

Planning Ahead for Long-term Care Homes: People (PSWs) & Infrastructure

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Ontario may not meet LTC direct care target due to staff shortages: document

Ontario may not meet LTC direct care target

Allison Jones The Canadian Press Apr 10, 2024 Updated 15 hrs ago



Difficulties hiring and retaining enough nurses and personal support workers for long-term care homes could mean the Ontario government may not meet its target for the amount of hands-on care residents receive, the minister responsible for the sector was warned. Stan Cho, Ontario's Minister of Long-Term Care attends Question Period at the Ontario Legislature in Toronto, Tuesday, Nov. 28, 2023. THE CANADIAN PRESS/Chris Young



TORONTO - Difficulties hiring and retaining enough nurses and personal support workers for long-term care homes could mean the Ontario government may not meet its target for the amount of hands-on care residents receive, the minister responsible for the sector was warned.

There is a "systemic shortage of nurses" across all sectors, according to a briefing document prepared for Long-Term Care Minister Stan Cho when he took over the file in September.

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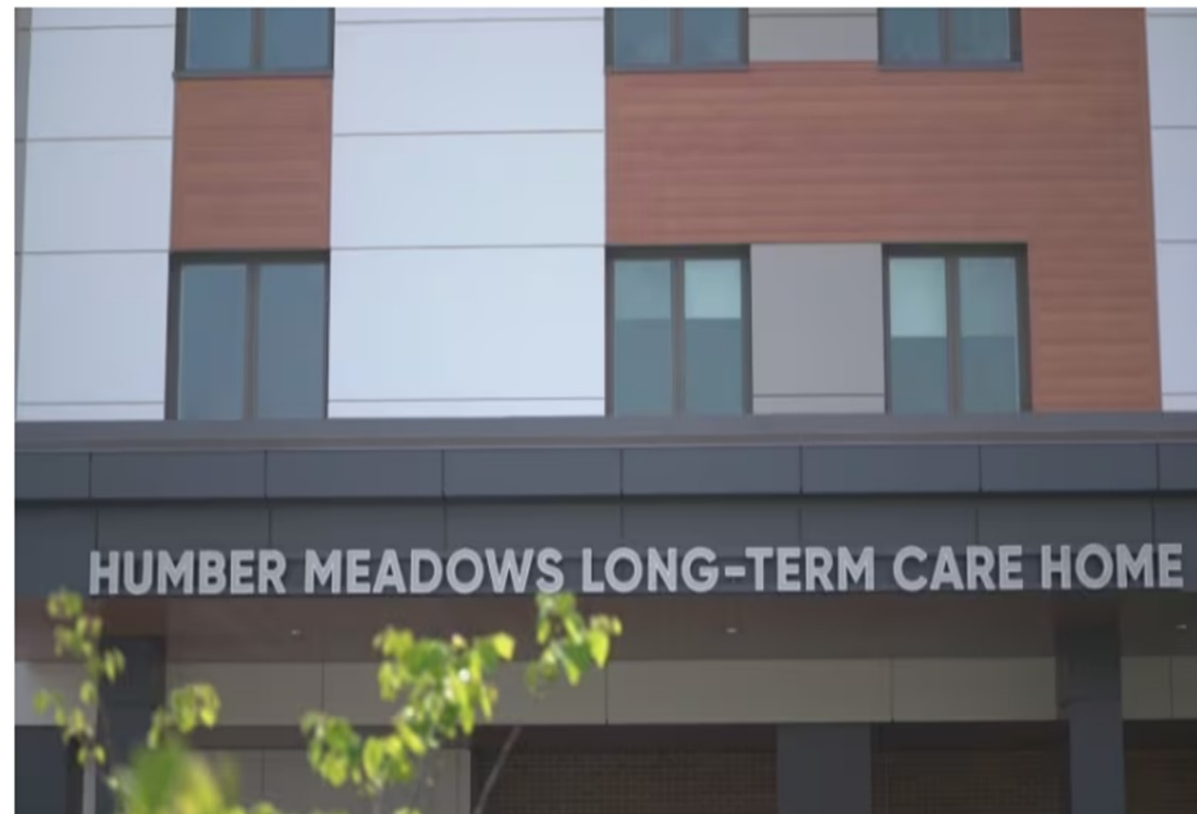
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Ontario's next fast-tracked long-term care home set to open as province hopes to shorten wait list

Humber Meadows is 2nd LTC home developed under province's new accelerated build program

CBC News · Posted: Jun 02, 2023 5:00 AM EDT | Last Updated: June 2, 2023



Humber Meadows is a new long-term care home with 320 beds, located in the Jane and Finch area (Grant

Need to Plan in a coordinated manner

(Hard in a siloed system)

- Delivering care needs both: Workers and Capital
 - Both specialized
- Healthcare is an odd industry with MULTIPLE monopolies
 - Labour market is arguably a bilateral monopoly
 - Government buys virtually 100% of labour and also controls healthcare training programs

Ontario Budget 2021 Announcements

(Illustrates attempt at coordination & recognition of the many markets in which government operates in healthcare)

- Several major announcements were made concerning LTCHs
 - 1) Quality of care and employment:
Increase average daily direct care for long-term care residents from 2.75 hours to 4 hours
 - 2) Infrastructure:
30,000 new beds by 2028
 - 3) Training:
\$121 million to accelerate the training of nearly 9,000 PSWs
 - PSW = PCP (label in new fed standard), Health care aid, nurses' aid, etc.

