
HALDIMAND COUNTY

Report GVL-06-2021 Funding to Increase Staffing Levels in the Long-Term Care Home Sector



For Consideration by Council in Committee on December 7, 2021

OBJECTIVE:

To accept ongoing funding from the Ministry of Long-Term Care (MLTC) to increase direct resident care hours as required by Provincial regulation that is provided by Registered Nurses (RNs), Registered Practical Nurses (RPNs) and Personal Support Workers (PSWs) through the RN, RPN, and PSW Staffing Supplement, as well as Allied Health professionals through the Allied Health Professionals Staffing Supplement, and the Supporting Professional Growth Fund to support training opportunities for long-term care staff.

To confirm that the General Manager of Corporate and Social Services, through delegated authority, can accept the ongoing phased-in funding increases over the next four (4) years, and approve the necessary staffing complement to reach a level of four (4) hours of direct resident care, as well as achieving the targets for allied health professionals, while remaining within the provincial funding for operating costs.

RECOMMENDATIONS:

1. THAT Report GVL-06-2021 Funding to Increase Staffing Levels in the Long-Term Care Home Sector be received;
2. AND THAT the Phase One RN, RPN, and PSW Staffing Supplement and the Allied Health Professionals Staffing Supplement and the Supporting Professional Growth funding provided by the Province be accepted and authorized for use, effective immediately, as outlined in Report GVL-06-2021, to meet the required increase in hours of care as outlined by the Ministry of Long-Term Care;
3. AND THAT the additional staffing complement related to Phase One funding be approved and incorporated into the 2022 Tax Supported Operating Budget as a Council Approved Initiative – Ongoing;
4. AND THAT authority be delegated to the General Manager of Corporate and Social Services to accept provincial funding and execute all necessary documents for phases two through four, and to authorize the necessary annual staffing plan to allow the utilization of funding over the four (4) year phased in approach as outlined in GVL-06-2021, to meet the required increase in hours of care for residents in Grandview Lodge as outlined by the Ministry of Health, without exceeding the provincial funding;
5. AND THAT Phases 2-4 of the provincial funding and associated increased staffing complements required to meet the increased hours of care for residents in Grandview Lodge be included in future annual Tax Supported Operating Budgets as ongoing Council Approved Initiatives.

Prepared by: Jennifer Jacob, Administrator, Grandview Lodge

Respectfully submitted: Cathy Case, General Manager of Corporate & Social Services

Approved: Craig Manley, MCIP, RPP, Chief Administrative Officer

EXECUTIVE SUMMARY:

The Ontario government is providing up to \$270 million this year to long-term care homes to meet its requirement of increasing direct care staffing levels for residents living in long-term care. As part of Ontario's Long-Term Care Staffing Plan, Grandview Lodge will receive four phases of funding to provide more care to residents as prescribed in the provincial staffing plan.

To meet the requirements to increase hours of care Grandview Lodge will require additional staff over the course of the next four years. Staff have proposed plans to achieve this while remaining within the funding and not impacting the levy. The first phase of the funding is effective November 2021 until March 31, 2022 and requires an increase from the current Grandview Lodge average of 2 hours and 45 minutes of direct care to 3 hours of direct care, plus additional time for allied health professionals and staff training and development. The funding allocation for Grandview Lodge for the first phase is \$383,675 for direct care, and \$72,280 for increased allied health care, based on a per bed per month allocation. To meet the first phase requirements, an increase to the current staffing plan, including additional nursing, therapeutic recreation and infection prevention control staff is proposed.

To expedite the future annual implementation of more hours of care, staff are seeking delegated authority to accept the funding, approve the necessary staff complement and implement each year. If the funding in any given year will not cover the necessary hours to meet the provincial requirements, a report will be brought to Council for consideration of any impacts to the levy.

Measures approved through this report, and in future years through delegated authority, will appear in the applicable budgets as Council Approved Initiatives, and will gradually form part of the base budget once funding levels stabilize.

BACKGROUND:

Grandview Lodge supports residents of Haldimand County with advanced care needs, who require frequent assistance with activities of daily living, on-site care and medical supervision that can no longer be provided in their own homes.

The staffing challenges facing the Long Term Care sector in Ontario are well documented. Our population is aging, and there is increasing demand for long-term care beds. As well, the medical complexity of residents has increased by more than 15% over the past 15 years, requiring increasingly more qualified staff to provide appropriate care. In addition to demographic challenges, the administration team at Grandview Lodge is aware that it is challenging for direct care staff to manage current workload demands. The result has been an increase in staff sick time, increase in staff injuries and difficulty in willingness to fill shifts.

