needs
- Make the job valuable

Sudbury Round Table Meeting

June 6, 2019

1. Describe the extent of the PSW crisis: can you quantify the shortage? How often are homes working short staffed? How short staffed are they? What does this mean for care? For scheduling? Other impacts?

The staffing shortages described in Sudbury and region are shocking. There was total consensus that the shortages are very severe. Different long-term care homes were described by participants as working short-staffed five to ten PSWs per 24-hour day, some homes short 30 PSWs per schedule and homes in general short 20 to 50 PSWs. Shortages are happening every day and virtually all shifts. Participants reported there is no pool from which to hire suitable candidates.

The consequences for care are severe. There was consensus that the staffing shortage means that the amount of time that can be committed to each resident decreases. Resident care is rushed and this shows in residents' reactions to care, increasing behavioural issues, falls, emergency department visits, abuse and neglect. Among the effects on care, participants repeatedly raised the following:

- No continuity
- No good care/cut corners
- Increase in behaviour issues/violence
- Increase falls/no monitoring
- Missed baths
- Rushed care, care is prioritized, care plans not being followed
- Resident morale is down
- Increase stress to caregivers, residents and family

Similarly, consequences for staff and home management are very serious. Short staffing affects the whole facility, putting all departments behind and playing "catch up", participants reported. Among the impacts on staff and home administration:

- No back up
- Increase in sick calls and sick time
- Increase in injuries
- Increased burnout
- Employers call in agency staff which increases budget
- Increase family & residents, complaints which increase compliance visits
- Decrease in staff morale
- These problems compound one another: scheduling is difficult due to sick calls, modified duties due to injury, part-time work and other employment
- High staff turnover has a negative impact on budget
- Staff morale is negatively impacted
- Increase in grievances
- Scheduling: Not enough staff to fill the shifts; not enough staff (trained & competent)
- Partial care, room for mistakes
- Room for injury – resident & PSW
- Burn out, retention
- Scheduling – increase demand on resource time -unbalanced – difficult to grant vacation
- Decreased quality of life (less time)
- Increase costs to long-term care

2. Why do you think there is a shortage of PSWs in long-term care homes?

Conditions of work were described as not being attractive. Wages are $17-24 per hour and workers reported a lack of benefits, long hours, toxic or difficult work environments, lots of shift work and weekend work, precarious work, heavy physical requirements, and job demands that exceed emotional capacity to deal with them. Burn-out and injuries mean that PSWs leave long-term care for other work. Scheduling issues with long work hours and not much flexibility, the difficulties of working two or more jobs were also cited as contributing factors to the shortage. Low wages and heavy workloads were common themes raised repeatedly along with stress, workplace violence, compassion fatigue, the emotional impact of deaths of residents on staff.

The difficulty of recruiting and retaining staff both from the point of education at colleges and when employing PSWs at the homes were described as follows:

- Too few students
- Tuition costs are too high
- International students can't qualify unless they have been her for 2 years
- LTC is not "sexy". It is 24/7, physically and emotionally draining. It is not a preferred occupation. LTC still seen as a negative place to work (media).
- PSWs in hospital where the staff/patient ratio is less
- Negative stigma associated with long term & palliative care. Not attractive to new grads.
- Generational differences – societal – digital – age demographics- digital info.
- New hires find the workload too heavy
- Students coming in are mature, limited secondary students
- HOH Statistic – of 8000 graduates 4800 go into workforce
- Increase of resident behaviours/workload scare them off, fear of burnout and injury
- Environment is difficult for new/young workers to navigate

Recognition and reputation were raised over and over as major issues. Participants described long-term care PSWs as having low recognition, and not being considered part of healthcare team, not always part of client care/needs discussions. PSWs need to feel, heard and appreciated.

Pressures from the MOHLTC and families with unrealistic goals and expectations were also a common theme but participants felt they could be achieved with proper money/staffing.

3. What can be done to improve the situation?

Participants suggested that work be done to develop a campaign to attract students. Among the ideas to improve the attractiveness and accessibility of PSW training programs:

- Apprenticeship programs
- Making education grants more readily available
- Dual certifications
- Stakeholders could partner to build rich training opportunities with co-op and/or "Grow Your Own PSW" return of service obligation to long-term care home upon graduation
- Grant free tuition until crisis is resolved & offer paid placements
- MOHLTC to set up a PSW tuition support program similar to RN/RPN/NP tuition reimbursement
- Improve curriculum i.e.: specialized training to manage behaviours of residents with dementia

- Loosen international restrictions & ament the rules to allow other health care workers i.e.: Paramedics, DSWs

Ideas to improve conditions of work and care included:

- Minimum staffing levels
- Mentorship & team building
- Improve staff appreciation
- Self-scheduling
- Improve technology in homes
- Change culture in homes (homelike environment)
- Move toward resident centre care
- Improve education, work/life balance, self-care
- Increase wages – make it same for all PSWs/common collective agreement
- Move to culture/relationships not regulatory focus
- Decrease PSW/resident ratios
- Workplace benefits (perks)
- Stop long-term care for profit
- Better funding
- Positive media
- Minimum standard of care
- Decrease workload
- Provide workplace recognition, training & supports for compassion fatigue
- Establish and Employee Assistance Program (EAP) for counselling & support
- Provide on-site child care
- Reallocate funding bottom up not top down

Overall:

- Government, employers, unions, community partners work together to design and convene a summit to develop & drive sustainable progress. Publically value the profession.

