

CUPE Brief on

**PEI Long-Term Care Review**

Presented to:

The PEI Government’s external panel on LTC

Prepared by



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**Performance of long-term care during COVID-19 on PEI**

The Prince Edward Island Division of the Canadian Union of Public Employees (CUPE), was formed to improve and maintain the social, economic and general welfare of its members, workers and retired workers. We stand to defend and add the civil rights and liberties of workers in the public service and to preserve the rights and freedoms of democratic trade unions. CUPE PEI represents over 3300 members on the Island in many sectors such as municipalities, health care, long term care, emergency services, K-12 education and post-secondary education. CUPE PEI represents workers in four public long-term care (LTC) locals and one private LTC home.

On behalf of our members who work in LTC homes and those who will access these important health services, we are making a number of recommendations to improve the quality of services and improve working conditions. We consulted with a representative group of our LTC locals, who also reached out to the leadership of all locals. Throughout this brief, we include quotes from LTC workers in PEI that were gathered through this process.

It has been recognized that the conditions of work are the same as the conditions of care in LTC homes. COVID-19 has shone a stark light on both working and caring conditions in PEI and across the country. When staffing levels are increased, workers have a healthy workload and residents get the care and attention they need and deserve. When workers have the mental health support they need, they are able to provide quality care to residents and participate in family and community life.

## Recommendations

1. Transition private LTC homes to the public sector to ensure higher quality of care
2. Increase staffing levels in long-term care homes to improve quality of care
3. Improve data at the individual LTC home level on hours of hands-on care
4. Negotiate with unions to improve wages and working conditions for all classifications of LTC home workers
5. Support LTC workers in working reasonable hours and allow workers to take time off
6. Individual LTC homes carry out their own hiring instead of the Public Service Commission
7. Increase the number of paid sick leave for staff to 20 days per year
8. The government of PEI should continue providing free tuition coverage for resident care worker programs and should create educational bridging programs to train Resident Care Workers as Licensed Practical Nurses, as well as paid on-the-job training for all staff
9. Ensure comprehensive pandemic plans are in place at all LTC homes with quality training on PPE and IPAC measures
10. Develop a strategy to ensure clear communications at the provincial and individual LTC home level
11. Ensure the province sufficiently stockpiles, monitors, and replenishes PPE (including N95 masks) needed to protect long-term-care workers, and reports publicly on these stocks yearly
12. Ensure all LTC home operators have a sufficient supply of appropriate PPE on hand in the workplace and ensure operators train staff on the maintenance, use, and disposal of PPE, and are empowered to use PPE when needed.
13. Put in place concrete mental health supports for health care workers
14. Address the workplace psychosocial contributors to poor mental health including harassment, violence and heavy workload

## Eliminate profit from the long-term care system

### Recommendation no 1: Transition private LTC homes to the public sector to ensure higher quality of care

The research showing the detrimental impact of for-profit LTC home ownership on quality care is well established. Stories from CUPE members working in private LTC homes show the impacts in much more tangible terms: crushing staff workloads, rampant COVID-19 outbreaks amongst staff and residents, and poorer infection prevention and control measures. The government of PEI should make the evidence-based decision to transition private care, which includes for-profit and not-for-profit, into the public system.

The PEI internal review of long-term care found that public and private long-term care homes “operate in markedly different ways”. These differences were found in access to primary care, quality assessment, adverse event reporting, infection prevention and control, staff training and staff compensations.[[1]](#endnote-2) Transitioning private LTC homes to the public sector would help create a high-quality seamless system with consistent policies, practices, working conditions, and quality of care.

The case against for-profit care is strong. Care quality and resident outcomes tend to be worse in for-profit LTC homes. These trends have been particularly disturbing with the COVID-19 pandemic with significantly worse outcomes in for-profit LTC homes.[[2]](#endnote-3) Though this research has been undertaken outside PEI, the trends have held across jurisdictions and would likely be apparent in PEI as well. [[3]](#endnote-4) For example, we can see from the internal review that provincial Emergency Department visits and inpatient admissions were higher in private LTC, which an indication of lower staffing ratios and reduced quality care.[[4]](#endnote-5) When revenues generated by for-profit homes are allocated to shareholder and investor profits, rather than improvements to staffing levels, working conditions, and therefore, resident care, it is not surprising that quality of care suffers.[[5]](#endnote-6)

