

The Forgotten Generation

AN URGENT CALL FOR REFORM IN NEW BRUNSWICK'S LONG-TERM CARE SECTOR – ***By Jeff Hull***

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For the Registered Nurses of
New Brunswick's nursing homes.

You are not alone. We will make your voices heard.



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Message from the President of New Brunswick Nurses Union

Twenty-twenty has proven to be a monumental year for nursing and healthcare delivery on a global scale. May 12th marked the bicentenary year of Florence Nightingale's birth, the founder of modern nursing, and the World Health Organization deemed 2020: The Year of the Nurse and Midwife. While both are notable events, it was COVID-19, a global pandemic, that cast Registered Nurses (RN) into the spotlight. Without intending to, this unprecedented pandemic reminded the world about the critical importance of an RNs irreplaceable skills, knowledge, and expertise.

In New Brunswick, RNs have provided care to our senior population for more than 200 years. Over time, their commitment to providing quality, end of life care has neither wavered nor weakened. Sadly, the same cannot be said of our provincial long-term healthcare system. For more than a year, New Brunswick Nurses Union (NBNU) conducted exhaustive research on the province's nursing home sector, to prove what New Brunswick's RNs have known for many years – our system is in desperate need of reform.

The seniors who built and contributed to the prosperity of our province deserve the right to live out their final years safely and with dignity. However, many homes are suffering from an erosion of regulated care professionals, inadequate funding, and a lack of oversight by Government, which has led to a continued decline in care.



RNs are working long hours, often to the point of exhaustion, in support of these nursing home residents who have become like family – holding things together with their skills, expertise and compassion. Increasingly though, no amount of effort can compensate for the uncomfortable truth: Government is neglecting our most vulnerable population – our seniors, the forgotten generation.

Upon becoming President in 2016, I knew change was urgently needed. In 2017, Government published a provincial aging strategy – a strategy in which the voices of frontline workers were noticeably silent. In meetings with employers, stakeholders, and Government, I have continued to advocate for RNs and their residents; but the most important voices our elected officials need to hear from right now are those of the RNs themselves. Here, in these pages, they finally have that chance. Their stories and our investigative research have painted a disturbing picture.

Our mission with *The Forgotten Generation* is to elevate the discussion in Government and help New Brunswickers find innovative and cost-effective solutions. To continue the status quo, especially after reading this publication, would do a huge disservice to our grandparents, parents, and ourselves.

As an RN, labor leader, and activist, I have always believed in the principle that people with different ideas can still work collaboratively to accomplish and implement important change. It was for that reason that NBNU worked with two different provincial governments on New Brunswick's nursing resource strategy. It's also the reason New Brunswick's healthcare workers cooperated so closely with Government during the initial wave of the COVID-19 pandemic. Sadly, what our report makes clear is that – when it comes to long-term care – Government has floundered to find solutions.

One of the strongest actions any government can take is to pass legislation to protect its citizens. That is why NBNU fought for the inclusion of workplace violence language in New Brunswick's *Occupational Health and Safety Act*. But no law is worth the paper it's printed on if Government doesn't also give itself the tools necessary to enforce it. New Brunswick RNs will always be there to provide exceptional care to the residents in our nursing homes; what we need now is accountability from our government officials so that care can be provided. Our report's investigation on governance raises serious questions about transparency, accountability, and Government's duty of care. New Brunswick's seniors and their families deserve better, and most of all they deserve the truth. For this reason, NBNU is calling for an independent inquiry under the terms of *The Inquiries Act*.

That inquiry will have some critical questions to answer, but this report will provide them with an excellent place to start. How is it, for example, that resident acuity in nursing homes continues to increase year after year, while the number of regulated care staff continues to decline? How can we allow half the nursing homes in New Brunswick to not meet minimum standards for safe staffing? Why are violence rates in nursing homes so alarmingly high, and why do New Brunswick's leaders feel privatization will make things better, when the overwhelming weight of evidence tells us it is certain to make things worse?

Our report offers no less than 38 recommendations to help strengthen New Brunswick's long-term care sector, many of which would cost taxpayers little or nothing at all. They are not a menu from which Government may pick and choose. The numerous challenges facing New Brunswick's nursing homes are deeply integrated, and only a comprehensive and integrated approach can begin to address them.

Since 2004, our province has seen 16 reports on seniors and long-term care. This report must not – will not – become yet another volume on Government's shelf. It is time for people of good will to get more heavily involved. Canada's nurses have joined the chorus of voices in Ottawa calling for long-term care to be included under the terms of the *Canada Health Act*, but here in New Brunswick these challenges cannot wait. Change must begin today.

This report should serve as a wake-up call for New Brunswick's leaders, but it is not an effort to assign blame. There is no time for that. Our most vulnerable seniors are at risk. NBNU is ready to work alongside anyone who is committed to the welfare of our seniors and who wants to be a part of rebuilding the system that cares for them. We invite you to join us in that effort.

To the RNs who tell their stories in the pages that follow, and to their colleagues in nursing homes across the province, I leave you with this promise: We will make your voices heard.



Paula Doucet, RN
President, New Brunswick Nurses Union

Foreword

By Dr. Deborah van den Hoonaard
Professor Emerita,
St. Thomas University



It was with great pleasure that I accepted the invitation to write a foreword for *The Forgotten Generation: An Urgent Call for Reform in New Brunswick's Long-Term Care Sector*. As a gerontologist who has been doing research into what it means to be old, from a sociological perspective, for the last three decades, I have been extremely concerned about the systemic challenges of long-term care for older New Brunswickers for a long time. As you read this report, I urge you to constantly ask yourself, "How would I want to live?"

This report could not have come at a more propitious moment. The COVID-19 pandemic has shone a harsh light on many societal problems in Canada, and long-term-care is at the epicentre of those problems, with more than 80% of deaths occurring in long-term-care facilities. The condition of nursing homes has shocked the country, and it is only through luck that we have not experienced the same tragic loss of life here in New Brunswick. We would be foolish to think that our nursing-home sector is any less vulnerable.

The tragic consequences of COVID-19 have provided us with an opportunity to make real, fundamental changes to how we organize nursing homes. We need to do more than put a few band aids on the system. We need to make fundamental changes. *How would I want to live?*

The Forgotten Generation provides a shocking picture of the situation in New Brunswick's nursing homes, but it is not surprising. The province has over many years chosen to see long-term care as an expense that should be minimized. As the report details, New Brunswick has been lowering hours of care and the ratio of regulated staff over a number of years, resulting in poor care and staffing shortages. These decisions have been compounded by relying on casual and part-time work and low pay.

The cost-cutting decisions reflect a custodial model where the job is simply to feed and clean residents. It sees them as less than human. The residents of nursing homes are not chairs to be dusted; they are full human beings. *How would I want to live?*

The business model that is in effect now has led to "lean" management practices that eliminate slack or redundancy from the system. This model means that nurses and others who care for nursing home residents do not have time to treat those residents as full human beings.

Decades ago, Dr. Dorothy Pringle, Member of the Order of Canada and an expert on long-term care, gave a keynote talk for the Canadian Association on Gerontology in which she discussed the issue of waiting. She used the example of a worker who is dressing one resident when another needs help with toileting. She said that if you finish dressing the first person, the second will have an accident. If you leave to help the second person, the first will have to sit half-dressed for half an hour. It is lean staffing that leads to this type of conundrum. It may seem as if the inefficiency has been eliminated from the system by allowing fewer hours of care per resident or eliminating extra workers, but it leads to an assault on the dignity of the residents and what we might consider "structural violence". *How would I want to live?*

The Forgotten Generation illuminates challenges of staffing policies that lead to much part-time and casual work. It is essential that these precarious and underpaid jobs be replaced with full-time, well-paid, secure jobs that allow the nurses and other workers to provide real care (that includes real relationships) with residents and recognize the skill involved in the work.