The Ministry of Long Term Care (MLTC) launched the Long-Term Care Staffing Study in February 2020 to provide strategic advice to the Province on staffing in the long-term care sector. To ensure that the needs and concerns of all impacted groups would be reflected, the MLTC relied on the experience and expertise of an external Advisory Group comprised of operators, academics, and thought-leaders—as well as representation of residents and families. A range of long-term care partners, including labour unions and operator associations, were engaged during this process.

The Province accepted the recommendations from the study and have mandated a minimum of 4 hours of direct resident care however, they did not prescribe a specific staff to resident ratio. Instead, recommendations were provided suggesting staffing guidelines be established to allow some degree of flexibility to address the specific factors of each home such as resident population, staffing availability, workload management, etc.

Given these considerations, the study recommended the following:

- A guideline of one Personal Support Worker (PSW) to eight residents be adopted for the day and evening shifts. Given the considerations above, this ratio would not be regulated. Over time, the government should work towards a guideline of one PSW to six residents. Overnight shifts can accommodate a higher ratio, but we are concerned that the current typical ratios for night coverage, sometimes as high as one PSW to 32 residents puts residents and staff at risk. The ministry should identify a more appropriate ratio for the overnight shift, and work toward it.
- The current requirement for at least one Registered Nurse (RN) to be present and on duty at all times should be maintained. However, the requirement should be updated to consider home size as one RN is not sufficient to meet resident needs in larger homes.
- Sufficient levels of registered nursing staff are needed to provide greater clinical oversight and expertise to the care team, as well as to enhance direct care. Consideration should be given by homes to the mix of specialized expertise among registered staff, such as geriatric or wound care specialties.
- Additional access should be provided to allied health professionals as fully integrated members of the care team. Ensuring resident access to the expertise these professions bring is an important focus of geriatric medicine and an elder approach to care.

All of the above factors have been taken into consideration when developing the phased in staffing plans outlined below to utilize all streams of funding and for Grandview Lodge to meet the required four hours of direct care as well as the increased levels of care provided by allied health professionals (such as therapeutic recreationists, physiotherapists and social workers).

ANALYSIS:

On October 22, 2021, Grandview Lodge received the home level allocation of the MLTC funding for the following streams to assist with implementing the above recommendations over the course of the next four years;

1. RN, Registered Practical Nurse (RPN) and PSW Staffing Supplement.
2. Allied Health Professionals Staffing Supplement.
3. Supporting Professional Growth Fund.

The charts below provide the home level allocations to support each stream of funding for each phase, as well as the anticipated human resources required to meet the target hours of care.

RN, RPN and PSW Staffing Supplement

Fiscal Year (April 1 – March 31)	MLTC Direct Hours of Care Target	Necessary Increase to Complement	Grandview Lodge Allocation from Province
Phase One 2021-22 (Applicable for 5 months. November 1, 2021- March 31, 2022)	3 hours	PSW – 5.2109 FTE (10,161hours) RPN – 4.8365 FTE (9,431 hours) RN – 1.0 FTE (1,950 hours)	\$383,675
Phase Two 2022-23	3 hours 15 minutes	Continue above	\$922,140 - \$939,336

Phase Three 2023-24	3 hours 42 minutes	Continue above increases and add 6.57 FTE PSW (12,812 hours)	\$1,629,576- \$1,775,712
Phase Four 2024-25	4 hours	Continue above increases and add 12.32 FTE PSW (24,024 hours)	\$2,109,900- \$2,565,408
TOTAL INCREASE TO NURSING DEPARTMENT COMPLEMENT 2021-2025		PSW: 24.1009 RPN: 4.8365 RN: 1.0 Total: 29.9374	

Currently, residents at Grandview Lodge receive an average of two hours and 45 minutes of direct care from nurses and personal support workers. Direct care is hands-on care that includes personal care, such as feeding, bathing and dressing, as well as other important tasks such as helping residents move, medical/therapeutic treatments, and providing medication. The first phase of funding will increase the daily average to 3 hours per resident per day, by the end of this provincial fiscal year. By the end of the phased in plan, the daily average will be 4 hours of care per resident per day. The November, 2021-March 31, 2022 funding is based on a rate of \$599.49 per resident per month.