The BC Senior’s Advocate found that for-profit LTC homes failed to deliver 207,000 funded direct care hours in the province while not-for-profit LTC homes exceeded direct care targets with 80,000 additional hours of care beyond what they were publicly funded to deliver. Not-for-profit LTC homes spent 24% more per year on care for each resident in BC [[6]](#endnote-7). An Ontario study found similar trends with for-profit LTC homes, particularly those owned by large chains, providing significantly fewer hours of care [[7]](#endnote-8)

Lower staffing levels are a significant concern because they are associated with negative resident outcomes including inadequate repositioning, less toileting assistance, and higher rates of pressure ulcers, fractures, falls that require hospitalization, and respiratory infections. As a result, it is not surprising that for-profit homes are associated with higher levels of verified complaints resulting from care-related deficiencies.[[8]](#endnote-9) Unfortunately, the internal LTC review in PEI did not offer a comparison of public versus private complaints that were filed.

We can also see clear differences between for-profit and not-for-profit LTC homes in the impact of COVID-19. A Toronto Star investigation found for-profit LTC homes in Ontario reported far more COVID-19 deaths (7.3 deaths / 100 beds) than non-profit (3.8) and municipal homes (1.5) [[9]](#endnote-10). Public long-term care homes operated by Ontario municipalities were best able to protect residents during the pandemic. This research shows clear differences in pandemic outcomes based on ownership in terms of infection prevention and control and pandemic preparedness.

In Saskatchewan, the government decided to transfer five LTC homes owned by Extendicare back to the public system after 194 of the 198 residents and 132 staff tested positive for COVID-19 at Extendicare Parkside. An Ombudsperson report found that Extendicare Parkside did not have a pandemic plan that addressed the risks, did not comply with Public Health orders, and had not completed a COVID-19 readiness checklist.[[10]](#endnote-11)

The research is clear that ownership matters when it comes to long-term care. The government of PEI should ensure safer and higher quality resident care by transitioning private LTC homes to the public sector.

## Increase staffing levels and collect better data on LTC homes

### Recommendation no 2: Increase staffing levels in long-term care homes to improve quality of care

### Recommendation no 3: Improve data at the individual LTC home level on hours of hands-on care

Staff need to have the time to get to know residents in order to meet their individual physical, mental, spiritual, and social needs. Higher staffing levels are a pre-requisite to achieving better quality of care and quality of life for LTC residents. It is also a prerequisite for creating health care jobs that are safe, manageable, and rewarding. Right now, the high number of job vacancies are leaving LTC home workers burnt out and unable to provide a decent level of care to residents. The staffing levels were inadequate pre-COVID; they have now reached new lows that threaten worker safety and mental health and resident safety and quality of life.

*Residents are waiting longer for their care. Staff don’t have the time to sit and chat to residents anymore and give them the attention they need. This is supposed to be person centered care. They are very much rushing through the process and on to the next resident.*

CUPE long-term care worker

In the most extensive research on the issue in 2001 by the Center for Medicaid and Medicare Services in the US, a minimum staffing level of 4.1 hours per resident day was found to be required to avoid jeopardizing the health and safety of LTC residents.[[11]](#endnote-12) Other research have found that additional hours above 4.1 hours per resident day were needed to actually improve quality of care beyond the minimum. Staffing levels between 4.5-4.9 hours per resident per day were found to significantly improve resident care including more time out of bed during the day, better feeding and toileting assistance and more frequent repositioning.[[12]](#endnote-13)

Despite 4.1 direct care hours per day being a low bar to avoid putting the health and safety of LTC home residents at risk, the vast majority of LTC homes in Canada do not meet this baseline according to publicly-reported data. In PEI, residents at Level 3 care are supposed to receive 2.125 hours of care per day, residents at Level 4 cares are supposed to receive 3 hours of care per day, and residents at level 5 care are supposed to receive 3.8 hours of care per day. It is worth noting that these numbers are recommendations rather than requirements. All fall short of the absolute minimum 4.1 hours of care shown as necessary to maintain the health and safety of LTC home residents.

Our members tell us that residents are entering LTC homes with more complex medical conditions requiring more care than in years past. In fact, some members commented that they think many residents could be characterized as requiring level 6 care, beyond that which is considered in the PEI framework. It is time to ensure dignity and respect are provided to LTC residents by ensuring a baseline of quality care.