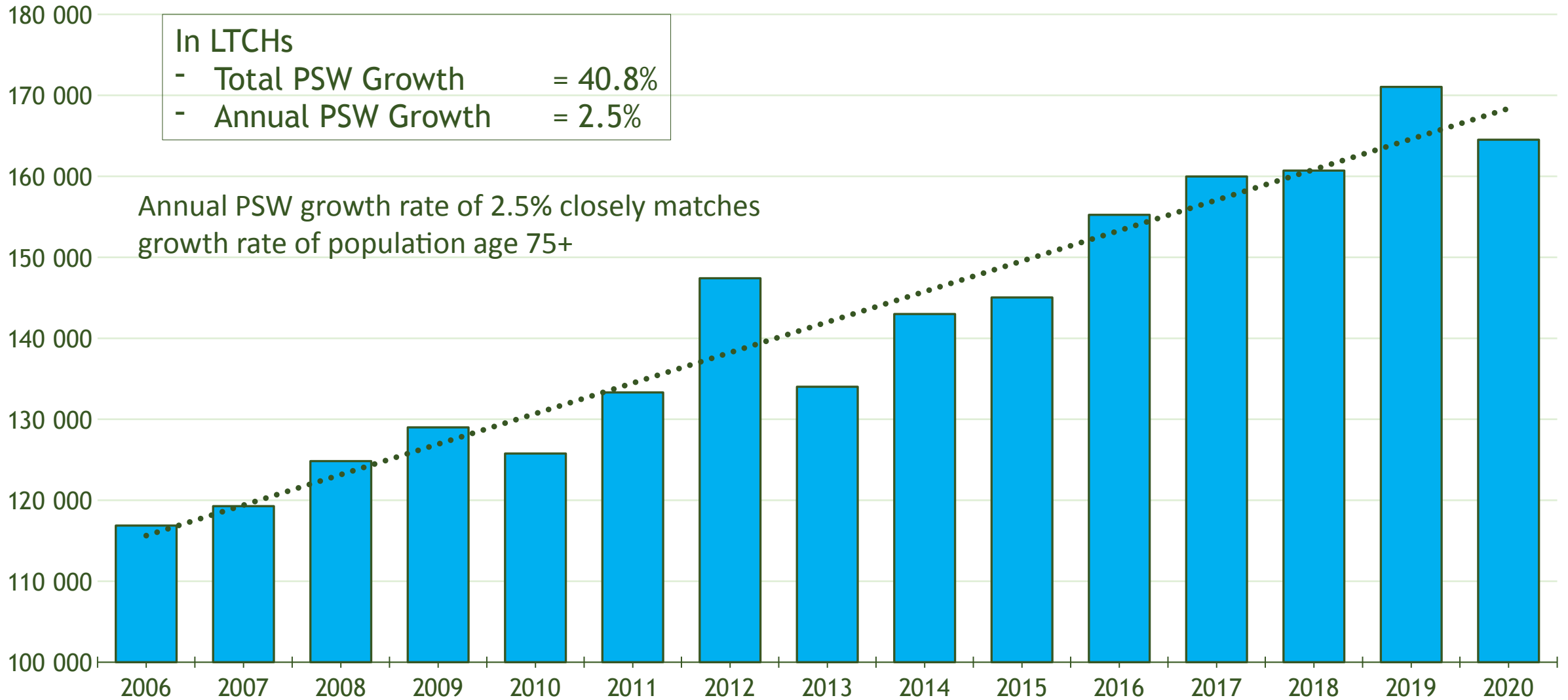
Personal Care Providers & Long-term Care Homes

- Simple “steady as she goes” projections for Canada
 - i.e., assume services per (age-adjusted) capita constant
- Second, impose Ontario-equivalent hours increase generally
 - Where current LTCH proposals are not “steady as she goes”