With respect to the staffing plan for the first phase of funding (2021-22) to meet the increased hours of care for residents in long term care, it will be necessary to provide a daily increase in staffing of 3 PSW's, 3 RPN's and 3 RN's. This equates to a total of 11.05 FTE's that need to be added to the base 2022 staffing complement for Grandview Lodge.

The proposed increase above translates to the following staff to resident ratios:

PSW to Resident Ratio:

Shift	Current PSW: Resident	Proposed Ratio
Day shift (7:00am – 3:00pm)	1:8	Unchanged
Afternoon/Evening shift (3:00pm – 11:00pm)	1:10	1:8
Night shift (11:00pm – 7:00am)	1:32	1:26

Registered Practical Nurse to Resident Ratio:

Shift	Current RPN: Resident	Proposed Ratio
Day shift (7:00am – 3:00pm)	1:43	1:32
Afternoon/Evening shift (3:00pm – 11:00pm)	1:43	1:32
Night shift (11:00pm – 7:00am)	1:64	1:64

Registered Nurse to Resident Ratio:

Shift	Current RN: Resident	Proposed Ratio
Day shift (7:00am – 3:00pm)	1:32	1:64
Afternoon/Evening shift (3:00pm – 11:00pm)	1:32	1:128
Night shift (11:00pm – 7:00am)	1:64	1:128

Note: The ratios for RN's appear as though they are increasing. This is due to the nature of the assignment of the RN changing from its current state of being assigned solely to one or two home areas rather than the floating to all four home areas. To offset this, the increased RPN hours will improve or maintain the current RPN: resident ratios.

The overall increased number of hours for staff to achieve the first incremental increase in hours of direct care to residents (3 hours per resident per day) is 21,542 hours. This can be achieved within the first phase of funding with very minimal impact on the levy for items that are required for staff but not eligible from this funding, such as hand held devices for the nurse, call system and various software licenses. The financial details related to these ineligible, but necessary, items is shown in the Financial Analysis section of the report.

Allied Health Professionals Supplement

The Allied Health Professionals Supplement is being provided to increase the hours of care provided, where necessary, by disciplines such as therapeutic recreationists, physiotherapists, social workers, etc. The first phase of funding is intended to increase care from allied health care professionals by 10 per cent. The funding is based on a rate of \$112.94 per bed per month.

Staff is proposing to meet the requirements for added care by utilizing the funding to provide additional therapeutic recreation hours and hiring an Infection Prevention and Control (IPAC) Coordinator.

1. Infection Prevention and Control (IPAC) Coordinator- 1.0 FTE (1,820 hours)

Under O. Reg. 79/10, homes are required to designate a single staff member with knowledge and experience in IPAC to co-ordinate the home's IPAC program as the IPAC lead. Suggested amendments to the Act will require homes to have a full time lead in the home whose main focus is IPAC. Currently, Grandview Lodge (GVL) has a designated RPN as our IPAC lead. The current position focuses attention to IPAC responsibilities one day per month. Recently, the IPAC lead has not been able to dedicate time to IPAC practices due to the direct resident care required as a result of reduced RPN capacity within the home. These conflicting priorities have resulted in management taking over some front line IPAC duties while remaining duties are not being completed on a routine basis such as audits.

To meet the requirements that will soon be confirmed under O. Reg. 79/10, a portion of the Allied Health Professional Staffing Supplement will be used to hire a dedicated IPAC position. Should the province, in future years, decide to provide dedicated funding specific to this position, a review of the Allied Health Professional Staffing Supplement will be undertaken to ensure that we are meeting the hours required by the MLTC.

2. Weekend and Vacation Coverage for Therapeutic Recreationists (TRs) 0.8615 FTE's (1,568 hours)

Grandview Lodge is well known for its vision of a social model of care. By utilizing the principles of Montessori for Dementia (DementiAbility), coupled with Gentle Persuasive Approach (GPA) training and incorporating the "feelings matter most" of the Butterfly model, we have truly transformed the way we provide care to our Residents. Implementing specific programs and

integrating daily routines in our adapted environment has given a life of meaning and purpose to those living in GVL. Although all staff at Grandview play a role in providing the social model of care, it is the foundation of Therapeutic Recreation (TR).