The amount of residents that were able to walk pre Covid was much higher. More residents are now in wheelchairs and need help to eat with purées and ground food. The health of our residents has definitely become worse.

CUPE LTC home worker

There is a move in some jurisdictions to increase the hours of care provided in LTC including in Nova Scotia where the government has committed to move toward 4.1 hours of care per day for residents and Ontario where legislation was introduced moving toward a target of an average of 4 hours of direct care per day by 2025.[[13]](#endnote-14) Ensuring a minimum range of 4.1-4.9 direct care hours in PEI would set a baseline to eliminate the most egregious results of understaffing in the sector.

Adequate staffing levels are critical to address the inadequacies in the LTC sector. Higher staffing levels are correlated with lower resident death rates, improved functional abilities, fewer pressure ulcers, fewer urinary tract infections and lower urinary catheter use.[[14]](#endnote-15) Evidence from the pandemic has also shown us the importance of staffing levels in infection prevention and control measures. US research by Harrington and colleagues found that nursing homes with Registered Nurse staffing levels under the minimum standard of 0.75 hours per resident day had a two times greater probability of having COVID-19 resident infections.

When LTC homes have higher staffing levels, staff on shift provide care to a smaller number of residents, enabling them to provide more and better-quality care. In LTC homes with low staffing levels, care is rushed, implemented inconsistently, and resident care needs are left unmet. There simply isn’t enough staff to perform all the care that’s required. Moreover, low staffing levels increase staff workload and burnout leading to difficulties with retention and poor continuity of care.

Pre-COVID, the staff felt that they needed more staff per residents to provide the appropriate care. Now staff are burnt out and have heavier workloads than pre-COVID because of the staffing crisis.

CUPE LTC home worker

In order to get a greater handle on staffing levels in PEI LTC homes, facilities should be required to track and report on hours of hands-on care. This reporting should ensure that breaks, leaves, administrative duties etc. are not included in the calculation of hands-on care. Public reporting of this data by LTC home would allow people to make evidence-based decisions about where to live or have loved ones reside.

## Improve wages and working conditions

### Recommendation no 4: Negotiate with unions to improve wages and working conditions for all classifications of LTC home workers

### Recommendation no 5: Support LTC workers in working reasonable hours and allow workers to take time off

### Recommendation no 6: Individual LTC homes carry out their own hiring instead of the Public Service Commission

### Recommendation no 7: Increase the number of paid sick leave for staff to 20 days per year

### Recommendation no 8: The government of PEI should continue providing free tuition coverage for resident care worker programs and should create educational bridging programs to train Resident Care Workers as Licensed Practical Nurses, as well as paid on-the-job training for all staff

There are significant recruitment and retention challenges for LTC and other health care workers in PEI and across the country. Poor wages and working conditions, health and safety risks, and crushing workloads have pushed workers out of the sector and limited the number of workers entering health care.

According to Statistics Canada, job vacancies in health care and social assistance in PEI have almost doubled to 4.3% for the 2nd quarter in 2022 from 2.2% in the 2nd quarter of 2021 and even lower prior to the pandemic. There were approximately 615 health care and social assistance job vacancies in PEI in the 2nd quarter of 2022. The same report shows that average hourly wages in the sector have dropped from $24.30/hour to $20.50/hour.[[15]](#endnote-16) In terms of retaining staff, one-fifth (20.8%) of health care workers in Canada have indicated that they intend to leave their job or change jobs over the next 3 years in the LTC sector.[[16]](#endnote-17) Unfortunately, the government of PEI does not have data showing job vacancies/turnover rates comparing the public versus private sector. However, with staff turnover in private facilities at 75% for RNs, 175% for LPNs and 100% for personal care workers, the issue is at crisis levels.[[17]](#endnote-18) Improving wages and working conditions in the LTC sector will need to be a priority over the coming years in order to recruit new workers and retain the current workforce.

Our members tell us that there are vacant lines at all facilities in pretty much every job classification. This affects cooks, laundry workers, and resident care workers. The government of PEI must ensure measures to increase the recruitment and retention of health care workers are directed toward all classifications of health care workers including support staff.

In some cases, workers have moved to home care or acute care due to the pressures in LTC. Many LTC workers now prefer casual work because they are able to take time off and can be more selective about shifts. In addition, permanent part-time and casual workers are not picking up as many shifts due to exhaustion and burn out. In many LTC homes where our members work, beds are vacant due to inadequate staff.