Following draws on

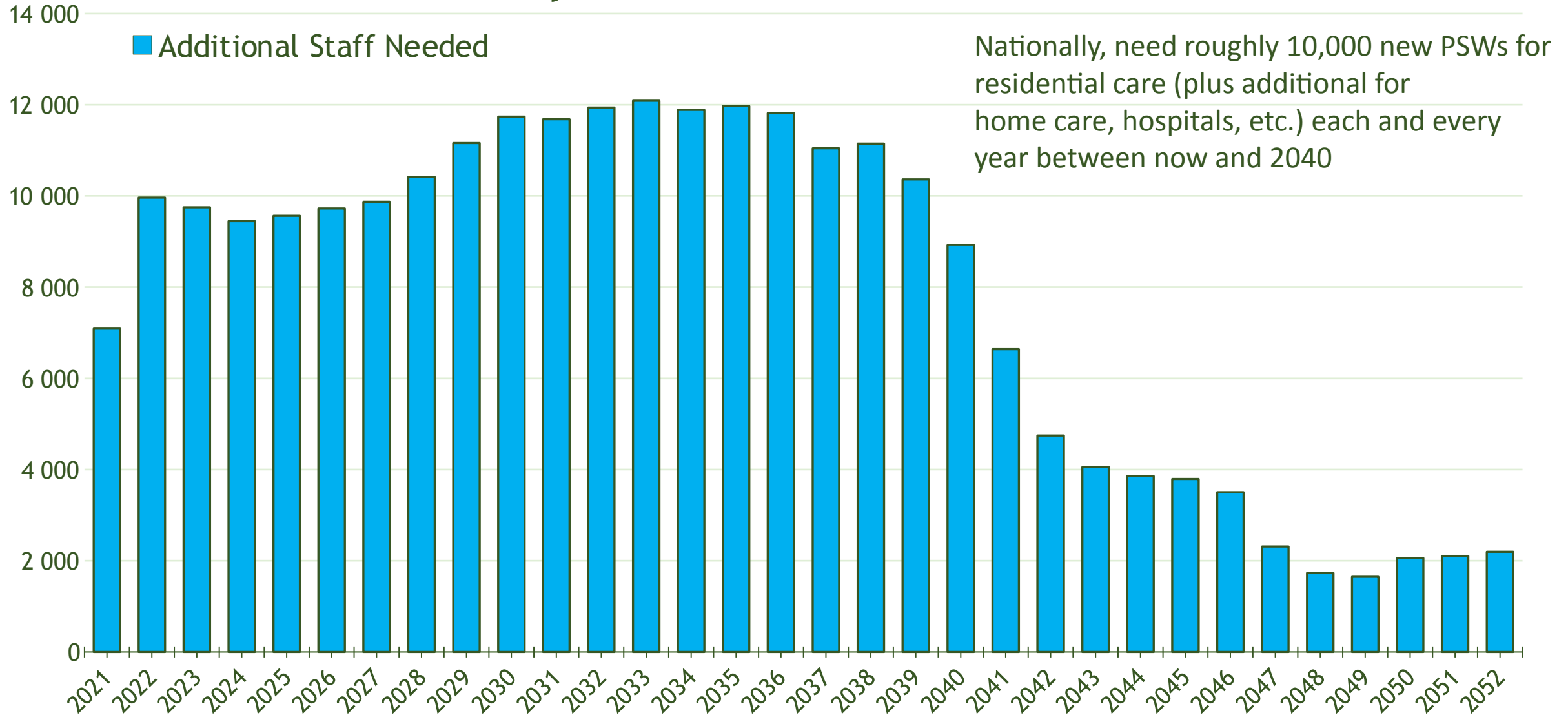
- Kralj, Boris and Sweetman, Arthur. 2024. “The Impact of Ontario’s Aging Population on the Home Care Sector” Home Care Ontario (<https://www.choosehomecare.ca/home-copy>).
<https://static1.squarespace.com/static/657e039e662fe86703981bd3/t/65cf9b771b1ad8572613f4f4/1708104567838/KraljSweetman-Home+Care+Ontario-Feb152024.pdf>
- Kralj, Boris and Sweetman, Arthur and AGE-WELL National Innovation Hub. 2024. “Personal Support Worker (PSW) Workforce Characteristics, Trends and Projections: Focus on the Home Care and Hospital Sectors.” Fredericton, NB: AGE-WELL National Innovation Hub, APPTA.
https://agewell-nih-appta.ca/wp-content/uploads/2024/02/PSWs_WorkforceHomecareHospitalSector_2024-01-31_v4.pdf
or <https://agewell-nih-appta.ca/dr-arthur-sweetman-dr-boris-kralj/>
- [Kralj, Boris and Sweetman, Arthur and AGE-WELL National Innovation Hub. 2022. “Residential Care Sector Personal Support Worker \(PSW\) Work Force: Characteristics, Trends and Projections.” Fredericton, NB: AGE-WELL National Innovation Hub, APPTA.](https://agewell-nih-appta.ca/wp-content/uploads/2022/11/PSWs_ResCare_Merged.pdf)
https://agewell-nih-appta.ca/wp-content/uploads/2022/11/PSWs_ResCare_Merged.pdf