The discourse around long-term care and home care has always framed the money involved as an expense that we cannot afford. I would suggest that it would be more profitable to think about staffing as an investment and as job creation. New Brunswick has given millions and millions of dollars to large corporations that take the money and then leave when someone gives them a better offer. Properly paying RNs, LPNs, and PSWs would alleviate the staffing shortages and keep the money in the province. It can even lessen the demographic aging of New Brunswick.

This report makes a strong case against continued privatization of nursing homes, and I emphatically endorse this position. We have known for decades that private, for-profit nursing homes provide poor care. They save money on staffing, on cleaning, and on food. It should come as a surprise to no one that the quality of care suffers in these institutions. The death rate from COVID-19 in private, for-profit nursing homes in Ontario is far greater than in those that are not for profit. Those who have been reading reports and studies over decades are not surprised. It is no accident that the first ethnographic study of for-profit nursing homes, published in 1992, was entitled, *Making Gray Gold. How would I want to live?*

As startling as the statistics included in *The Forgotten Generation* are, it is the quotations from interviews with RNs who work in New Brunswick's nursing homes that are gut-wrenching. They communicate the struggles and helplessness of the participants to maintain a decent level of care for the residents they work with. These nurses who manage to provide excellent care under these conditions are doing heroic work. As sociologist Pat Armstrong has pointed out, the conditions of work are the conditions of care. *How would I want to live?*

Finally, it is time for the province to recognize that many of the problems we have in nursing homes result from the undervaluing of care work, in general, and the undervaluing of people as they get old. There is a long-standing practice of underpaying work that is traditionally done by women, and the RNs and other staff who work in nursing homes are the recipients of the legacy of both the undervaluing of women's work and the stigma of being old and infirm. On top of that, residents of nursing homes are invisible and, until the current pandemic, easy to ignore. Nursing homes have been easy targets of cost cutting, but the time has come to end this practice.

The Forgotten Generation ends with a list of 38 recommendations, every one of which is a response to a serious problem in New Brunswick's nursing homes. It is time to put this sector at the top of the policy agenda, to respond with action rather than with words. We must seize this moment before the lessons of COVID-19 and this important report recede into the background. *How would I want to live?*

Introduction

New Brunswick and its people will be hard-pressed to care for the over 10,000 vulnerable seniors who will require full-time nursing home care in the years to come. That is not politics. That is not posturing. That is math. The task would be monumental even if New Brunswick's long-term care sector were functioning effectively, but it is not.

According to economist Richard Saillant, author of *Over the Cliff* (2014), the cost of healthcare in New Brunswick is rising at well over five per cent annually, with newly negotiated Health Canada transfer payments now growing at a mere three per cent each year. Saillant estimates that up to 12,000 nursing home beds will be needed within the next 20 years; more than double the current total. The Parliamentary Budget Officer's Report for 2018 stated that New Brunswick's debt, then at 34% of GDP, could leap to 115% of GDP 25 years from now – the highest in the country (Canada, 2018). New Brunswick's 777,000 residents – on their own – simply do not have the capacity to fund residential care for more than double our current number of chronically ill seniors; not at today's tax rates, not at any set of tax rates. It is a fiscal impossibility.



NBNU PUBLIC SURVEY

91% of New Brunswickers surveyed support the inclusion of nursing home care as part of Canada's universal healthcare system.

The Government of Canada continues to assert that nursing homes are a provincial responsibility, but how can that be the case in a province like New Brunswick? That position is no longer sustainable. It is no longer ethical. If some Canadian seniors live in dignity in their nursing homes while others do not, what does that mean for Canada's social compact? Can it really be true that some Canadian seniors are doomed to receive anemic levels of care, simply for living east of Quebec City?

RNs know that nursing homes are properly viewed as extensions of our hospital system, and that nursing home residents are no less deserving of skilled, professional care. That's why important voices like the Canadian Health Coalition (2019) have called for nursing home care to be included in Canada's universal healthcare system under the terms of the *Canada Health Act*; an idea 91% of New Brunswickers agree with. Even then, however, it's inevitable that many of the costs, and all the responsibilities, for administering nursing homes will remain squarely with provinces like New Brunswick.

INFLUENCER INTERVIEWS

We need to be asking the Federal Government to mandate minimum standards and then provide the necessary funding – in cooperation with the Province – to ensure that those standards are met.

- KRIS AUSTIN, LEADER OF THE PEOPLE'S ALLIANCE

In order to make the best case we can for increased federal assistance, we must reform our long-term care sector and the systems that support it. For that reason, this report focuses almost entirely on the systemic challenges facing New Brunswick nursing homes and what should be done about them. Ours is not the first report to confront such issues. There have been others: well over a dozen since 2004. That our province could have arrived at this moment despite them is one of the most damning indictments these pages will lay out. The situation cannot – must not – continue.

As scholars like Dr. Suzanne Dupuis-Blanchard will explain, there is an opportunity here for New Brunswick to become a leader, by ensuring we develop systems driven by innovation, best-practices and person-centered care, not by austerity or a company's profit margin. Even now, the opportunity is there, but only if we act.

What follows will not be a lengthy discussion about the tidal wave of aging looming over New Brunswick; for that, one can pick up a local newspaper any day of the week. Rather, we will take a hard look at the province's nursing home sector, the forces that weigh on it and the frenzied, often troubling, decisions that have resulted. You will hear about levels of care so inadequate that they should shock each and every one of us into action. Challenges will be assessed, and specific solutions will be offered. You'll hear from the sector's key influencers on the biggest debates. We'll take deep dives with three original NBNU investigations into New Brunswick's nursing shortage, workplace violence and government oversight. We'll review what the best research tells us on the biggest issues in long-term care. You'll also hear from former ministers of Social Development, RNs and others about the pressures that are straining our system to the breaking point.

The effects of those pressures are being felt everywhere. Fewer and fewer staff are being called on to care for increasingly sick residents, housed in increasingly old buildings. Meanwhile, the provincial government, in desperation, seems intent on turning things over to the private sector, with predictably worrying results. The care of our most vulnerable seniors should never be decided based on desperation. We hope this report will make you pause and think along with us, as to how exactly it should be decided.

Privatization is unacceptable. The status quo is unsustainable. Let's talk about how we got here, where we're headed, and about the course-corrections that are urgently needed to ensure New Brunswick's nursing homes do not become home to a forgotten generation.

New Brunswick Nursing Homes: A Brief History

In late December of 2016, the Premier of New Brunswick Brian Gallant announced a 10-year bilateral deal with the Government of Canada worth $1.2 billion. The deal came amidst tense negotiations between the provinces and the Federal Government over the future of Canada Health Transfer payments. The money Gallant had secured would provide $125.1 million for improved home care and home care infrastructure, as well as $104.3 million to support various mental health initiatives.

The deal was subjected to harsh criticism: when adjusted for inflation, the new funding amounted to a three per cent reduction in the Province's annual health transfers, not an increase (Benzie, 2016). Many, like Quebec's Minister of Health, Gaétan Barrette, blasted Gallant and his team for an early surrender.