During the pandemic Grandview Lodge utilized part of the additional COVID prevention and containment funding to ensure that the residents' needs would continue to be met to the best of our ability. Part of the containment funding was used to increase part time Therapeutic Recreation staffing hours to assist with full time vacation coverage, mornings and increased week-end coverage from one (1) Therapeutic Recreation staff covering four (4) home areas to two (2) Therapeutic Recreation staff covering four (4) home areas. As a result of the adjustment in hours there was a 59% increase in programs offered which enabled improved resident engagement.

Annual resident satisfaction survey results has demonstrated the weight residents and families put on social engagement and activities. The COVID-19 pandemic highlighted the importance of resident engagement to the social, psychological and emotional wellbeing of each resident. When social distancing and stay at home directives limited interactions, TR's were instrumental in connecting residents to family and friends and keeping them socially active in periods of isolation.

In an effort to continue with vacation and weekend coverage for therapeutic recreation, providing a direct benefit to the residents, a new initiative was prepared that would request permanent hours in this area to be funded from the tax levy. However, when this funding source was announced by the Province, it addressed the level of funding required to continue as planned without impacting the levy.

The addition of 0.8615 FTE's (1,568 hours), not to exceed the first phase of the funding, will be implemented effective immediately, to meet the new MLTC requirements for allied health professionals. The future phases of funding for this stream will be reviewed annually to determine the ongoing needs of the home so the appropriate staffing plans can be implemented within the limits of each phase of funding.

The chart below outlines the required minutes per resident per day of care provided by Allied Health Professionals and the corresponding funding allocations per phase. As there are a number of possibilities to increase care in this category by a variety of disciplines, staff are proposing that Phase 1 focus on infection prevention and control and therapeutic recreation while future phases be considered year to year based on the demands of the home.

Fiscal Year (April 1 – March 31)	MLTC Hours of Care Target	Necessary Increase to Complement	Grandview Lodge Allocation from Province
Phase One 2021-22 (Applicable for 5 months. November 1, 2021- March 31, 2022)	33 minutes	Therapeutic Recreationists 0.8615 FTE (1,568 hours) IPAC Coordinator 1.0 FTE (1,820 hours) *Combined allied health staffing level will equal 33.7 minutes	\$72,281

Phase Two 2022-23	36 minutes	Base increase to existing allied health professionals TBD based on needs	\$173,736 - \$176,976
Phase Three 2023-24	36 minutes	TBD based on needs	\$198,240 - \$217,224
Phase Four 2024-25	36 minutes	TBD based on needs	\$186,768 - \$227,196

Supporting Professional Growth Fund

The purposes of this stream of funding is to cover the costs associated with necessary professional development, training and growth of the increased staffing complement. Funding allocations will be announced by the province annually. The November 2021-March 2022 funding allocation is \$17,165.

Use of the funds will be considered as funding is confirmed and will be based on:

- the amount of funds received;
- provincial requirements for use of the funds; and
- needs of the home.

Some considerations for use of the funding include:

- provide enhanced Infection Prevention and Control Education and Training for new and existing staff;
- support staff education; and
- develop and implement initiatives that support career growth and satisfaction, such as mentorships, preceptorships and communities of practice.

Delegated Authority

For the purposes of this particular provincial funding program, staff are seeking delegated authority for the General Manager of Corporate and Social Services to accept designated funding allocations related to each of the three funding streams included in this report and place them into the annual operating budget as applicable, going forward with respect to Phases 2 through 4. The delegated authority would extend to the signing process to accept the funding and will allow the General Manager to approve the associated increases to the Grandview Lodge staffing complement to achieve the Ministry targets, conditional on remaining within the limits of the funding for eligible expenses. If, in any given year, the staffing levels to meet the required hours of care cannot be met within the provincially allocated funding, a report would be presented to Council for consideration on how to meet these requirements and, in particular the funding source, for any excess costs. The delegated authority expedites the process and implementation, minimizes underspending of provincial funding due to delays in approvals and eliminates the need for multiple reports to Council related to provincial requirements that are otherwise mandatory.