Residential Care Sector PSW Workforce, Canada, 2006-2020



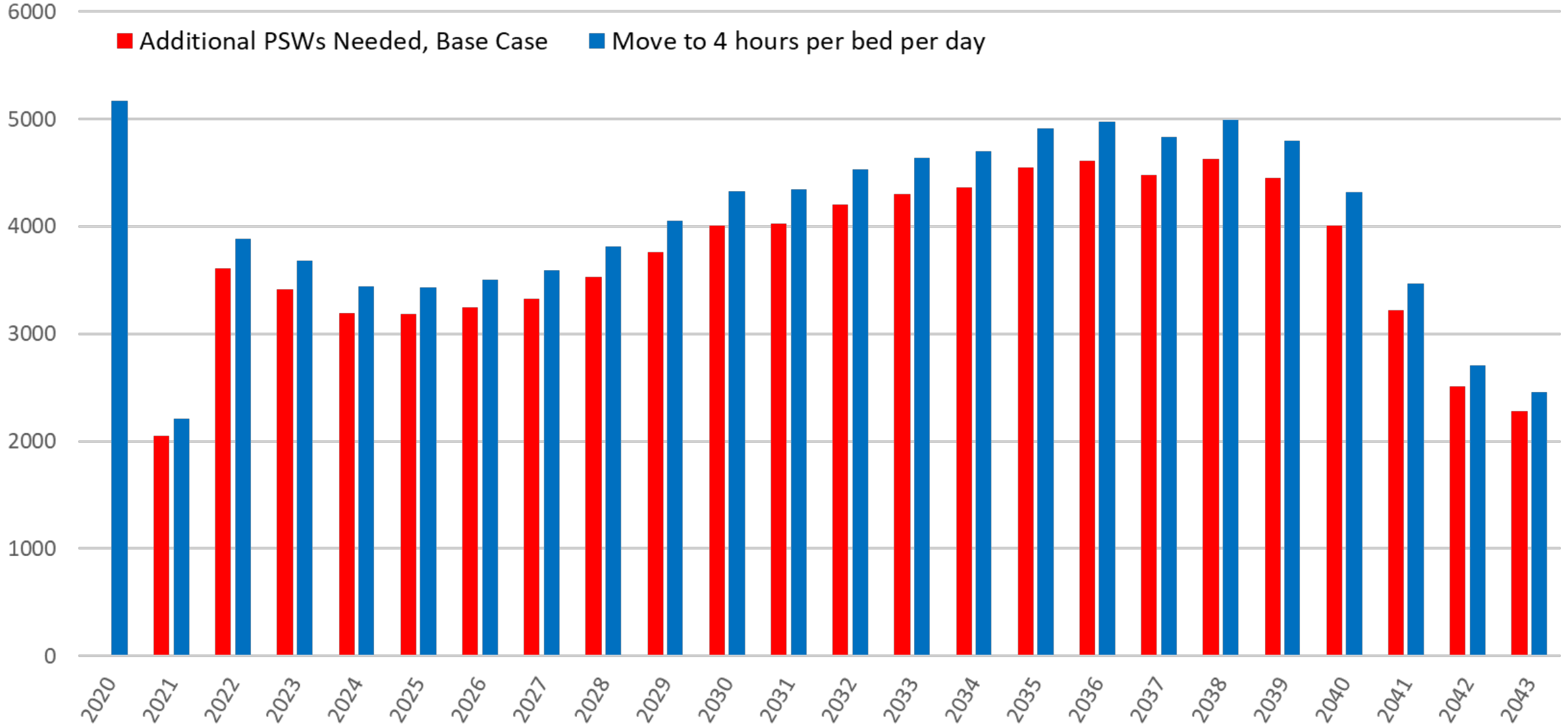
Source: Kralj and Sweetman (2022)