The challenge of recruiting and retaining long term care workers can be attributed to:

* Chronic short staffing
* Heavy workloads
* Low wages and a lack of paid benefits
* High risk of workplace injury
* Emotionally and mentally stressful working conditions
* Lack of workplace support for staff
* Insufficient time-off for staff who work multiple jobs
* Inadequate training
* Inability to participate in continuing education to advance skills
* Negative public perception and undervaluing of care work

**Wages and working conditions** must be improved in order to keep current staff and recruit new workers. The government should fund an increase in workers’ wages and improvements to benefits and pensions, including adequate paid sick days. The wages workers are paid vary substantially between the public and private sectors. Public sector care workers receive an average wage of $21-22/hour while private sector care workers receive an average wage of $16-19/hour.[[18]](#endnote-19) Profits or “balanced budgets” in LTC are generated in part through reduced compensation to workers, which in turn increases staff turn over and reduces the quality and continuity of care to residents.

Wages should be standardized immediately across the province and equitable between LTC workers in both public and private homes, with a view of transitioning the private homes to public ownership in the short to medium term. All workers, regardless of their job status (i.e., full-time, part-time, or casual) should receive the same wages and paid benefits. Improvements to wages, benefits and pensions should be permanent, not limited to the span of the COVID-19 pandemic and should be bargained with trade unions and incorporated into contracts. The government should also work to eliminate precarity across the sector through the creation of full-time, permanent jobs with paid benefits to all workers who want them.

When staff are chronically underpaid and precariously employed, they’re forced to work jobs at multiple facilities to earn a decent living. Staff who move between long term care facilities are at a higher risk of spreading infectious diseases, like COVID-19, when they move from job to job. If staff were paid a living wage, and provided good benefits and regular, full-time hours, this would help to minimize the spread of infection and protect the health and safety of residents. Improving the wages, benefits, and hours of long term care workers would also help to reduce high staff turnover rates, as noted by the Organization of Economic Cooperation and Development (OECD) and the International Labour Organization (ILO).[[19]](#endnote-20) It’s important to note that employment precarity not only means that staff must work multiple jobs to earn a decent living, it also diminishes continuity of care and limits the development of care as a social relationship.[[20]](#endnote-21)

Many LTC employers rely on part-time and casual workers as these workers are often not covered by benefit or pension plans, which increases the potential that workers can’t access healthcare when they are sick or injured. It will be important to raise wages, create more full-time jobs and ensure more workers are covered by pension and benefit plans.

At the same time, full-time staff must be enabled to have **time off to rest and recover**. This is especially true for workers who have managed challenging situations and experienced pandemic-related trauma. Extensive overtime and lack of approvals for vacations have resulted in high levels of burnout and staff being reluctant to accept or stay in full-time jobs. Full-time workers need to be supported in having a healthy work life balance and getting the time off for which they are entitled.

The crushing workloads in the LTC sector are also an impediment to greater recruitment and retention in the LTC sector. Appropriate staffing levels are the basis of good jobs that allow workers to provide quality care to residents. One CUPE LTC workers pointed out that the few new workers who are hired feel overwhelmed with heavy workloads. This ultimately results in workers looking for jobs outside the LTC sector. LTC employers will need to address heavy workload in order to retain workers in LTC.

There is also an organizational blockage with how LTC sector hiring occurs, which aggravates recruitment and retention challenges. **Individual LTC homes should carry out their own hiring instead of the Public Service Commission**. Our members have told us that it takes a very long time for interested individuals to be hired and onboarded into LTC homes. In one example, it took 8 weeks from an applicant’s interview until they started work. These are extremely long timelines that likely result in some workers finding other jobs in the meantime.

Right now, LTC hiring occurs through the Public Service Commission, which involves lengthy delays. It would make for more simple and efficient hiring processes if LTC homes took care of hiring themselves. Realistically, LTC homes should be able to hire individuals within 7-10 days, allowing some time to verify references, vaccinations, and criminal record checks.