Still, it was obvious the money and cost-certainty were badly needed in New Brunswick, a province where over 33% of Government's annual budget is made up of federal transfers and other funding from Ottawa (New Brunswick, 2020a). In the 2020-21 fiscal year, those federal payments will total $3.379 billion; the largest single transfer ever received by a Canadian province – adjusting for population.

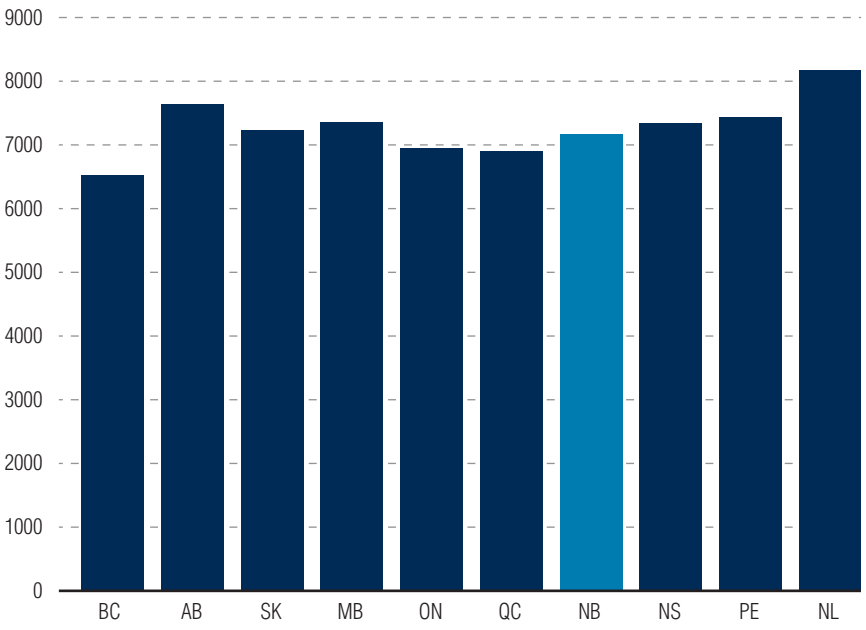
At the time those health transfer negotiations were taking place, the Province boasted a population of just over 750,000 people, 148,000 of whom (19.5%) were senior citizens. By 2038 it is expected that the percentage of seniors living in New Brunswick will rise to over 31%; a staggering problem for any government to plan for. By contrast, in 2038, the national rate of seniors as a percentage of the population is expected to be 24%; with the possibility that immigration could still mitigate that number in many parts of the country (New Brunswick, 2017a). Not only is New Brunswick confronting an enormous wave of aging that will hit this province before it hits the rest of the country, that wave will be more severe in New Brunswick and very much harder to manage.

The province has a highly dispersed rural population, spread across an area greater than Rhode Island, Delaware, Connecticut, New Jersey and Vermont combined. Government is responsible for maintaining over 20,000 kilometers of paved roads, as well as a fleet of river and ocean-going ferries that carry New Brunswickers to and from places like Deer Island and Grand Manan. Nearly half of New Brunswick's seniors live in rural communities, more than double the national average – which makes it nearly impossible to centralize most services. More seniors move into the province each year than move out of it. The numbers are daunting to say the least.

On top of this, most New Brunswickers are not healthy people. New Brunswick has the highest diabetes rate in Canada by some distance (StatsCan, 2018a), as well as one of the nation's highest cancer rates. New Brunswick's obesity rate of 39% is the second highest in the country, exceeded only by Newfoundland and Labrador (StatsCan, 2018b). Thirty-six per cent of New Brunswick seniors have a disability that affects their Activities of Daily Living and 39% of seniors in the province suffer from three or more chronic conditions (New Brunswick, 2017a).

New Brunswick may be one of this country's unhealthiest provinces, but it doesn't spend like one. With all these challenges, one would expect healthcare spending in New Brunswick to be far above the national average, yet the province's annual cost-per-person in 2019 was only $119 more than the Canadian average of $7,068, and significantly less than Nova Scotia's $7,381.

Figure 1



Source: (CIHI, 2019)

This, despite the fact that much of Nova Scotia's population is clustered around Halifax, allowing them to be served more efficiently. Overall, New Brunswick spends less per person on healthcare than any province outside of BC, Ontario and Quebec. If a New Brunswick government were to raise per-person healthcare spending to the Atlantic Canadian average, it would result in hundreds of millions of dollars in badly needed investments.

KEY INFORMANT INTERVIEWS

Nursing homes have a health service which is in strong demand. If we want nursing homes to maintain and improve standards of care and staff retention levels, Government needs recognize the need for additional funding.

- FORMER MINISTER OF SOCIAL DEVELOPMENT

Demographics, financial pressures and a deeply unhealthy population represent just some of the many challenges numerous New Brunswick governments have faced. The Gallant government was no different. So, following that 2016 deal, Gallant again travelled to Ottawa in October of 2017 to make a pitch for still more federal funding: this time a pilot project, in which New Brunswick might serve as a laboratory of sorts. The theory held that, by studying aging in New Brunswick, the Government of Canada could develop national aging strategies before the coming demographic shifts impacted the rest of the country.

> Recognizing that New Brunswick is home to one of the largest percentages of people 65 and older in Canada, our province is the perfect location for a pilot project on healthy seniors. Finding innovative solutions to overcome some of the fiscal challenges that come with an aging population would benefit New Brunswick and the entire country (New Brunswick, 2017b).

Sure enough, a few months later, in June of 2018, Gallant stood alongside Canada's then Minister of Health and MP for Moncton-Riverview-Dieppe, Ginette Petitpas Taylor, to announce that the Federal Government would devote $75 million to studying aging in New Brunswick over a three-year period (New Brunswick, 2018a). That research would certainly have some hard questions to answer.

How was a province with fewer than 800,000 people supposed to pay for the care of well over 200,000 seniors? What standard of care would the most vulnerable of those seniors receive and what model would be used to administer it? Historically, there hasn't been a profit motive driving care in New Brunswick nursing homes. Since the early 20th Century, New Brunswickers could rest assured that, when old age arrived, their care would never be based on a company's bottom line. But would those values endure, or would they buckle under these enormous demographic pressures?

The Non-Profit Model

The nursing home sector in New Brunswick is weak – and getting weaker. Many of these homes are extremely old buildings that are far removed from the province's larger population centers. At each home, authority is wielded by a surprisingly small group of people and the writ of Government can, at times, seem extremely far away. Inequality is rife, reliable information is scarce, violence is escalating, and the loudest voices are calling for less regulation, not more. All the while New Brunswick seniors and those who care for them are left wondering which way to turn for help.

Traditionally, long-term care in New Brunswick has been provided through a patchwork of community and non-profit organizations, such as the United Church or the Salvation Army. As we will see in our discussion on governance, this model has sometimes struggled to adapt. As of this writing, 60 non-profit homes remain in the province; two have recently been replaced by a new 240-bed for-profit complex in Miramichi, contracted to Shannex Inc., based in Halifax (New Brunswick, 2017c). Non-profit nursing homes are overseen by volunteer boards and receive their funding directly from the Province, through the Department of Social Development.

In response to inquiries by NBNU, the Department revealed that, in the 2018-19 fiscal year, this funding totaled just under $321 million, including salaries and benefits, supplies and mortgage payments (Social Development, Email, March 11, 2019). As of late 2019, New Brunswick maintains 4,792 beds in its non-profit nursing homes. Some are concentrated in and around New Brunswick's cities, while others are more rural. These homes can be found all across the province, making them – in theory – ideal community service hubs for seniors, of the kind described in *We are all in this together: An Aging Strategy For New Brunswick*, which was published by the New Brunswick Council on Aging in 2017. More on this later.

