Nursing Homes
Association of PEI

Presentation Comments
Appearance before the Long Term Care COVID 19 External Review Panel
October 31 - Charlottetown

Madam Chair and Members of the Review Panel

Thank you for the opportunity to appear before you today.

My colleague and I are appearing before you as representatives of the Nursing Home Association of PEI. Our Association represents the private for profit and not for profit Operators of Nursing Homes.

My intentions today are to assist the Panel in understanding the impact of the pandemic from a system perspective. More specifically, I will be presenting the observed and evidence based experience of the private operators in the context of the systemically underfunded and two-tier LTC system in which the Government forces us to operate.

Please allow me to begin by providing a number of undisputed facts of public record:

- In the 2019/20 Gov't fiscal year, private operators were responsible for 624 licensed beds. The public manors were responsible for 619. This establishing the fact that the private operators are responsible for 50% of the LTC licensed beds on the island.

- Also in 2019/20, Gov't Public Accounts reported funding of private operators at $134/ bed/ day for a total of $30.64 million. The Public Manors were funded at $284 / bed/ day for a total of $78.29 million. This establishes the fact that private operators receive 47 cents for every $1.00 that the public manors receive. Put another way, private operators receive 28% of total system funding for 50% of total system beds.

- This difference in funding has been present for over a decade. In 2011 Treasury Board and Executive Council accepted the Harper/MacNutt Report which established these same facts and set out a series of recommendations intended to address, and I quote, the "Importance of Maintaining a Viable Partnership in Support of a One (Tier) Care System".

Madame Chair, our submission today of which I will provide a hard copy, includes numerous other facts that clearly establish that Private Operators, the residents

they care for and the employees that provide that care exist in a two tier care system as second class Islanders.

Madam Chair, we offer these facts to establish the foundation upon which all understanding of our experience of the pandemic must be based. Private Operators and our Residents, PIC, staff and stakeholders all experienced the pandemic as second class Islanders within a two tier care system as evidenced by:

- Residents receiving less than the required standard of care, experiencing unnecessary and avoidable health complications because Gov't failed to share available HHR resources in a single system approach.

- Families and PIC watching in horror as their loved ones suffered isolation, mental and physical complications because Gov't has systemically underfunded infrastructure and best practice space, design and equipment per IPAC standards in a single system approach.

- Employees treated as second class health care workers as evidenced by compensation and benefits which are up to 25% less than the exact same positions in the first class public manor system.

Private Operators were constantly frustrated at the lack of timely or any response of Govt to include Private Homes in system responses including PPE, HHR, and IPAC.

For example, one Private operator experiencing a severe outbreak was crippled by over 2/3rds of staff unable to work due to infection or exposure. Despite all out efforts by Management, begging, DHW and Island Health for support from an acute care system that remained fully staffed but without any cases in hospital to care for, the operator chose to defy authorities and bring a team of caregivers from out of province. Those caregivers, licensed in NS and active employees at a NS LTC Home, worked straight shifts, providing care to the COVID positive residents, keeping them out of the acute care system for two weeks until the PEI workforce was able to return. During this period Gov't made numerous licensing inspections, that resulted in a negative licensing report, that condemned the action, resulted in a conditional license, a freeze on admissions and hundreds of thousands of dollars of financial losses that continue to this day. Madame Chair and Panel members, I respectfully submit to you that the actions of that Operator saved the lives of more than 50 Islanders. An actions for which they remain penalized to this day.

Madame Chair, Panel Members, there were positives. As the pandemic wore on Gov't did begin to act in a more single system manner. Progress was made and many promising developments took place including:

- A single PPE warehouse and ordering system
- A system HHR coordination committee
- A PH communications committee
- Access and coordination of IPAC resources.

Which brings me to recommendations for your consideration. These recommendations are intended to assist the Panel as "Advice on priority areas to improve future pandemic preparedness and response in long-term care homes"

1. For HHR, licensing and credentials, Nurses, LPNs, CCA, PCW, a system that allows for short term emergency licensing of HHR so staff can cross borders and work in crises situations. Over the long term, for the provincial Gov't to support all licensing bodies to have a single Atlantic license and credentialing system.
2. For HHR, a system coordination body, that transparently allocates HHR on a prioritized basis to the highest and most urgent needs to respond to crises.
3. For HHR, a province-wide collective bargaining and compensation system to ensure equal pay for equal work across all classifications, to enable

equitable resourcing and preparedness.