Hamilton Round Table Meeting

June 20, 2019

1. Describe the extent of the PSW crisis: can you quantify the shortage? How often are homes working short staffed? How short staffed are they? What does this mean for care? For scheduling? Other impacts?

There was total consensus among participants in the Hamilton round table meeting that there is a PSW crisis with all participants describing different long-term care homes working short every day. Weekends are worse and participants noted that shortages can be double on weekends. Homes are working short one to two staff every shift each day. Summer is the hardest season for shortages. For the staff this means missed breaks, missed vacation, overwork, injuries, working double shifts, and burnout. "Care suffers greatly" the participants said, citing basic care like baths, toileting, eating and showers that cannot be done because of inadequate staffing. Among the main points raised:

- Private sector paid less, public sector paid more
- Short staffing means less care for residents
- Staff are over worked
- Staff injuries are a concern
- Note: previous two points are connects – because short staffing there is an increase in injuries and call-ins
- A lot of positions to be filled
- Lack of staff and lack of wages
- PSW Burnout on the rise
- A lot of staff working overtime or doubles
- Care suffers greatly
    - Missing bath, missing personal care, quality declines
    - Lack of toileting, eating, showers (this impacts resident behaviour)
- Staff missing breaks
- People don't want to work in the industry (poor retention in long term care)
- Scheduling in advance is difficult/challenging
- Shortages creates risk for residents and staff

2. Why is there a shortage of PSWs in long-term care homes?

Participants described PSW work as unattractive due to heavy workloads, understaffing, lack of full-time jobs, inadequate compensation and inadequate benefits. They cited the high cost of college programs and the low wages as significant factors in recruitment. They felt that negative reports in the media contribute to the low levels of enrolment.

- People are not going to school for it because of financial issues, school is expensive
- People know the pay rate is low and work load is high and oftentimes dangerous
- There are a lack of full time positions available, if work part time must work 2-3 jobs
- Work load is too much
- Compensation is insufficient (i.e., wages, benefits, vacation, etc.)

- Not enough full time positions being created but not enough part time staff as well (i.e., poor working conditions)
- Mostly understaffed
- 24/7 operation can't shut down
- Not very attractive sector to up and coming generation because of benefits, wages, media, etc.
- Demographics have shifted (the need has increased and supply of workers has decreased)
- High risk of injury and high stress job (going above and beyond with no recognition leading to care giver burnout)
- Pay rate is not standardized
- There is low monetary incentive
- Courses are expensive
- Sick pay out
- The job is complex (which may push people away)
- Legislative requirements

3. What can be done to improve the situation?

- Recruitment:
    - High School Co-ops
    - Pay cost of courses
    - Government Assistance
- Increase in pay
- Improve working conditions (for example sick time + benefits)
- Immigration
- Full-time work benefits
- Apprentice work
- Training incentives
- Orientation: Get employers on board (new hire better)
- Equal pay across the board for PSWs
- Lower ratio of staff to residents
- Proper education for all workers
- Incentive programs for taking/working the course
- Increase funding substantially
- More PSWs needed per residents
- Change funding model
- Compensation for false accusation liability
- Working with schools and colleges to shed light on long term care, entice them to work
- Schedule in advance
- Create more full time positions

Thunder Bay Round Table Meeting

May 29, 2018

Note: The Thunder Bay meeting was the first round table consultation and was the inspiration for the others that have followed. As such, it was organized with a different format but the questions here yield the same information as the round tables held later in the other communities.

1. Name one key issue facing workers or employers or service providers in long term care here in Thunder Bay

- Lack of funding
- Lack of workers
- No dedication for front line workers
- No minimum standard of care
- Employers not listening to employee's concerns
- Burnout
- Funding/Staffing Ratios/Lack of Equipment
- Not being able to provide the care we want or be able to sit and listen to concerns
- Lack of full-time positions and benefits
- Better wages needed
- Need to make work more appealing
- Need to look at other models of care
- Need to eliminate privatization
- Not enough qualified graduates
- More transparency of problems
- Lack of staff morale, also there is little respect and recognition
- Staff avoid work out of fear of being "accused of neglect and abuse", making mistakes, etc.
- Negative media representations
- Shortage of Health Human Resources – not enough people choosing to go into the career
- Leads to vacancies, which leads to more difficult working conditions which leads to low morale
- Two workers doing the work of four
- Issues differ according to sector (public vs private)
- Staff shortages make employees exhausted and lead to injuries
- No breaks, shortened lunch breaks
- Too much paper works not enough time with residents
- MOHLTC expectations & compliance
- Expectations of family and residents
- Too many double shifts
- Too many high need residents on one floor
- Should be recruiting earlier
- Poor communication
- Opening of beds when insufficient staff to accommodate resident needs