KEY INFORMANT INTERVIEWS

All governments seem to be aligned with the idea of helping people to stay at home as long as possible. In order for that to happen, you have to build up the community capacity; and that's where everyone fails.

- FORMER MINISTER OF SOCIAL DEVELOPMENT

That 2017 report represented an enormous opportunity to revisit the non-profit nursing home model, with an eye to strengthening it for the long-term. Sadly, neither New Brunswick's aging strategy nor the new aging research funded by the Federal Government would drive the Province's decisions moving forward. The Gallant government had already started to act.

Profits Over People

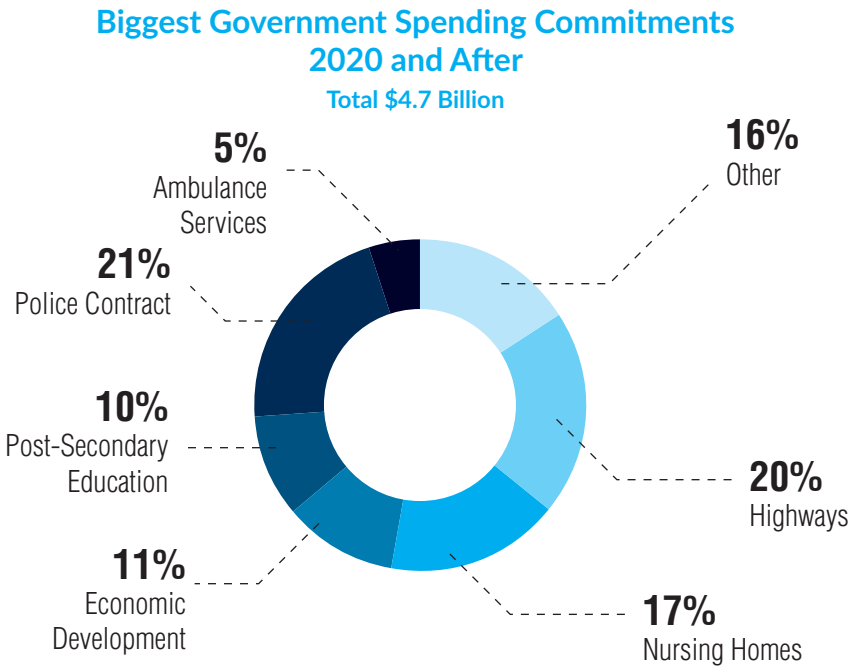
In February of 2018, it was announced that the Government of New Brunswick would add more than 1000 beds in nursing homes and special care homes; it was one of the most ambitious senior care announcements the province had seen in years. Ten new 60-bed nursing homes were to be constructed, while 407 memory-care beds were to be added for seniors living with dementia in special care homes. The much-publicized announcement certainly sounded bold enough, but came without any of the financial details one would normally expect – not a single word about how the facilities would be paid for (New Brunswick, 2018b).

Through its own independent research, New Brunswick Nurses Union was able to uncover many of the details Government was hesitant to disclose in its 2018 announcement. That research started with a 2019 report by New Brunswick's Auditor General that identified "Nursing Home Services" as the Province's third-highest contracted expense, following privatized highway management and its police services agreement.

Non-profit nursing homes do not operate under provincial contracts. That expense represents the beginning of New Brunswick's major push towards privatization (AGNB, 2019).



Figure 2



Source: (AGNB, 2019)

The province now holds $678.5 million worth of for-profit or 'fee-for-service' nursing home contracts. The $678.5 million is made up of nine contracts, each of which span 25 years. In all cases, Shannex is the sole service provider. The Government of New Brunswick will assure anyone who asks that each of these contracts went to tender, but the results speak for themselves. It is clear Shannex is the only company Government has chosen to work with. By the time Premier Gallant announced the new 1000 bed commitment, there were already six for-profit nursing homes operating in New Brunswick, each one a Shannex property. If completed, Gallant's plan would increase that number to 16, or 27% of the province's nursing home sector.

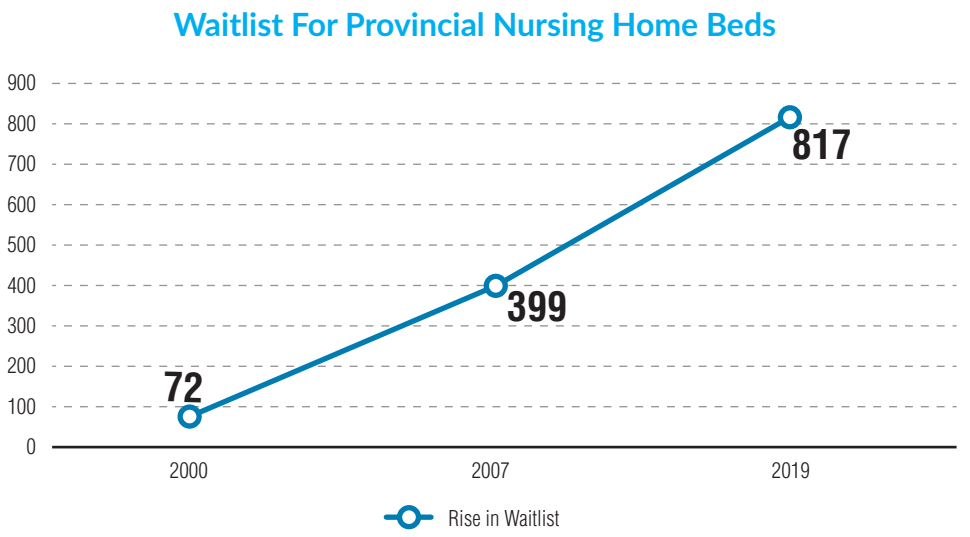
KEY INFORMANT INTERVIEWS

I am very concerned with the government's plans to build more nursing homes using the 'Shannex' model. Those facilities have even larger ratios of unregistered care staff, and that will not make any of their residents' lives better.

- A REGISTERED NURSE

The first Shannex contract was signed by Premier Shawn Graham in 2008, using what the Government of the day referred to as 'an emergency exemption' from normal contract procedures. Graham's argument was that the number of seniors waiting for long-term care beds had reached a crisis point, and that urgent action was needed; action that could not wait for the normal machinery of Government. It was Graham's rapid switch to a private sector model, however, that would end up alarming many. The introduction of a profit motive into the province's long-term care sector was something that would fundamentally change the incentives behind resident care; meanwhile, the problems it was supposedly meant to address continued to worsen year-after-year.

Figure 3



Source: (Coalition for Seniors and Nursing Home Resident's Rights, Email, August 15, 2019)

Since the year 2000, the waitlist for spaces in New Brunswick nursing homes has increased by more than 1000%. Back in 2008, the Auditor General of the day, Mike Ferguson, questioned whether Graham's plan really warranted such radical steps, and recommended the Province evaluate whether contracts with private companies were actually less expensive than the traditional non-profit model – a recommendation that was repeated in 2016. This report's literature review adds new urgency to those questions. Shockingly, that evaluation was never done, but the Auditor-General's concerns did not end there (AGNB, 2009). There remained the issue of accountability.