Additional Annual PSW Staffing Requirements “Steady” Scenario - ONLY LTCHs



Source: Calculations by authors

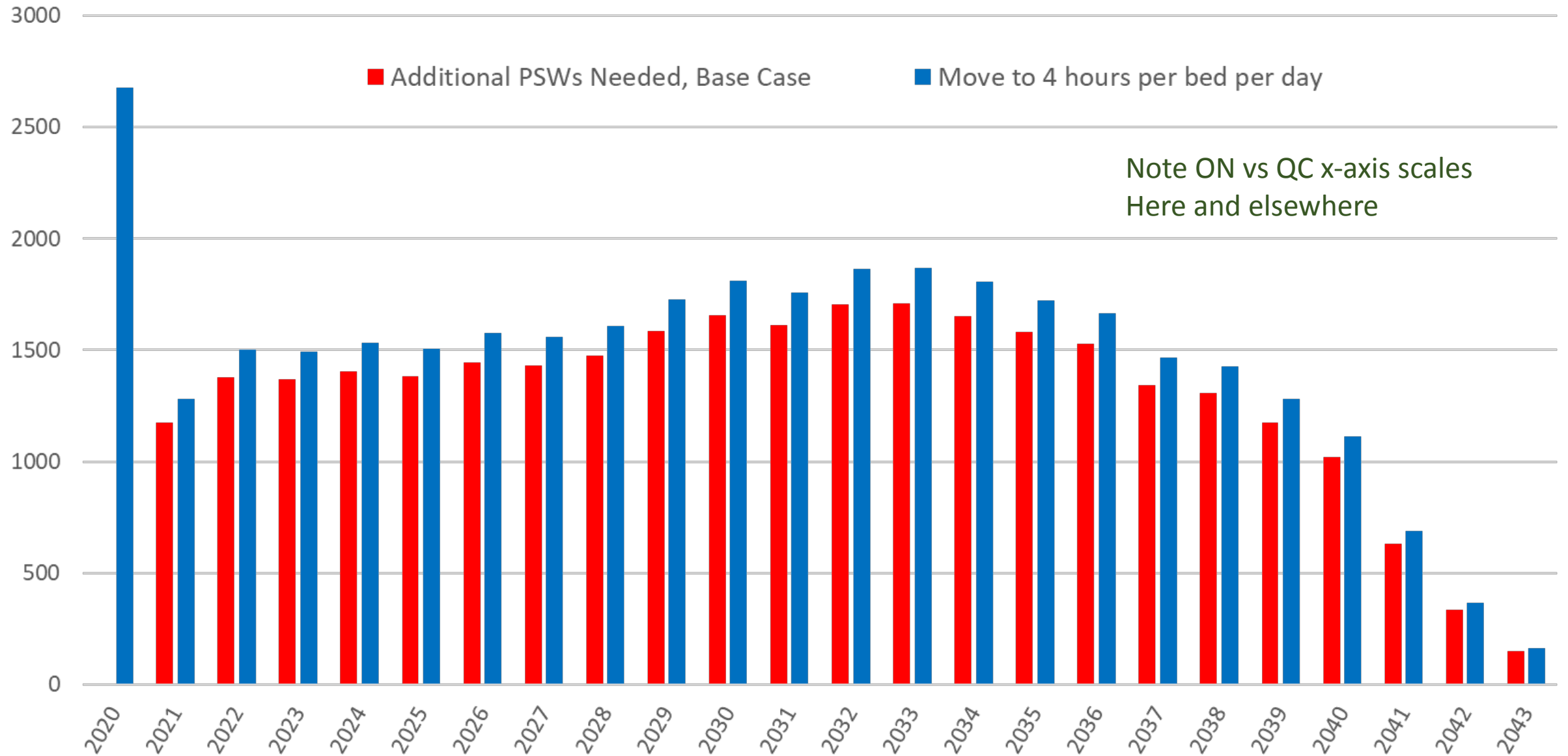
Annual Additional PSWs Required, Ontario



Demand for new PSWs given Ontario budget

- Assuming
 - Every single PSW trainee successful completes and stays working
 - Or, if a PSW leaves the profession is replaced by someone from outside the province
 - And all 9000 count towards the “new expansion PSWs” so renewal of the existing workforce continues in a separate process
 - You can judge the reasonableness of these assumptions
- **Gov. needs to repeat \$121 million for training about 6 times by 2028**
 - Almost, every year!
 - A conservative minimum number of repeats
- **Big ramifications from changes**
 - **Same order of magnitude as all of Canada “steady as she goes”**