2. Name one key issue facing seniors and family members in long term care here in Thunder Bay

- It's an institution not a home at the present time
- Levels of care insufficient
- Lack of resources
- Continuity of staff/care
- Mentoring for new staff/training of staff
- Level of care provided
- Concerns falling on deaf ears
- Places are not resident focused
- Lack of proper supplies
- Lack of meaningful interactions
- Feeling like no one is listens to what a patient wants in their plan of care
- Staff education re: responsive behaviours
- Keeping independence as long as possible
- Need equipment, don't spend money on nonessentials
- Lack of provincial and federal funding
- Lack of minimum standards in the Act
- Regulation of PSW standards
- Improper staffing and management
- More classroom training is needed
- Proper funding affecting levels of care, number of beds, time devoted to residents, in short quality of life for residents
- Safety of family/resident/workers
- Increased of incidents of behavioural issues due to the fact that the mental health issues are not properly addressed at the resident level
- Getting in to long-term care
- Care not meeting complex needs
- More doctor care
- Sitting too long in incontinent products in their urine & feces (more & more frequent)
- Dignity and integrity
- Significant lack of social work/spiritual care
- Care plans are unmet
- Poor level of communication with families
- Ratio of resident to care giver is dysfunctional
- In family home is 1:1 care whereas LTC it is 1:12 therefore expectations not met
- Promises given to family from LTC do not give accurate picture of the care that is given
- Family members feel anger, guilt, denial
- Lack of staff, money
- Long wait lists
- Continuity of care
- The cost (expensive)
- Privacy not met
- Mixed populations causes issues (for example resident with ABI partnered with those suffering from Dementia)
- Cost of care does not meet quality of care
- Respect and understanding of employees

- Validation & Action of family & Client concerns
- Private home care is too expensive
- Injuries
- Families asked to take care of residents
- Feeding

3. Speak to your solution or strategies to overcome these key issues and who, how and what each of us need to do to create these solutions

- Partner with high schools 40 hours of community service
- Co-op opportunities with high schools to expose them to long-term care
- Full-time work not just part-time/casual
- Make it more enticing to come work
- Free tuition for PSWs
- Incentives to continue education
- Mandatory high school credit program in LTC
- Summer work placements
- Improvement in MOH regulations making meeting compliance possible
- Mandated minimum care standards
- More commitment from staff
- More staff
- Bathing staff to keep PSW on floor
- Accountability for absenteeism
- Senior staff walking the floors and seeing the obstacles facing PSWs and RN
- Standardized pay
- Funding/creative & focused spending
- Regulate PSWs
- Qualifications
- Revisit staffing models
- Increase number of therapeutic recreation & resident home worker
- Encourage families to participate
- Increase volunteers
- Make LTC known as good place to work
- Equalize salaries across sector
- Specialized units with resident cohorts based on similar conditions e.g, M.S. Unit, Dementia Unit etc.
- More support for families to deal with grieving process
- Public education on the aging, end of life process
- More money, more respect, more government support
- Specialized services to meet the complex needs of the residents in LTC (training programs for PSWs)
- Better management support
- Staff to resident ratio (1:6)
- More therapeutic rec staff to keep residents involved, engaged and independent
- Programs to help empower/involved families with care
- Staff empowerment

- Impartial advocates (patient/resident navigators) to resolve smaller issues with regards to care
- Hire more recreational therapists, social workers, and spiritual care professionals
- Resident home workers still waiting but looks positive
- More nursing staff
- Better palliative care
- Increase pain and management support
- Go into high schools earlier than grade 11
- Better communication between family and staff
- Minimum average standardized care hours
- Sponsored scholarships
- Proper funding for LTC
- Increase number of beds
- Elevate level of care to four hours in particular for residents in need of mental health care
- Hire Support Workers (after grade 12 HRM hires students) to porter residents help with activities
- Family support before and after loved one is admitted
- Adequate funding
- Policy makers/politicians (money holders) need to realize extent of care needed
- Experience a DAY OF A CARE GIVER spend day in shoes of staff
- Staffing levels should reflect care of residents needs with proper training and education
- Mentorship/leadership incentives
- Review training and commitment on job training
- Specific instructors for orientation
- Verbal acknowledgement and support from leadership management team
- Better benefits
- Government needs to mandate minimum levels of care
- More training to deal with complex issues
- More public long term care
- Eliminate for-profit homes
- More funding from federal government to provinces
- Address health care funding
- Care needs must be met by funders
- More staff and pay increases
- Address the burnout
- 16 hour shifts are unacceptable
- 30,000 more beds and four hour minimum of care