According to the terms of New Brunswick's *Nursing Homes Act*, Government maintains the right to dismiss the board of any non-profit nursing home and appoint a trustee to oversee operations, in the event of mismanagement, corruption, safety concerns, or some other emergency. This power was recently put into effect in 2019, when the Higgs government dismissed the board at Campbellton Nursing Home due to chronic dysfunction and the large number of consistently vacant beds.

In 2009, another Auditor General's report commented that the Province had not even sought a legal opinion as to whether those kinds of powers would extend to new for-profit nursing homes, which would now operate under legally binding contracts (AGNB, 2009). What would happen if such a company were found to be corrupt, mismanaged, or unsafe? The Auditor General asked that a risk assessment be done, so that all the potential pitfalls of a privatized model could be identified. Ten years later, NBNU research could find no evidence that either step had ever been taken.

NBNU's repeated inquiries to the office of New Brunswick's Attorney General as to whether a legal opinion had ever been sought were met with silence. Still more concerning were the responses to NBNU's own questions to the Office of New Brunswick's Seniors Advocate, regarding whether the Province had ever conducted the risk assessment, first suggested by the Auditor General more than a decade ago. The Advocate shared that he himself had made similar inquiries to Government, following the creation of his office in 2017; however, the terms of his mandate prevented the Advocate from sharing what he had found with the public (Advocate, Email, March 27, 2019).

The need for these answers is pressing because the scenarios they address are already playing out elsewhere in Canada. In February of 2020, the B.C. government was forced to institute an emergency takeover of four private nursing homes after the contracted company was found to have provided substandard care (Kines, 2020). If necessary, could a similar takeover happen here in New Brunswick? What safeguards are in place for New Brunswick seniors? What do these contracts say?

More than a decade after the slide towards privatization began, what has New Brunswick gained from all this, and what has it given up? Has the Province done any due diligence at all as to the risks, legalities and overall financial costs associated with for-profit nursing homes? The answer remains a mystery. Others seeking answers have fared no better.

INFLUENCER INTERVIEWS

If the role of Government is to protect and empower its citizens, then for this group of citizens we are failing miserably.

- DAVID COON, LEADER OF THE GREEN PARTY OF NEW BRUNSWICK

Throughout 2017-18, David Coon, the Leader of New Brunswick's Green Party and MLA for Fredericton South, fought to force the release of the Shannex contracts in their entirety. He had a powerfully persuasive case. In reviewing Mr. Coon's right-to-information (RTI) request, New Brunswick's Information and Privacy Commissioner blasted Government for their refusal to disclose the details of the nursing home contracts they had bought with taxpayer money.

> The Department must provide access to information in relation to how it fulfills its mandate and how it spends the public purse. The Department's own obligations to provide long-term care facilities have been extended to the private sector… That fact does not remove the Department's responsibility to show how taxpayers' dollars are being used to fund the running of these facilities, just as it would be were the Department running the facilities itself… A public body will be hard-pressed to refuse access to a contract with a third-party service provider where the public funds are involved (Green Party, Email, March 26, 2019).

The Commissioner's words are powerful and something we will revisit later. Both Shannex and the Gallant government fought the release of the for-profit contracts and were eventually able to secure a ruling before the Court of Queen's Bench that ensured New Brunswickers would never know exactly what their tax dollars had purchased. In 2019, one of the first actions of the Higgs government was to abolish the Office of the Integrity Commissioner and reassign those responsibilities to the Office of New Brunswick's Ombud. The reasons for all this secrecy, and the pressures that drive it, are one of the major themes that run through the pages that follow. Decision-makers in New Brunswick are struggling with enormous challenges in the face of an aging population that the province is currently ill-equipped to deal with.

KEY INFORMANT INTERVIEWS

We talk a lot about providing access but not very much about providing quality of care. We can have a relatively cheap system which is easy to access, but what is the trade off in terms of care? Government must balance these two and it's not an easy task.

- FORMER MINISTER OF SOCIAL DEVELOPMENT

Many of those advocating for change are pressuring Government to ease back on safety and regulation even more. The slippery slope of compromises being made by successive New Brunswick governments now warrants an alarm that this report is urgently trying to sound. Our province is quickly moving away from a people-centered approach to long-term care and, if actions aren't taken to reverse course, New Brunswick may soon find itself with less and less ability to dictate the standards of care received by its most vulnerable seniors.

As you will see from our external survey, New Brunswickers understand the concerning trends working their way through our system and want them stopped. Elected officials should be guided by them and by the best research available, which we will now review in detail.

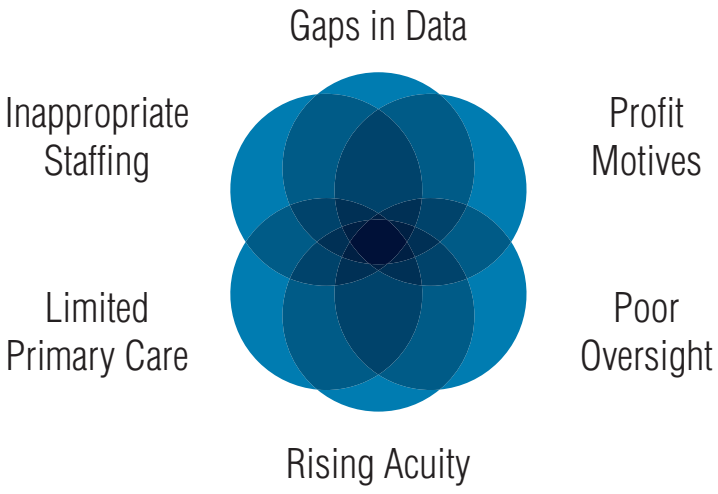
Literature Review

We have spelled out the crushing pressures that are weighing on the long-term care sector in New Brunswick. In this literature review, we identify six of the most influential pressures and discuss what the best available research says about each of them. While we examine these pressures individually, we trust the degree to which they are interconnected will soon become apparent (see Figure 4). What this review will show is that, when present at high levels, such pressures lead directly to poor health outcomes, spikes in workplace violence, high staff turnover, and increased costs to Government.

Our review looked at hundreds of published reports on these topics, over 50 of which are represented in the pages that follow. If New Brunswick's long-term care sector is to recommit to evidence-based decisions, making proper use of this research would be an excellent place to start.



Figure 4: Pressures Combining to Influence Negative Outcomes in Provincial Nursing Homes



Resident Acuity

In the field of in-patient healthcare, "acuity" is the severity of a patient's illness and the level of care they need from professional staff. We will cover New Brunswick's failure to gather, analyze and share information in our review of data collection in long-term care, and to some extent in our investigation on governance. Because of those shortfalls, we begin our look at resident acuity with admittedly imperfect knowledge, but with the certainty that New Brunswick is struggling with an aging and deeply unhealthy population.

Before breaking down the trends among New Brunswick seniors generally, it is useful to look at what is known about the health of nursing home residents across Canada, using the invaluable data collected by the Canadian Institute for Health Information (CIHI). By combining what we know about the health of New Brunswick seniors with CIHI's more specific information on Canada's residential long-term care sector, we can start to illustrate the size and scope of the challenges facing healthcare workers in New Brunswick nursing homes.

For all the talk about its future aging challenges, New Brunswick already has the second-highest number of seniors in the country as a percentage of its population (16.5%). Nova Scotia exceeds New Brunswick, but only by the smallest of margins (16.6%) (StatsCan, 2019). Numbers like these inevitably lead to pressure on a province's ability to deliver long-term care. In Nova Scotia, for example, CIHI estimates that the percentage of nursing home residents over the age of 85 to be a stunning 78.4%. New Brunswick's data remains missing.