Long-term care workers also need access to increased **paid sick leave**. In her 2020 report, Canada’s Chief Public Health Officer, Theresa Tam, stated that paid sick leave is essential to protect worker and community health.[[21]](#endnote-22) Furthermore, research shows that workers in settings like long-term care will continue to work when ill if they cannot afford to take time off. In fact, one quarter of health care workers reported that they continued to work while experiencing gastrointestinal illness.[[22]](#endnote-23) The reality is that wage rates for many care aides across Canada put them below the poverty line. Many LTC workers cannot afford to stay home and lose income with themselves and family members to support. This situation is not safe for workers in that they cannot recover from illness and it’s very dangerous for other LTC home workers and residents that may be more vulnerable to severe outcomes from illness.

COVID-19 has reinforced the need for paid sick leave for all workers but particularly in the LTC sector. The Review of COVID-19 outbreaks in BC’s LTC homes by the BC Senior’s Advocate found that LTC homes that provided fewer days of paid sick leave were more likely to experience a larger COVID-19 outbreak. The report also found that care aides who provide the most hands-on care to residents, were provided with the least number of sick days when compared with nursing staff and management.[[23]](#endnote-24) The lack of paid sick leave, barriers to accessing PPE and greater level of contact with residents put care aides at greater risk of contracting COVID-19. Care aides in the health care sector had a 1.8 times greater risk of contracting COVID-19 compared with nurses and a 3.3% greater risk compared with doctors.[[24]](#endnote-25) This inequity where the workers providing the greatest amount of hands-on care to LTC home residents had the least number of paid sick days inevitably put LTC residents at increased risk of illness and death during the pandemic.

The province should also continue measures such as free tuition for resident care workers. Accompanied by higher wages and better working conditions, free tuition should help with the recruitment of new workers new the sector. The province should also establish educational bridging programs to train resident care workers as licensed practical nurses. Furthermore, all LTC workers should be provided with regular, high-quality training during paid work hours to increase knowledge and skills.

## Occupational health and safety and infection prevention and control

### Recommendation no 9: Ensure comprehensive pandemic plans are in place at all LTC homes with quality training on PPE and IPAC measures

### Recommendation no 10: Develop a strategy to ensure clear communications at the provincial and individual LTC home level

### Recommendation no 11: Ensure the province sufficiently stockpiles, monitors, and replenishes PPE (including N95 masks) needed to protect long-term-care workers, and reports publicly on these stocks yearly

### Recommendation no 12: Ensure all LTC home operators have a sufficient supply of appropriate PPE on hand in the workplace and ensure operators train staff on the maintenance, use, and disposal of PPE, and are empowered to use PPE when needed.

The COVID-19 pandemic highlighted serious issues with occupational health and safety (OHS) and infection prevention and control (IPAC) measures in the LTC sector. There have been almost 50,000 staff cases of COVID-19 and 32 deaths in the LTC sector across the country. In PEI, there were 610 resident COVID-19 cases, 468 staff cases, and 25 resident deaths as of July 2022.[[25]](#endnote-26) OHS and IPAC measures were clearly inadequate in the face of COVID-19.

LTC homes were not prepared for the COVID-19 pandemic and resulting outbreaks. A lack of strong OHS and IPAC measures left both residents and staff vulnerable.

When the first outbreaks happened, it was a mad rush to get bedside tables, covered garbage cans, isolation carts for outside the rooms brought into the building. They were not prepared.

CUPE LTC home worker

The government of PEI and individual LTC homes should be required to have comprehensive pandemic plans in place that include quality training for staff on PPE and IPAC measures as well as clear communication. In some cases, CUPE members were alone in dealing with outbreaks with management and supervisors either sequestered in their offices or at home. CUPE members point out that it would have been helpful for managers and supervisors to hold regular meetings during the pandemic and check in with staff to see whether their needs were being met. One common theme we heard from workers at almost every LTC home was that pandemic-related communication from LTC home management was extremely poor.

Constant changes in restrictions caused a lot of stress and confusion. Our members were confused about infection control protocols. There was a lack of education and training on how and what to do or wear and constant changes to protocols. There was poor communication from management during these times.

CUPE LTC home worker

It is essential to note the importance of the precautionary principle when it comes to workplace health and safety. The PEI *Occupational Health and Safety Act* requires employers to ensure “that every reasonable precaution is taken to protect the occupational health and safety of persons at or near the workplace”.[[26]](#endnote-27) In the aftermath of the SARS outbreak, Ontario established a commission to look at the introduction and spread of SARS. In its final report, Commissioner Justice Archie Campbell wrote, “we cannot wait for scientific certainty before we take reasonable steps to reduce risk”. Campbell’s report identified the precautionary principle as an approach for protecting workers in circumstances of scientific uncertainty. This reflects the need to take prudent action in the face of potentially serious viruses without having to wait for complete scientific proof that a course of action is necessary.