4. For Public Health, a system coordination body, that can communicate PH directives and recommendations to enable effective response.
5. For Public Health, a system data gathering and reporting resource that enables evidence based decision making for PH in support of effective response.
6. For infrastructure, a system evaluation of LTC infrastructure against IPAC best practice space and design, to enable system planning for prioritized replacement of infrastructure.
7. A single system of per diem funding, equal for every resident of every Home, to enable a base level of resourcing and preparedness.

Madam Chair, the response of Private Operators to the pandemic is best viewed through the experiences of our Residents, PICs and staff. I wish every one of them could appear before you to give witness to that experience. An experience I suggest to you that can best be described as the realization that they exist as second class Islanders within the second tier of a two tier LTC system that failed them during the COVID 19 pandemic.

Appendix A:

Inequities between Private Nursing Homes and Public Manors:

Examples and Evidence of a Two Tier LTC System as a Casual Factor in Hampering Preparedness and Response to the Pandemic

1. Wages and Benefits for employees
    - Because of inadequate funding levels, Private Nursing Homes are unable to pay wages and benefits comparable to the public sector. This issue was identified and has existed for over 10 years. Example: RCW's in Public Manors had an hourly wage rate of $22.34 - $23.28 (a two-step pay range) as of March 31, 2020. At that time, the average hourly rate of pay for RCW's in Private Nursing Homes was $16.07 - $19.35, a differential of $6.27 (39%) per hour at the entry level and $4.09 (21.3%) at the top of the range. By October 1, 2022, the hourly rate in Public Manors had increased to $23.83 - $24.83, for a 6.5% increase. Meanwhile, Private Nursing Homes received a 2% adjustment in funding for 2022-21 and a 3.3% adjustment for 2021 - 2022 and 3.3% for 2022 - 2023. That is not sufficient to keep pace with inflation (3.3% in 2020 - 2021, 8.9% in 2021 - 2022 and for 2022 - 2023 to-date, 8.4%), or Public Sector increases and bonuses, let alone close the gap. The chronic shortfall in funding for wages and benefits for employees in Private Sector Nursing Homes means that the Homes cannot recruit and retain staff in the competitive market that exists. COVID-19 compounded the situation particularly when employees became ill, and replacements could not be found at prevailing rates of pay and benefits.

2. Staffing ratios
    - Staffing in Private Nursing Homes for Nurses, LPN's and RCW's is governed by regulations requiring 3.0 hours of coverage for Level 4 residents and 3.8 hours of coverage for Level 5 residents. The average coverage per resident may fluctuate depending on the ratio of Level 4 to Level 5 residents but on average it is 3.2 hours per

resident, and this is what funding must cover. In the Public Manors,

3.8 hours of coverage is provided with no reference to Levels 4 or 5. This is an 18% differential in staffing in Public Manors compared to the Private Sector. Coupled with wage disparities, Private Nursing Homes must still meet all standards set out in the Act, Regulations, and policies. Without any staffing flexibility and an inability to retain and recruit staff, COVID-19 created serious difficulties for Private Nursing Homes.

3. Designated Safety Beds
    - Designated Safety Beds are currently funded in Private Nursing Homes with $27.11 per bed per day in addition to the regular per diems for Health and Accommodation. Staffing demands in these units are very high and the daily subsidy is completely inadequate to maintain required staffing coverage. This is more evident during COVID-19 restrictions when safety bed residents cannot be segregated from one another given the security nature of such units.

4. Capital Replacement Fund
    - An annual Capital Replacement fund of $150,000 is available to be shared among the 10 Private Nursing Homes. This level of funding is entirely inadequate and does not even cover replacement equipment let alone capital renovations and improvements. The Public manors regularly spend an average of $650,000 among their 9 facilities per annum. In addition, capital funding for new construction (most all have been replaced in recent years) capital repairs , such as new roofs, etc., are simply added to provincial capital expenditures funded by tax[payers. The lack of adequate capital funding became clear during COVID-19 when renovations to older buildings was required to address such requirements as adequate ventilation, air

handling and negative air pressure features that were needed to prevent virus spread. Public Manors are newer, have private rooms

for most all residents and are more readily adaptable to deal with virus spread.