Figure 5: Age of Long-Term Care Residents in Canada

	NF	NS	ON	MB	SK	AB	BC	YT	All
Average Age	81	90	83	85	83	82	85	80	84
% 65 and Younger	8.3	2.7	6.6	4.2	9.8	9.1	4.8	11.1	6.6
% 85 and Older	42.9	78.4	54.7	59.7	54.5	52.4	59.8	43.5	55.6

Source: (CIHI, 2018a)

Even without New Brunswick's numbers, the demographic similarities between this province and Nova Scotia would be reason enough to worry. NBNU searched in vain for recent evidence as to the average age of patients in New Brunswick homes. What we know with certainty is that these challenges are not going to recede in the decades to come, they are going to worsen.

Advanced age is one factor that weighs on a province's ability to deliver nursing home care, another is resident acuity. RNs know that residents in nursing homes today bear no resemblance to the residents of 20 years ago. However, more recently, the rise of long-term care analytics has allowed us to chart increases in resident acuity far more precisely. Figure 6 shows CIHI data from Canada's residential long-term care sector between 2008 and 2018 – 2008 being the earliest date for which data is available.

Figure 6: Proportion of Residents in Canadian LTC Facilities with Specific Health Conditions

Disease Type	Canada Average % 2008	Canada Average % 2018	Nova Scotia Average % 2018	National Increase % Since 2008
Endocrine/Metabolic/ Nutritional Diseases	31.3	40.1	45.9	8.8
Heart/Circulation Diseases	61.1	71.0	76.3	9.9
Musculoskeletal Diseases	50.4	54.6	58.6	4.2
Neurological Diseases	73.6	78.9	73.2	5.3
Psychiatric/Mood Diseases	32.0	38.1	38.9	6.1
Pulmonary Diseases	14.0	17.1	10.2	3.1
Sensory Diseases	20.9	22.8	30.6	1.9
Other Diseases	45.3	51.9	51.6	6.6

Source: (CIHI, 2018a)

There have been significant increases in the acuity and complexity of conditions being experienced by residents in nursing homes across Canada. Specifically, 40% of all nursing home residents now have some form of endocrine, metabolic or nutritional disease; a rise of nearly 9% over 10 years.

Heart and circulation disease are now present in more than 70% of Canadian nursing home residents; a rise of nearly 10%. Perhaps most concerning is the rise of cognitive impairment, with nearly 38% of residents now suffering some form of psychiatric or mood disorder. This creates increased – and potentially dangerous – work for hard-pressed staff in nursing homes because the overwhelming majority of those residents require extensive assistance with their Activities of Daily Living.

It is of note that results from Nova Scotia, New Brunswick's easiest comparable, are at or above the national average in six of eight categories tracked by CIHI, and significantly above the national average in four of eight categories. The pace at which resident acuity is increasing in Nova Scotia is also concerning, with the rate of heart and circulation disease among long-term care residents jumping 15.2% over a 10-year span; 5.3% faster than the national rate.

The rate of sensory disease in Nova Scotia rose 9.7% in 10 years; 7.8% faster than the Canadian average. Atlantic Canadian nursing home residents are not only older and sicker than their counterparts in the rest of the country, but the acuity of these residents is rising more quickly.

KEY INFORMANT INTERVIEWS

We are constantly admitting sicker residents and younger patients with chronic conditions and more health issues, patients with co-morbidities, multiple drug prescriptions, responsive behavioral problems and more. The staffing does not reflect this.

- A REGISTERED NURSE

Caring for seniors with a single chronic condition can be challenging enough, but research also tells us that caring for seniors is becoming a more complex challenge due to co-morbidities. A 2012 Statistics Canada survey on disability found that 24% of Canadian seniors reported being diagnosed with three or more chronic conditions; in New Brunswick, that number was 39% (StatsCan, 2012). Overall, the total number of New Brunswickers with three or more chronic conditions jumped from 11.2% in 2011 to 21% in 2014 (StatsCan, 2014). This is the population that represents the current and future residents of New Brunswick nursing homes. Life expectancy at birth in New Brunswick is 1.3 years below the Canadian average (CIHI, 2016a).

In terms of specific morbidities, in 2013-14, it was reported that 52.3% of New Brunswick seniors had high blood pressure or hypertension. In 2014, 71% of New Brunswickers aged 45 – 64 were overweight or obese; 8% higher than the national average. 63% of New Brunswick seniors are reported to be overweight or obese, while the national average is only 59%. Ensuring adequate staffing for these challenges is key because Canadian research has shown the presence of high resident acuity – particularly acute dementia – is linked to staff burnout, emotional exhaustion, and cynicism amongst care staff (Chamberlain et al, 2017).

Increases in complex conditions require increases in regulated care staff who possess the necessary training for the work. For example, in 2012, 60.9% of Canadian seniors in long-term care used 10 or more drug classes compared to 26.1% of seniors at large (CIHI, 2016b). Given all these alarming trends, any government would have to increase the number of regulated healthcare professionals within their skill-mix ratios in order to maintain levels of care. Sadly, the exact opposite has been happening in New Brunswick nursing homes.

Staffing Levels and Skills Mix

The relationship between nurse staffing and care standards has never been at the centre of healthcare or long-term care policy in New Brunswick, but it should be. For the better part of two decades, there has been a steady accumulation of research linking nurse staffing with levels of resident care.

A poll conducted by NBNU for this report found that 95% of New Brunswickers surveyed expected an RN to be on duty in nursing homes each day. Nearly two-thirds (64%) of those surveyed expected their loved ones to be seen by an RN at least once per day, or whenever necessary. Too often, significant gaps have existed between those expectations and the reality of staffing levels in New Brunswick homes. There are no gaps, however, in what research tells us about appropriate staffing levels. The evidence is clear.

KEY INFORMANT INTERVIEWS

RAs and care workers are great within their scope, but their scope is increasing beyond all reason. Even now, oversight by RNs is minimal due to workloads. I am an RN with eight years' experience, and I am considering leaving nursing because I cannot continue like this much longer in good conscience. These conditions are unsafe.

- A REGISTERED NURSE

Higher nurse staffing ratios and a greater number of nurse care hours corelate directly to increased resident safety, as well as improved quality of care and health outcomes (Twigg et al., 2011). By the same token, overwhelming evidence has directly linked the absence of nurses to higher mortality rates, bed sores, medication errors, falls and instances of cardiac arrest (Aiken et al., 2002; Konetzka, Sterns and Park, 2008; Kayser-Jones et al., 2003; Backhause et al., 2014; Needleman et al., 2006).

Within nursing homes, these problems can be even more serious. Co-morbidities, numerous medications, dementia and – in some cases – an inability to communicate their needs, can lead to seniors suffering any number of negative health outcomes. Low RN staffing in nursing homes has been linked to increased use of antipsychotics (Mattingly, 2015), depression, pressure ulcers (bed sores) and weakening of a resident's ability to participate in Activities of Daily Living (Grabowski, 2008). Furthermore, studies have directly linked higher nursing home staffing levels with improved resident outcomes (Harrington et al., 2012). A systematic review by Bostick et al. (2006), which included 87 research articles and reports, found that higher staffing levels – especially levels of licenced staff – were associated with better resident outcomes; particularly around functional ability and weight maintenance.

Regarding dementia patients over the age of 65, New Brunswick has the highest hospitalization rates in the country – matched only by Quebec. Of all the seniors diagnosed with dementia in New Brunswick, 41% are admitted to New Brunswick hospitals each year (CIHI, 2016c). Yet a 2015 study found that higher RN staffing levels were associated with a decreasing probability of hospital admission (Dellefield et al., 2015).