FINANCIAL/LEGAL IMPLICATIONS:

The charts below provides the detailed home level allocation to support each stream of funding and reflect impacts in the applicable years to the Haldimand County Tax Supported Budget. Funding received for the period November 2021 – March 2022 will not be utilized until 2022, resulting in no tax levy impact for 2021:

RN, RPN and PSW Staffing Supplement: Base funding per bed, per month \$599.49

Tax-Supported Operating Budget Year	GVL Proposed Increase to Complement	Grandview Lodge Allocation from Province	Unused funding from previous year (carry forward)	Increase to Tax-Supported Operating Budget	Impact to Haldimand County Tax Levy
2021	-	\$153,470	\$0	\$0	\$0
2022	11.05 FTE	\$921,810	\$153,470	\$889,064	\$0
2023	Increases as above +6.57 FTE	\$1,452,717	\$186,216	\$1,280,055	\$0
2024	Increases as above +12.32 FTE	\$1,989,819	\$358,878	\$2,062,140	\$0
2025	Same as above	\$527,475	\$286,557	\$569,848	\$0
TOTAL	29.94 FTE	\$5,045,291	\$244,184	\$4,801,107	

Allied Health Professionals Supplement: Base funding per bed, per month \$112.94

The funding below is unaffected by CMI (Case Mix Index) fluctuations, and as such, will remain constant. Should it be determined that increased staffing is needed beyond the initial 2022 levels in future years, to meet the required increases to hours of care, impacts to future Tax-Supporting Operating Budgets will increase accordingly:

Tax-Supported Operating Budget Year	GVL Proposed Increase to complement	MLTC Sector Funding Home Level Allocation	Increase to Tax-Supported Operating Budget	Unused funding (to carry forward to next year)	Impact to Haldimand County Tax Levy
2021	-	\$28,912	\$0	\$28,912	\$0
2022	1.86 FTE	\$173,670	\$142,978	\$59,604	\$0
2023	Same as above	\$251,718	\$142,978	\$108,740	\$0
2024	Same as above	\$298,376	\$142,978	\$155,398	\$0
2025	Same as above	\$202,090	\$142,978	\$59,112	\$0
TOTAL		\$631,024	\$571,912	\$59,112	

Supporting Professional Growth Funding

Supporting Professional Growth funding has been allocated to Grandview Lodge with a commitment of \$17,165 to be used before April 1, 2022. Adjustments for the Supporting Professional Growth Fund are expected to be made annually at the start of each provincial fiscal year.

The chart below outlines the allocation for professional growth at Grandview Lodge:

Per bed, per month for the Supporting Professional Growth Fund (Applicable for 5 months November 1, 2021- March 31, 2022 period)	\$26.82
Monthly Supporting Professional Growth Fund (rounded to the nearest \$100)	\$3,433
Total 2021-22 Supporting Professional Growth Allocation (2021-22)	\$17,165

Ineligible Costs and Budget Impact

The staffing requirements needed to meet the hours of care outlined by the province appear to be able to be within the funding allocation for all phases. There may be a necessity to hire the additional staff later in the provincial fiscal year of phase 3 in order to remain within the funding and not impact the levy. There are however, some additional financial impacts to the Tax Supported Capital Budget that are not eligible to be funded from the three streams identified in the report. These are related mainly to technology resources required and have been outlined in the chart below. This equipment represents necessary tools for staff to successfully complete their day to day responsibilities. If Council approves the recommendations in this report, the capital budget increases will appear as Council Approved Initiatives in the respective future budgets, associated with the applicable annual staffing increases.

Tax-Supported Capital Budget Year	Item	Costing	Capital Budget Increase	Capital Budget Funding Source
2023	Nurse Call Handheld Devices	\$400 per staff member x 4 at the maximum increase to complement	\$1,600	Capital Replacement Reserve – General
2024	Nurse Call Handheld Devices	400 per staff member x 4 at the maximum increase to complement	\$1,600	Capital Replacement Reserve – General
2025	IPAC Coordinator Workstation – Replacement (to be added to replacement schedule)	2-in-1 laptop Originally purchased in 2020	\$2,900	Capital Replacement Reserve – Information Technology
TOTAL			\$6,100	

STAKEHOLDER IMPACTS:

The key stakeholders related to the funding streams announced by the Province are the residents of long term care. They will directly benefit from the increased hours of care per day. Additionally, the increased funding will allow employment for a significant number of health care professionals. Although there are current challenges to recruitment in health care and long term care, staff are optimistic that over the next several years there will continue to be more programs and incentives for those interested

in careers in long term care, to become educated in their respective fields and seek employment with Grandview Lodge, a home that is known in its sector as a proven leader.

REPORT IMPACTS:

Agreement: No

By-law: No

Budget Amendment: Yes

Policy: No

ATTACHMENTS:

1. None.