Annual Additional PSWs Required, Quebec

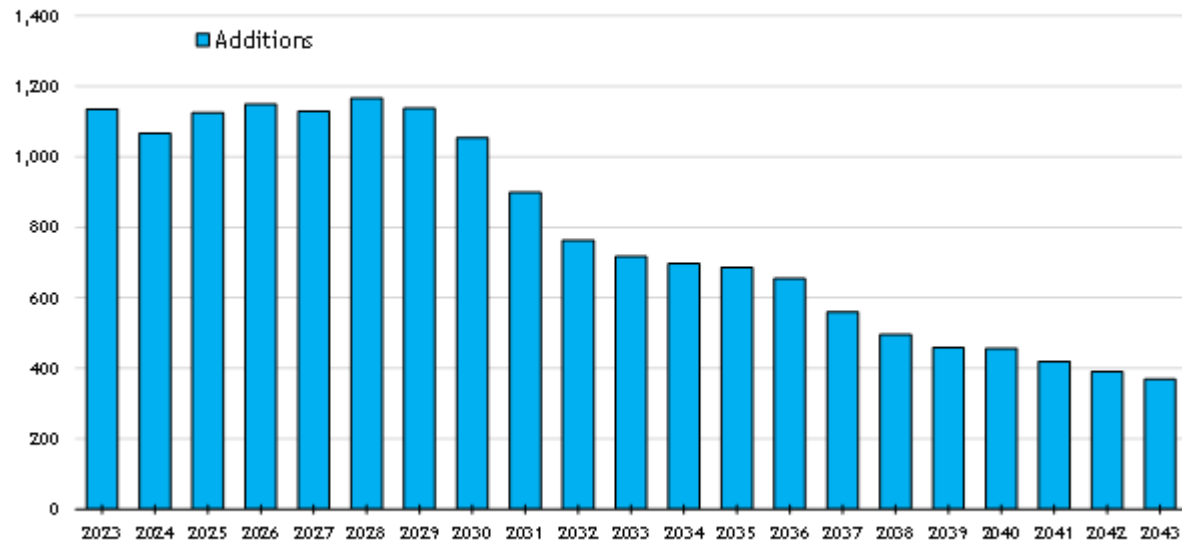


Quebec LTCH system differs from rest of Canada

- More integrated
- Different mix of worker occupations in LTCHs
- Uses higher share of workers who classify themselves as having a social service orientation, as opposed to health care orientation
 - Maybe oddity of translation of national occupational codes, but I think something more structural

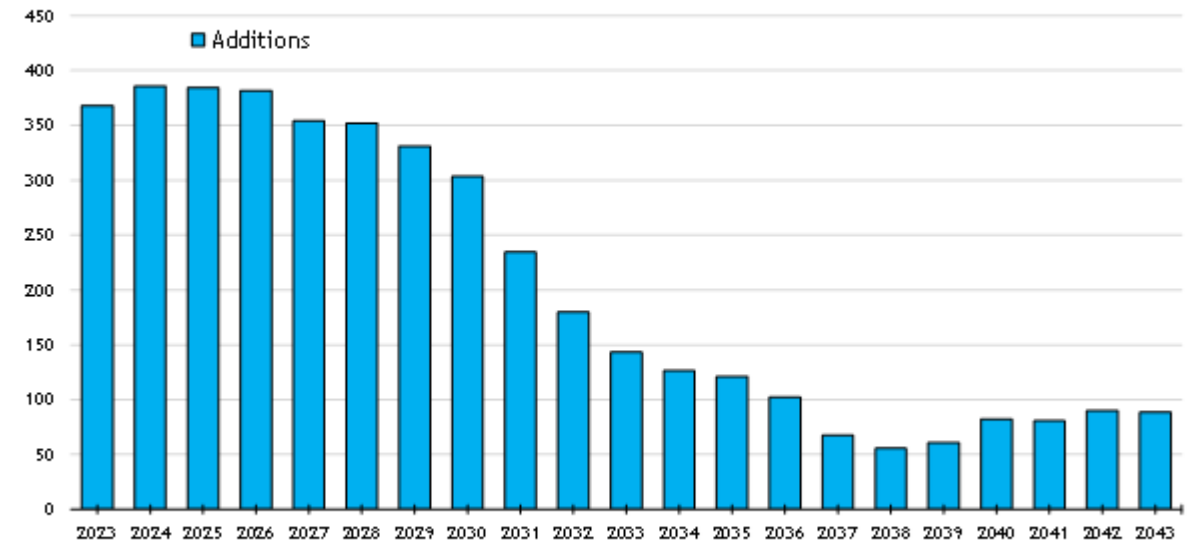
But, also Home Care

Ontario- Home care Sector PSW Workforce Additions



Source: Calculations by authors

Quebec- Home care Sector PSW Workforce Additions



Source: Calculations by authors

Timing

- Home care peaks first
 - Starting now
- Long-term care peaks subsequently
 - Starting in about 6 or 7 years
- Rather than pointed Alps-like “peak”, more like 6-7 year elevated plateaus