The most comprehensive study of long-term care staffing was completed by the US Centers for Medicare and Medicaid Services (CMS) and involved over 5000 facilities in 10 states. That report found that "there are critical staffing thresholds, below which the quality of care delivered to nursing home residents could be compromised" (CMS, 2001). The threshold identified in that study was 4.1 hours of care per day. The number of care hours prescribed by Government of New Brunswick nursing standards is 2.89 (New Brunswick, 2019a), with some homes being unable to meet even that low standard. Most New Brunswick homes have no system for ensuring residents receive a minimum amount of time with RNs each day.

Figure 7

Minimum Care Hours Recommended by CMS Study		
0.75 RN Hours	0.55 LPN Hours	2.8 RA Hours

A report by Harrington on behalf of Nova Scotia Nurses Union (2020) detailed what is known about care hours across Canada. New Brunswick's did not compare favorably, even among small provinces. Nova Scotia nursing home residents receive 3.45 funded care hours per day, including one hour with an RN or LPN. In Manitoba, that number is 3.6.

There have been several methods used over the years to try and encourage safe staffing levels in long-term care. The State of Florida attempted to incentivize safe staffing levels in homes through financial packages, only to later discover that this was ineffective. Ultimately, it was the installation of minimum care hours in State legislation that saw the situation stabilize and improve, with instances of patient harm decreasing by 71% (Hyer et al, 2009, 2011). Parks and Stearns (2009) concurred with a nation-wide study on state legislation that same year.

In New Brunswick, making these kinds of changes would mean enshrining evidence-based staffing standards in *The Nursing Homes Act*. In the Florida studies, Hyer et al. warn that staffing ratios as well as care hours need to be clearly defined, lest nursing homes begin satisfying the new care hour requirements with armies of unregulated staff, with minimal training and no professional accountability. Additional research confirms that it is not the number of staff on duty in healthcare facilities that matters, but rather the number of RNs (Griffiths et al, 2016).

Nurse Practitioners

Canadian provinces have seen enormous gains from integrating Nurse Practitioners (NPs) into their long-term care sectors in recent years. In Manitoba, the addition of NPs led to dramatically improved outcomes and significant cost savings. Specifically, Manitoba nursing homes experienced an 83% decline in hospital transfers, a 75% decline in hospital admissions and an 86% reduction in ER visits (WRHA, 2013).

NPs serve as expert primary care providers in nursing homes, which enables the effective management of many of the chronic conditions covered in our discussion on resident acuity.

A comprehensive review, completed in 2013, made clear that NPs and clinical nurse specialists in nursing homes improve outcomes in a wide variety of areas, such as, depression, urinary incontinence, pressure ulcers, psychoactive drug use, serious fall-related injuries, ambulation, and improved family member satisfaction (Donald et al., 2013). In the long-term care setting, NPs also provide badly needed expertise regarding the provision of palliative care (Kaasalainen et al., 2013).

Where these conditions exceed even an NP's scope of practice, research suggests Canadian NPs are extremely proficient at collaborating with the responsible Medical Doctors (MDs) to ensure the care of residents is always given top priority. A study by McAiney et al. (2018) identified 45 NPs working in Canadian nursing homes and discovered extremely high levels of satisfaction regarding their relationships with attending physicians. Those satisfaction levels held steady regardless of whether the NP worked with one or multiple homes. The most common reason for collaboration between NPs and MDs was the management of chronic conditions or updating MDs on significant health changes.

Such levels of cooperation are essential in ensuring that resident care is managed effectively within the home, thus preventing unnecessary hospitalizations. A study by Aigner et al. (2004) found that increased visits by NPs to nursing homes results in time and cost savings for physicians and improved care for residents.

New Brunswick nursing homes are certainly in need of positive change, and NPs are in an excellent position to help with this as well. Kaasalainen et al. (2015) have also identified NPs as ideal change agents; educating staff, implementing protocols and organizing interdisciplinary best practices amongst their colleagues.

At this time, only a handful of NPs practice in New Brunswick nursing homes and none at all in its special care homes. Government has recently been voicing support for the increased use of NPs, though not in the long-term care sector (New Brunswick, 2020b). If New Brunswick were to join provinces like Manitoba and Ontario, NPs would prove themselves to be tremendous assets in restoring badly needed medical standards to the care of New Brunswick's most vulnerable seniors.

Violence in Long-Term Care

Our next two subjects in this literature review are workplace violence and data collection. These two topics are deeply intertwined, in that the former tends to escalate when the latter is weak or ineffective. Sadly, research tells us that this problem has been underreported within healthcare for far too long; up to 80% of violent incidents go unreported, according to some studies (Pinar and Uckmack, 2011; Robinson and Tappen, 2008).

Much of what is known about violence in New Brunswick long-term care facilities is covered in our own original NBNU investigation. That research found that long-term care staff in New Brunswick suffer disproportionately compared to their colleagues in hospitals, or even staff in other high-risk facilities, such as correctional centres (Worksafe NB, 2020). That investigation also pointed out that workplace violence in New Brunswick nursing homes is rising significantly year-over-year. A further review of existing literature will make clear the negative impacts violence has on the long-term care sector.

New Brunswick nurses are not alone in having to endure violence levels well beyond those found in a local prison. The International Council of Nurses (2004) found the same thing in their own analysis of violence against healthcare workers versus violence against prison guards. Since rates of assault correlate with resident-contact time, nurses and nursing aides are victimized at the highest rates (Phillips, 2016). As Phillips points out, although a great deal is known about causation, too little effort and research has gone into identifying strategies for prevention and mitigation.

> The characteristic that is most common among perpetrators of workplace violence (in healthcare) is altered mental status associated with dementia, delirium, substance intoxication, or decompensated mental illness. The primary purpose of profiling is to identify persons at high risk for committing workplace violence so that safeguards can be implemented to prevent violence before it occurs. Although specific environments such as psychiatric units, nursing homes, and emergency departments are at high risk, predicting the likelihood of workplace violence according to medical diagnosis or trait has proved to be elusive (Phillips, 2016).

Major stakeholders within Canadian healthcare have begun to call for stronger measures to stem the rising tide of violence against healthcare workers. In 2016, the Canadian Medical Association called for new measures, ranging from resident flagging and personal alarms to more serious legal sanctions against responsible assailants (Vogel, 2016) – positions seconded by the Canadian Federation of Nurses Unions (CFNU, 2019).

The toleration and normalization of even low levels of violence in healthcare settings has consequences. When verbal abuse and low-level battery are tolerated, more serious forms of violence are invited (McPhaul, 2004). The lack of effort being put into the adoption of safeguards has a telling effect on nursing home staff. Brophy et al. (2019) surveyed 56 long-term care staff in seven Ontario communities and reported troubling findings. Staff responding to the survey said they felt many of the issues were systemic and related to underfunding, understaffing, poor organization, and inadequate care hours. They described how violence affects their own health and well-being — causing injuries, unaddressed emotional trauma, job dissatisfaction, and burnout.

Available literature supports the link between low staffing levels, high turnover and resident aggression (Robinson and Tapen, 2008). There is also evidence to support the idea that Canadian nursing homes are more violent than their European counterparts.

> Violence reported in Canadian long-term care homes was ubiquitous and persistent compared with much lower levels of violence reported in Scandinavia (Daly et al., 2011).

