



# CNA's Key Messages on COVID-19 and Long-Term Care



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## KEY MESSAGES

- ▶ Residents of long-term care (LTC) have greater and more complex care requirements than ever before. Many residents are over 85 years old. Dementia is a major contributing factor to admission.
- ▶ LTC facilities have fewer regulated nurses, fewer clinical educators, fewer recreational therapists and aides, fewer social workers, and fewer physio and occupational therapists than ever before. This has a dramatic impact on the unregulated workforce, which is responsible for up to 80-90% of all point of care.
- ▶ These changes to staff mix and inadequate staffing levels mean that workloads in the LTC sector are unsustainable for care providers and unsafe for residents. COVID-19 has exploited these long-standing vulnerabilities and exposed cracks in the foundation of an already-struggling LTC sector.
- ▶ COVID-19 has had significant impact on the LTC sector in Canada where, by late April, with nearly 2,000 COVID deaths in Canada, nearly half were related to outbreaks in LTC.
- ▶ CNA recognizes the significant and negative psychological and emotional impact the pandemic is having and will continue to have on point-of-care providers, particularly those seeing the worst of the pandemic in LTC.
- ▶ CNA is developing resources to support nurses working in LTC. We will advocate during and after the COVID-19 outbreak for radical reform to health-care delivery, ensuring that LTC, its staff and residents, are not left behind.
- ▶ Meeting the care demands of older adults requires changes to the health system and immediate attention to the role of personal care assistants and nursing expertise in these facilities. CNA insists on a dramatic overhaul in the LTC system from the ground up.
- ▶ Regulated nurses have a duty to be involved in health system transformation, including discussions and planning related to reform of LTC.



## FRAGILITY OF LONG-TERM CARE EXPOSED

The vulnerability of the LTC sector has been increasing for decades. LTC is comprised of an aging population, requiring more complex care, but simultaneously a critical shortage<sup>1</sup> of care providers. In addition, as the complexity of care has increased over recent decades, staff mix has shifted. At a time when more nursing care is required, the bulk of the caregiving falls on unregulated care providers. "Before the 1980s, most patient care was provided by

regulated nurses” (p.22).<sup>ii</sup> (Regulated nurses include licensed/registered practical nurses, registered nurses, nurse practitioners and registered psychiatric nurses.) Fast forward 40 years, and research<sup>iii</sup> indicates that despite the dramatic increase in complexity of care, up to 80-90% of care is provided by unregulated care providers whose training and requirements vary across the country. Of Canada’s more than 400,000 regulated nurses, just under 15%<sup>iv</sup> work in LTC. Staff levels and skill sets have not kept pace<sup>v</sup> with complexity.

With this increase in acuity compounded by insufficient staffing and staff mix levels, staff at care homes report<sup>vi</sup> increased workloads and decreased quality of work-life. Despite this, many unregulated care providers maintain employment in more than one LTC setting, partially because compensation is insufficient. Improved compensation, improved staffing levels and improved staffing ratios to ensure the “right provider at the right time” can all contribute to more favourable work environments. In turn, research<sup>vii</sup> shows that more favourable work environments lead to better quality of care, more effective teamwork, and less care left undone. To ensure safe staffing, LTC systems must use<sup>viii</sup> the best evidence and sound judgment to determine volume and intensity of the care needs of their residents.



## RESIDENT VULNERABILITIES

People living in LTC are particularly vulnerable and more likely to experience severe disease or death from COVID-19 due to age, frailty, comorbidities, less robust immune systems and the lack of prevention (vaccine) and treatment.

Emerging evidence reveals asymptomatic and pre-symptomatic transmission of SARS CoV2 (the virus responsible for COVID-19) and provides a greater understanding of the risk of transmission to this vulnerable group.

In addition, health-system-level shortages of PPE and testing supplies meant early detection of and protection from SARS CoV2 was delayed. Once the virus is introduced into a long-term care facility, it becomes difficult to contain. Employers have a responsibility<sup>iv</sup> to provide appropriate protective equipment in sufficient quantities. Testing should be widely available, and consideration should be given to expanding testing<sup>v</sup> in LTC facilities beyond current federal recommendations of testing only symptomatic individuals.

Once COVID-19 is detected in staff or residents, self-isolation of contacts means staffing shortages are exacerbated. This increases patient ratios as patient illness and acuity also increase. In many facilities, there is no reserve of care staff, and no contingency if a significant proportion of staff are not working due to illness, isolation or other factors. Family pressures and threats of eviction from landlords add significant pressure on care aides to continue working. Also notable is that not all unregulated care providers have sick benefits, as many employers opt for part-time and casual staff to reduce benefit costs.

The common practice of LTC staff working at more than one location may have contributed to the spread/importation of COVID-19 from one facility to another. Restrictions preventing unregulated care providers from working in more than one facility has been a promising practice, and to do this, there was a necessary wage increase to allow care providers a more appropriate living wage.



## A WORD ON MENTAL HEALTH

CNA recognizes the significant psychological impact the pandemic is having and will continue to have in the aftermath on care providers. This is particularly important in areas such as LTC, whose staff members are bearing the brunt of the epidemic, caring through the greatest amount of loss, and potentially experiencing the greatest amount of moral distress. In LTC, staff are having to watch residents with whom they have formed long-standing relationships with die a difficult death,

alone, without family present, at an unprecedented rate. Canada has made great strides to “flatten the curve” and avoid the catastrophic health system overload that we are seeing in other countries. LTC, however, has been a notable exception. Health-care workers across the country, particularly those in LTC who are living through this tragedy, will need mental health supports to address the psychological trauma associated with this pandemic.

- i <https://cna-aiic.ca/en/news-room/news-releases/2019/canadian-nurses-association-responds-to-wettlaufer-inquiry-report>
- ii [https://secure.cihi.ca/free\\_products/regulated-nurses-2016-report-en-web.pdf](https://secure.cihi.ca/free_products/regulated-nurses-2016-report-en-web.pdf)
- iii <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413363/>
- iv [https://secure.cihi.ca/free\\_products/regulated-nurses-2016-report-en-web.pdf](https://secure.cihi.ca/free_products/regulated-nurses-2016-report-en-web.pdf)
- v <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413363/>
- vi Ibid
- vii [https://trecresearch.ca/news/general/missed\\_and\\_rushed\\_care\\_common\\_in\\_canadian\\_nursing\\_homes\\_as\\_dementia\\_cases\\_rise\\_study\\_finds](https://trecresearch.ca/news/general/missed_and_rushed_care_common_in_canadian_nursing_homes_as_dementia_cases_rise_study_finds)
- viii <https://cna-aiic.ca/en/news-room/news-releases/2019/canadian-nurses-association-responds-to-wettlaufer-inquiry-report>
- ix [https://cna-aiic.ca/-/media/cna/page-content/pdf-en/ppe-and-ethical-dilemmas\\_e.pdf?la=en&hash=A4765BF70AD07A4F8008EDE06546E612C62F26AB](https://cna-aiic.ca/-/media/cna/page-content/pdf-en/ppe-and-ethical-dilemmas_e.pdf?la=en&hash=A4765BF70AD07A4F8008EDE06546E612C62F26AB)
- x <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html>