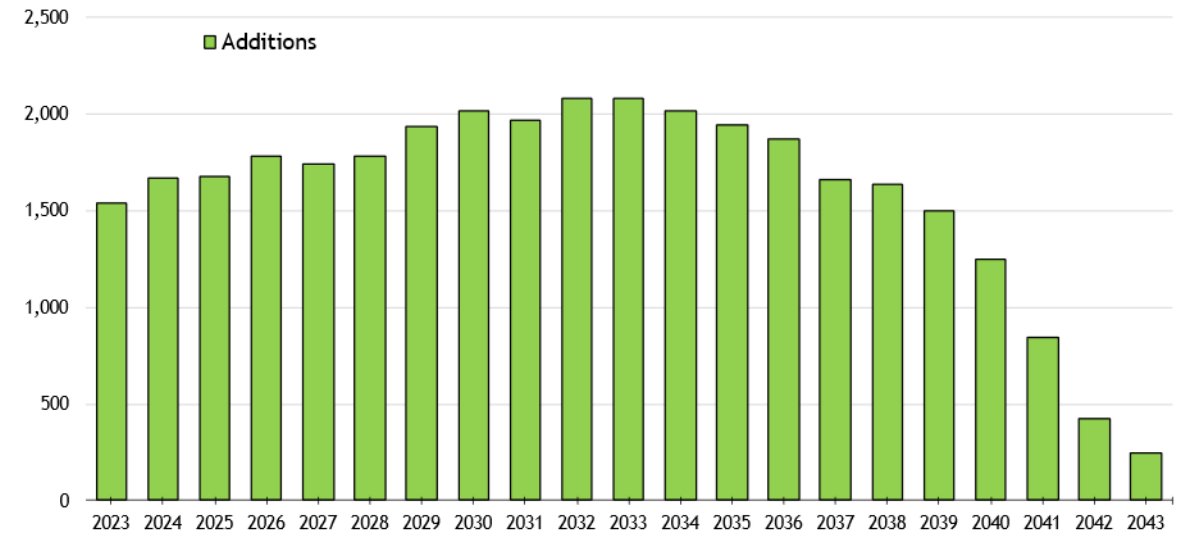
& Hospitals

Ontario- Hospital Sector PSW Workforce Additions



Source: Calculations by authors

Quebec- Hospital Sector PSW Workforce Additions



Source: Calculations by authors

But, Task Shifting? (& scale)

%Change in Canadian Worker Headcount: 2006 to 2016						
	MD	RN	PN		Health Workforce	Entire Workforce
%Change	30.5	3.6	44.4		27.9	14.0

- Health workforce growing much more quickly than national workforce (which includes health workers)
- MD shortages, with few substitutes (though this is changing)
- RNs stable as employers substitute towards low cost PNs
 - Similar phenomenon for PNs and PSWs? (Suspect yes)

PSW Retention

- Government's main policy levers for PSWs
 - Training
 - Ontario requires a 1 academic year training course
 - High school extension or community college
 - Immigration
- Trying to understand retention issue
 - Drop out during training
 - Drop out in first year of work
 - Slow subsequent attrition

Surveyed all PSW training programs in Canada

- Not great response rate
- Still working on this

- BUT, combined with informal discussions
- It seems that there is on the order of a 50% drop out rate from starting the program to working as a PSW one year post-graduation
 - i.e., 50% attrition within 2 years of starting the program
- Need twice as many entering spots as target employee numbers

But, ...

- A bit tricky since simultaneously taking other actions to reduce attrition
 - E.g., Increasing wages
 - And, increased staffing levels is its own job quality measure
- If push on both fronts could overshoot, but not pushing so much on training front at the moment that this is much of a concern