5. Per Diem Charges for Accommodation
    - This is a long-standing equity issue. The $92.19 per day charged to residents in Public Manors while Private Nursing Homes are required to charge varying amounts up to $169/day to maintain operations is problematic on several fronts. COVID-19 restrictions on admissions Private Nursing Homes immediately meant lost a source of revenue that is critical to the operation of the facility. Public Manors had no such loss. Also included in #8 below.

6. Funding for Private Nursing Homes as compared to that of Public Manors
    - The level of funding for Private Nursing Homes is established by an Agreement between each private facility, as represented by the Nursing Home Association of Prince Edward Island, and Health PEI and the Department of Health and Wellness. The major components of funding arrangement include a per diem for Health Care, a per diem for Accommodation a special allowance for Designated Safety Beds and a nominal annual sum for Capital Equipment Replacement.
    - At the end of the 2019 – 2020 Agreement that expired on March 31, 2020, and that has not been renewed despite repeated requests made to Government over the past 3 years to meet and conclude a new Agreement, the overall funding provided to Private Nursing Homes was $30,640,810 or $134.58 per bed per day. Private Nursing Homes must charge eligible residents who can pay a per diem that enables each Home to operate viable facilities.
    - By contrast, in 2019 – 2020, the Public Manors we funded in the amount of $78,288.853 or $346.51 per bed per day. (Note : This is a gross expenditure and does not account for accommodation

revenues to the government of $13,979,893, which if deducted from the expenditure of $78,288,853 reduces expenditures to $284.63 per bed per day, a full $150 per bed per day (119%) more than what

Private Nursing Homes receive. This significant underfunding of Private Nursing Homes means they cannot pay employees competitive wages and benefits and residents who can pay end up subsidizing government.

7. Inspection of Private Nursing Homes vs Accreditation for Public Manors
    - Currently private operators are subject to a licensing and inspection system to which public manors are exempt. Gov't policy allows manors to pursue accreditation instead. However, accreditation of the Public Manors expired last October. To our knowledge no inspections are taking place at this time. It is another example of Private Nursing Homes being held to a higher standard.

8. Vacancy Rates
    - The issue of vacancy rates, which is always of concern to Private Nursing Homes, because without residents there is loss of income, became even more pronounced during COVID. Not just because of imposed admission restrictions but because of illness among Health PEI staff who deal with matters such as financial assessments on the capacity of resident applicants to pay, incomplete medical records, discharge procedures from hospital and so on.

9. Employee Relations
    - Employees in Private Nursing H work to provide the same level oc care and support to residents as those employees in Public Manors but with less support in terms of workload and certainly less pay, while holding the same credentials and education and training. There are 3 Nursing Homes that are unionized and all of them are

heading to binding arbitration to try and get wages and benefits closer to the public sector rates and benefits. If the unions are successful, the Nursing Homes will have no ability to pay.

The remaining 7 Nursing Homes have Employee Association Agreements governing terms and conditions of employment and the outcome of the unions' arbitrations can be expected to cause pressure on those Homes to match the settlements. It is a recipe for major disruption in the sector.

Employees currently seek out opportunities in the Public Sector and each day the problem worsens. With COVID-19 working conditions of extra workload, staff shortages, coupled with inferior pay and benefits , the system is overstretched and over stressed.

10. Communication
    - Communication throughout the COVID-19 pandemic was at times fragmented as Private Nursing Homes sought direction and information. Finding the correct person to get answers at times proved difficult and this was compounded by issues like PPE supply, funding for extra staff and operational needs, conflicts with the inspection regime and starts and stops on regular consultation meetings. Things improved as time when on but there are still areas of concern not the least of which is lack of communication on and progress on negotiations for the funding contract that is two and a half years in arrears recognizing that it was partially delayed by COVID.

11. Draft National Standards of Canada Long - Term Care Services
    - It is noted that the Expert Panel will be considering this in their report. It is suggested that the province(s) should have some unified response to this matter ensuring that funding accompanies the

implementation of all changes. And that full consultations with Private Nursing Homes be part of the process.