



Canada's Long-Term Care Crisis

August 2020

Context

COVID-19 has brought long-standing faults in the long-term care (LTC) sector into sharp focus. Across Canada, COVID-19 has ravaged the LTC sector and disproportionately impacted the frail older adults who live there. In British Columbia (BC), to date there have been over 35 LTC homes impacted by the COVID-19 outbreak and deaths in LTC have accounted for roughly 70% of total COVID-19 fatalities in BC (CNA notes this number to be 79% nationally).ⁱ This is to say nothing of the ways in which LTC has been impacted across the rest of Canada, and notably in Quebec. In BC, early changes were made in the LTC sector at the start of the pandemic that limited visitors and restricted staff from working across multiple sites in an attempt to help control the spread of the disease amongst this incredibly vulnerable population. In spite of this, COVID-19 continues to impact LTC and outbreaks continue. On August 4th and 6th, 2020, BC announced two new outbreaks at LTC homes, in addition to several ongoing outbreaks. This underscores the deep, systemic challenges plaguing LTC across this country.

Research indicates that LTC residents are increasingly medically complex, frail and are experiencing more cognitive difficulties than ever before. While the population living in LTC has become more complex, staffing complements and levels of expertise amongst staff have not adapted.ⁱⁱ According to our Canadian Nurses Association (CNA) colleagues, LTC homes employ fewer regulated nurses, clinical educators, social workers and physical and occupational therapists, instead employing unregulated health providers (e.g. personal support workers, care aides etc.).ⁱⁱⁱ This leaves a heavy burden of responsibility for care on workers who are very often paid low wages (which necessitates working across multiple sites) and who, with restrictions on volunteers and visitors, are tasked with meeting a broad scope of residents' needs (physical, emotional, social etc.). To say this adds to moral distress and burnout is an understatement. While these issues are not the only cause of the devastation of COVID-19 on LTC, these factors coupled with an erosion of nursing leadership in this sector, have certainly contributed to the problems that have been surfaced over the last several months.

NNPBC's Position

As noted, while COVID-19 has highlighted serious problems in the LTC sector in particular, it has also presented opportunities for change. From a systemic perspective we have seen COVID-19 allow us to focus on large issues at both the federal and provincial level. Government is 'listening' and in particular government is listening to the perspectives of health care providers who have demonstrated leadership during this pandemic. Nurses, as the most trusted of the health professions and the largest in number, are well positioned to take strong leadership roles on committees focused on the LTC sector in particular. Working collaboratively with other health sector colleagues on shared goals can help to ensure that the needs of the vulnerable LTC population can be better met.

Moreover, NNPBC, in working with our CNA colleagues, connected with BC nurses with respect to other ways in which LTC could be measurably and systematically improved. These include broad changes that improve communication and supports between long-term and acute care, improving staffing by ensuring that nursing is embedded in leadership roles across the LTC sector, by paying workers in LTC better wages and by ensuring that the all important aspect of the mental and emotional needs of residents are better met. While these changes will not solve everything in this sector, they have presented themselves as opportunities for change for which nursing can help serve as the catalyst.

Recommendations

- NNPBC recommends federal and territorial committees established to ensure that the concerns around LTC addressed on a consistent basis.



- Palliative care supports (medications, ECG, IV, blood draw in house) should be available and accessible in LTC. Additionally, the system must move towards adopting a palliative approach as a philosophy of care across the LTC sector to ensure that people can be supported in place and that end-of-life care can be scaled up to protect this vulnerable population.
- Minimum staffing levels and appropriate staff mix, including the presence of regulated nurses on-site, need to be mandated and funded by the province. Staff need to be compensated appropriately to mitigate the need to work across multiple sites.
- NNPBC recommends that the mental health and socio-emotional needs of residents be prioritized, and this includes regular contact with family and friends, both in-person when possible and virtually.
- Nursing leadership systems (in all sectors but notably in LTC) must be clearly established so that every nurse is clear on the chain of command and the routes for advocacy and concern. Moreover, there is a need that those at the 'executive table' must truly understand the issues that concern nursing and allow for forceful advocacy for the conditions under which nursing can play its role effectively.
- Nurses and unregulated healthcare workers in LTC need access to current professional development and education to ensure that they understand the needs of frail, complex residents in LTC and are equipped with knowledge about infection control during a pandemic.

Further Reading/Resources

- [RSC Taskforce: "Restoring Trust: COVID-19 And the Future of Long-Term Care"](#)
- [RNAO- "Nursing Home Basic Care Guarantee RNAO Submission to the Long-Term Care Staffing Study Advisory Group"](#)
- [Canadian Nurses Association: "2020 Vision: Improving Long-Term Care For People in Canada"](#)

NNPBC thanks Dr. Jennifer Baumbusch, PhD, RN for her work on and contributions to this Issues Summary.

Please feel free to direct questions and additional comments to info@nnpbc.com.

ⁱ Global News. [List of seniors' homes and health-care facilities at centre of B.C.'s coronavirus outbreak.](#)

ⁱⁱ CNA, ["2020 Vision: Improving Long-term Care for People in Canada"](#)

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