Shifting Across Sectors: Wage comparisons

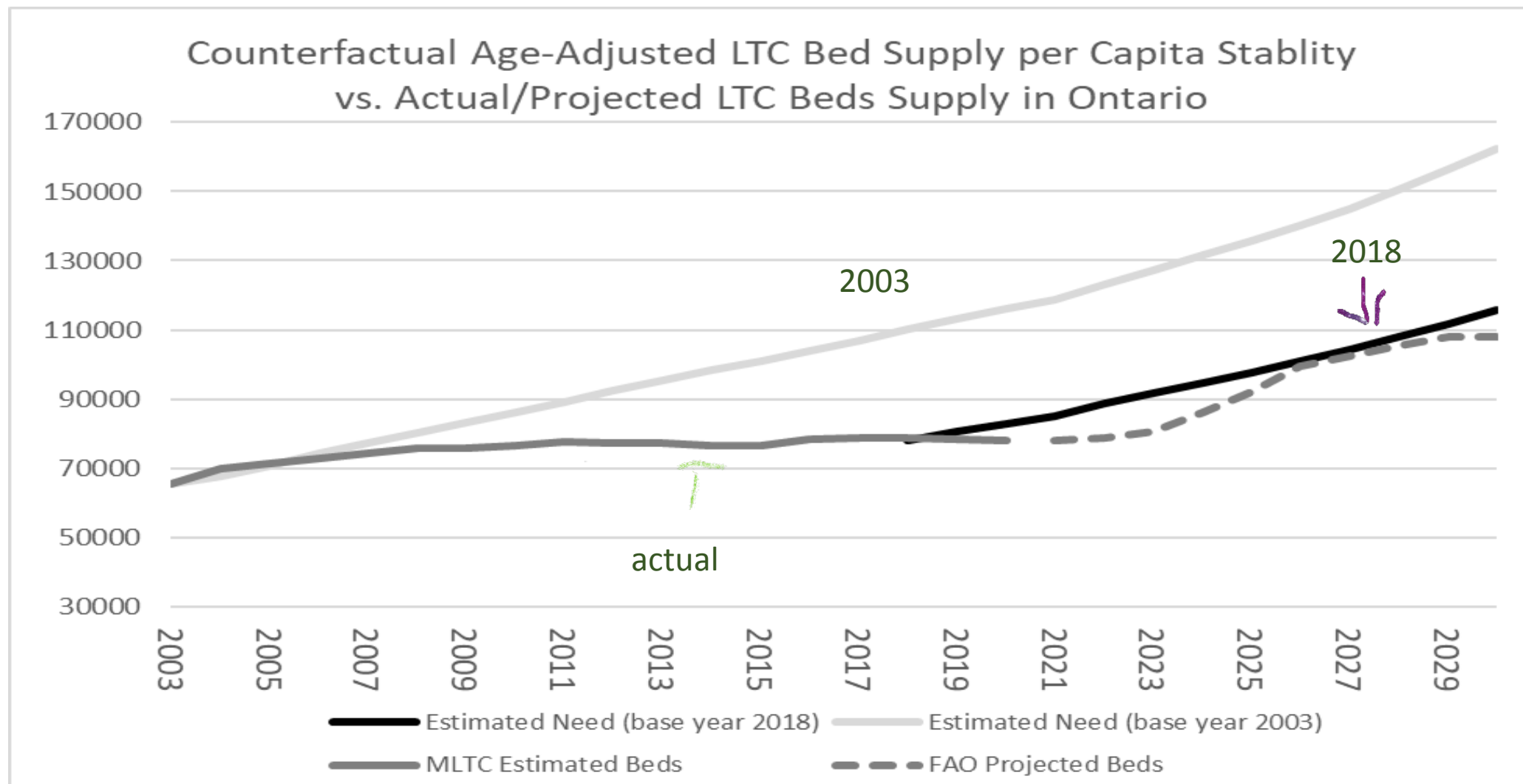
Median Hourly Wages in 2019 (inflation adjusted to \$2022)							
	Atlantic	Quebec	Ontario	Prairies	Alberta	BC	Canada
PSWs							
Residential Care	18.65	17.91	22.47	21.20	22.47	23.11	21.30
Hospitals	21.30	22.47	25.12	22.47	23.21	25.54	23.11
Home Care	17.60	16.01	19.82	18.13	20.24	22.79	19.18
Rest of Healthcare	17.70	18.34	20.24	19.18	17.91	23.53	20.24
PSW-level education							
Men	22.20	24.70	25.20	25.20	30.70	27.20	25.20
Women	17.10	20.10	20.10	20.10	22.20	20.80	20.10

PSW Means, Selected Variables: "Main" job, 2019

	Ontario	Canada
Residential Care in 2019		
Part-Time	0.20	0.24
Union Coverage	0.72	0.67
Permanent	0.91	0.87
Healthcare outside of Residential Care		
Part-Time	0.34	0.32
Union Coverage	0.55	0.67
Permanent	0.89	0.86
Women Not in Health Care, PSW-Level Education		
Part-Time	0.20	0.21
Union Coverage	0.19	0.22
Permanent	0.90	0.89

New Construction (Infrastructure)

Implications for LTCH Beds (Ontario)?



Overall

- Much discussed expansion of LTCH sector is carefully designed to maintain ratios at current levels
- NOT expanding the sector on a per-resident-over-age-75 basis
- NOT returning sector to per capita scale of 2 decades ago

- But, still lots of new construction
 - Are new designs appropriate?

LTC Data Repository at McMaster University

- Just starting
- Directors: Andrew Costa and me
- Long-term care home electronic medical records (EMR) data repository
 - Also, repository for LTCH human resource data
- Believe it is first of its kind in Canada
 - Aware of similar one that is \$50M U.S. NIA Project at Brown Univ
- At present, includes complete data from 32% of all (620) homes and 38% of all (76,000) beds in Ontario
- Data since 2017

Discussion

- Older adult care will expand tremendously in the next two decades
 - Growth will likely slow in early 2040s
 - Differences across provinces
 - The workforce will need to grow accordingly
- Tremendous challenge: COVID-19 leaving public finances in a “mess”
- Need to move forward wisely
 - Careful evidence-informed discussion is required
 - Only starting to collect required evidence
 - Some “obvious” decisions less than obvious on reflection

Workforce

- Need to be aware of
 - Attrition
 - Spillovers
 - Task shifting
 - Internal to the employer (wage and other) hierarchies

Construction

- Some reactions to pandemic may be missing the whole story
- Research community has not done sufficient work yet to inform new construction, which will lock-in many experiences for residents for year to come
- New buildings are locking in future treatment modalities without a lot of consultation and planning

END