The precautionary principle has not been the basis of occupational health and safety measures during the COVID-19 pandemic. There has been a reluctance amongst public health officials, government bodies and employers to acknowledge the possibility of airborne transmission of COVID-19 and provide N95 respiratory protection to workers. It was incumbent on the government and employers to err on the side of caution and provide employees with reasonable means to reduce the risk of contracting COVID-19, including providing fitted N95 masks.

In some cases, PPE was inaccessible or locked up requiring staff to reuse the same PPE between cohorts, potentially exposing both staff and residents to illness. In other cases, staff were wearing inappropriate PPE or ill-fitting PPE as appropriate PPE was not available.

Our facilities had issues with not having proper size gloves. Lots of XL gloves and small but no medium or large gloves. We also had face shield and goggle shortages.

CUPE LTC home member

Even after PPE shortages were no longer an issue, LTC home workers have had difficulty accessing fitted N95 masks when caring for residents with confirmed, presumed, or suspected cases of COVID-19. The precautionary principle must be the guiding principle of infection prevention and control when dealing with a novel infectious agent. Applying the precautionary principle also protects LTC homes residents as COVID-19 positive staff work with numerous residents putting them all at risk of infection.

Ensuring an adequate stock of PPE would help prevent the mass shortages that existed at the beginning of the COVID-19 pandemic. LTC homes were caught unaware without adequate stock of PPE in place to protect workers and government stockpiles were inadequate. Governments and LTC homes must have an adequate stock of PPE on hand and supply arrangements to get additional PPE in short order in case of pandemics or emergencies. The government of PEI should ensure there is domestic production of PPE in cases of global emergencies. Furthermore, the government of PEI should be required to report yearly on the amount of PPE it has in its stockpile to ensure preparations are in place for future emergencies.

## Address workers’ mental health needs

### Recommendation no 13: Put in place concrete mental health supports for health care workers

### Recommendation no 14: Address the workplace psychosocial contributors to poor mental health including harassment, violence and heavy workload

Health care workers are experiencing higher levels of stress and worsening mental health as a result of the COVID-19 pandemic. The statistics paint a dire picture:

* seven in 10 health care workers reported worsening mental health.[[27]](#endnote-28)
* Over 40% of health care workers report a somewhat worse or much worse health status now compared to before the pandemic[[28]](#endnote-29)
* Job stress or burnout is listed as the most common reason why health care workers are considering leaving or changing their jobs[[29]](#endnote-30)

LTC workers have been experiencing crushing workloads with a lack of time to provide decent care, COVID-19 outbreaks, inadequate personal protective equipment, the trauma of COVID-19 infections, re-infections and deaths, isolation from other co-workers, constantly changing policies, and a lack of time off. The current LTC home staffing crisis has aggravated this situation. PEI LTC workers have also experienced a moral injury due to their inability to provide quality care to LTC home residents in the context of low staffing levels and workload demands. The heavy workload and lack of mental health support has resulted in a larger number of staff sick due to stress and mental health reasons. Addressing heavy workloads and putting in place comprehensive mental health supports would enable staff to remain healthy and at work.

The well being and mental health of staff was not taken seriously by management during this pandemic. This is proven by the number of staff out for stress or mental health reasons. And by the number of staff who got tired of the lack of support and went to another work site.

CUPE LTC home worker

Fundamentally, safe staffing levels and reasonable workloads that ensure quality resident care are needed to address the workplace psychosocial conditions that contribute to poor mental health. This must be accompanied by measures to eliminate harassment and workplace violence in the sector, which are aggravated by poor staffing levels.

Concrete measures are needed to support the mental health and well-being of the LTC workforce. The Quebec Ombudsman highlighted that maintaining mental health support measures and developing new resources is necessary given the damaging impact (e.g., distress and burn out) of the COVID-19 crisis. “Such initiatives are essential in order to respond to the needs of employees and foster their retention.”[[30]](#endnote-31) These measures could include peer-to-peer support programs, Employee Assistance Programs, benefit coverage for counselling services, and better prescription drug coverage. This should be accompanied by workplace policies that limit overtime and ensure access to vacation leaves.

1. “Internal Long-Term Care Review.” [↑](#endnote-ref-2)
2. Ronald et al., “Observational Evidence of For-Profit Delivery and Inferior Nursing Home Care”; McGregor and Harrington, “COVID-19 and Long-Term Care Facilities,” 19. [↑](#endnote-ref-3)
3. Harrington et al., “Marketization in Long-Term Care”; Harrington et al., “Does Investor-Ownership of Nursing Homes Compromise the Quality of Care?”; Hillmer et al., “Nursing Home Profit Status and Quality of Care.” [↑](#endnote-ref-4)
4. “Internal Long-Term Care Review.” [↑](#endnote-ref-5)
5. Armstrong and Armstrong, “Privatizing Care.” [↑](#endnote-ref-6)
6. Mackenzie, “A Billion Reasons to Care: A Funding Review of Contracted Long-Term Care in B.C.” [↑](#endnote-ref-7)
7. Hsu et al., “Staffing in Ontario’s Long-Term Care Homes.” [↑](#endnote-ref-8)
8. McGregor et al., “Complaints in For-Profit, Non-Profit and Public Nursing Homes in Two Canadian Provinces.” [↑](#endnote-ref-9)
9. Tubb, Wallace, and Kennedy, “For-Profit Nursing Homes in Ontario Say Ownership Has Nothing to Do with Their Higher COVID-19 Death Rates. A.” [↑](#endnote-ref-10)
10. “Caring in Crisis: An Investigation into the Response to the COVID-19 Outbreak at Extendicare Parkside.” [↑](#endnote-ref-11)
11. “Report to Congress: Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes Phase II Final Report.” [↑](#endnote-ref-12)
12. Schnelle et al., “Relationship of Nursing Home Staffing to Quality of Care.” [↑](#endnote-ref-13)
13. Philips, An Act to enact the Fixing Long-Term Care Act, 2021 and amend or repeal various Acts. [↑](#endnote-ref-14)
14. Schnelle et al., “Relationship of Nursing Home Staffing to Quality of Care”; “Nursing Home Staffing and Its Relationship to Deficiencies | The Journals of Gerontology: Series B | Oxford Academic”; Akinci and Krolikowski, “Nurse Staffing Levels and Quality of Care in Northeastern Pennsylvania Nursing Homes.” [↑](#endnote-ref-15)
15. “Table 14-10-0326-01, Job Vacancies, Payroll Employees, Job Vacancy Rate, and Average Offered Hourly Wage by Industry Sector, Quarterly, Unadjusted for Seasonality.” [↑](#endnote-ref-16)
16. Government of Canada, “The Daily — Experiences of Health Care Workers during the COVID-19 Pandemic, September to November 2021.” [↑](#endnote-ref-17)
17. “Internal Long-Term Care Review.” [↑](#endnote-ref-18)
18. “Internal Long-Term Care Review.” [↑](#endnote-ref-19)
19. Armstrong et al., “Re-Imagining Long-Term Residential Care in the COVID-19 Crisis.” [↑](#endnote-ref-20)
20. Armstrong and Armstrong, “Privatizing Care.” [↑](#endnote-ref-21)
21. Canada, “From Risk to Resilience.” [↑](#endnote-ref-22)
22. Thomas et al., “Self-Exclusion Behaviours of People with Gastrointestinal Illness Who Work in High-Risk Settings or Attend Daycare.” [↑](#endnote-ref-23)
23. Mackenzie, “Review of COVID-19 Outbreaks in Care Homes in British Columbia.” [↑](#endnote-ref-24)
24. “COVID-19 Cases and Deaths in Health Care Workers in Canada | CIHI.” [↑](#endnote-ref-25)
25. “Long Term Care COVID-19 Tracker.” [↑](#endnote-ref-26)
26. Occupational Health and Safety Act. [↑](#endnote-ref-27)
27. Government of Canada, “The Daily — Mental Health among Health Care Workers in Canada during the COVID-19 Pandemic.” [↑](#endnote-ref-28)
28. Government of Canada, “The Daily — Experiences of Health Care Workers during the COVID-19 Pandemic, September to November 2021.” [↑](#endnote-ref-29)
29. Government of Canada. [↑](#endnote-ref-30)
30. “COVID-19 in CHSLDs during the First Wave of the Pandemic.”

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