Likewise, violence levels in New Brunswick's long-term care sector seem higher than in other jurisdictions. 65% of American long-term care staff surveyed by Fasanya and Dada (2016) reported that they experienced workplace violence in the last year, while NBNU's own RN survey found the rate in New Brunswick homes to be 75%. Nor is the issue entirely related to violence from residents. As NBNU's own survey showed, more than one-third (35%) of incidents involved families, co-workers or even an RN's employer. Those employers have not been gathering the data which would allow for more precise analysis of this problem – a deficiency that is not limited to issues of workplace violence, as we will now see.

Data Collection in Long-Term Care

Up until 2020, New Brunswick was one of the only provinces that did not submit meaningful long-term care data to CIHI. This kind of reporting is important, because it allows leaders in the long-term care sector to make informed comparisons between New Brunswick and other provinces. Government is seeking to change that with the province-wide adoption of a new resident assessment system; however, as of the writing of this report, only two of New Brunswick's 68 nursing homes had begun that reporting process. Reliable provincial data on long-term care in New Brunswick remains sporadic and troublingly hard to find.

Figure 8: Provincial Long-Term Care Data Submissions to CIHI as of 2017-18

Province	Year Province Began Posting Data to CIHI	Homes Submitting Data
Newfoundland & Labrador	2010/11	35 Homes with 3826 Residents
Prince Edward Island	No Posted Submissions	No Posted Submissions
Nova Scotia	2004/05	9 Homes with 901 Residents
New Brunswick	**No Posted Submissions**	**1 Home with 218 Residents**
Ontario	2005/06	634 Homes with 115,224 Residents
Manitoba	2008/09	39 Homes with 7,880 Residents
Saskatchewan	2013/14	153 Homes with 12,436 Residents
Alberta	2009/10	175 Homes with 21,886 Residents
British Columbia	2009/10	310 Homes with 44,793 Residents
Yukon Territory	2008/09	5 Homes with 478 Residents

Source: (CIHI, Email, March 3, 2020)

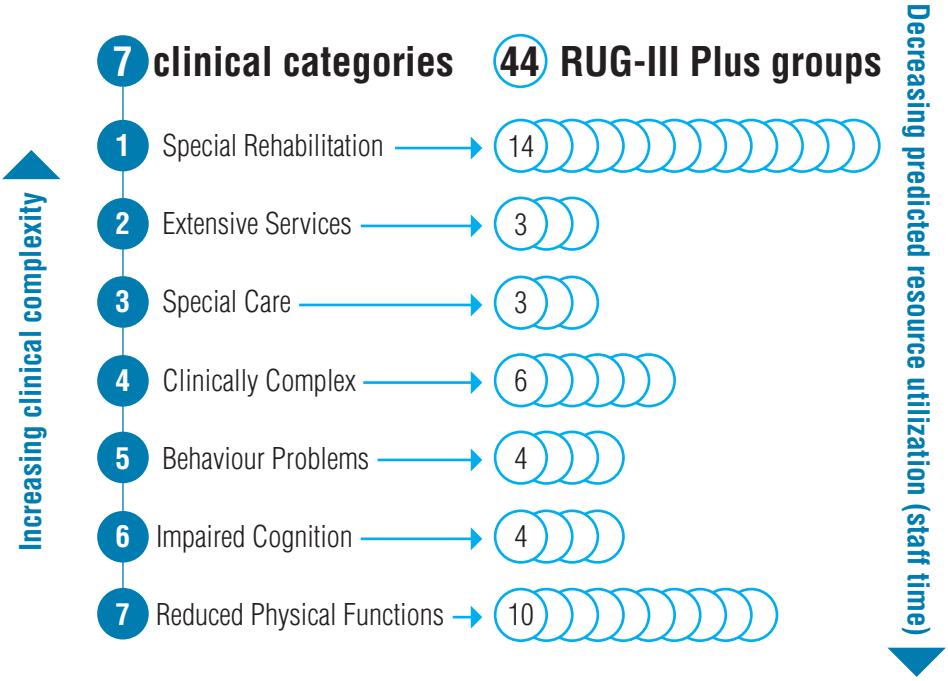
The resident assessment tool New Brunswick is gradually pushing all its nursing homes to adopt is known as Resident Assessment Instrument – Long-Term Care Facility (RAI-LTCF). This assessment tool has its roots in the 1987 U.S. *Nursing Home Reform Act*, which required the use of 'minimum data sets' (MDS) in nursing homes (InterRAI, 2020). Assessments using this system are performed on residents for three consecutive days and are supposed to be repeated every 90 days thereafter.

In principle, if a resident experiences a significant change in their condition between routine assessments, a special reassessment is supposed to be triggered. In New Brunswick, the implementation of all this is the responsibility of a RAI-LTCF Coordinator, whose role in each home is required and funded by the provincial government. These positions can be full or part-time, depending on the number of beds in each facility.

The current version of RAI-LTCF is supported by CIHI and represented as a significant enhancement of the original RAI-MDS model, mostly due to its 'near real-time' reporting functions, which sees data transmitted from a resident's bedside directly to CIHI databases. The RAI-LTCF assessment tool also focuses on a person's functioning, cognitive and mental health, their quality of life, as well as the services and clinical management provided to them (CIHI, 2018b). A lack of focus on issues like mental health and quality of life had been a criticism of the previous RAI-MDS model (Gerritson et al., 2008).

Not only is RAI-LTCF data at the CIHI level useful for inter-provincial comparisons, but in the nursing homes themselves the data is used for resident care planning. In this, the advocates for RAI instruments can claim some success. According to Carpenter and Hirdes (2013), restraint use in Canadian nursing homes declined between 1998 and 2011, with every province but Saskatchewan seeing significant reductions. Carpenter and Hirdes credit the introduction of MDS collection which, in the 1990's, had indicated above average restraint use in Canadian nursing homes when compared to others internationally. Beyond care plans, nursing homes also rely on RAI-LTCF assessments for resource allocation, using a classification system known as Resource Utilization Groupings (RUGs III+). The RUGs III+ system uses the results of RAI-LTCF assessments to group residents into seven categories, based on increasing levels of clinical complexity. In theory, RUGs provide nursing homes with a better understanding of the staffing levels needed to care for their home's population.

Image 1: The RUGs III+ Classification System



Source: (CIHI, 2017)

But as Curry has explained in his analysis of the Nova Scotia long-term care sector, RAI systems, for all their strengths, are no panacea (Curry, 2015). Even with an improved focus on mental health and quality of life, RAI-LTCF assessments are only useful if the assessments are done thoroughly and on time. NBNU's member survey and investigations cast doubt on the regularity of resident assessment and on the quality of record-keeping within New Brunswick nursing homes generally.

Systems like RAI-LTCF and RUGs III+ inherently assume that staffing in nursing homes will be sufficient to collect thorough assessment data and act appropriately on those results. As Curry points out, these systems are only as good as the time allotted to them.

> The RAI tool can also contribute to RN and LPN workloads if there is no consolidation of data management systems and paperwork, and if time for charting is not accounted for. Further, there is often a lag between changes in the level of care required and the levels of funded staff. Without appropriate staff, data management suffers as well. Data management should add to, not take away from patient care (Curry, 2015).

In *The Forgotten Generation*, NBNU RNs speak clearly about insufficient staffing levels and the effects those shortcomings have on resident assessment and resident care. Even with optimal staffing levels, however, the workloads associated with a fully implemented RAI-LTCF system may simply be too much for any nursing home to handle. RAI-LTCF has no bigger advocate in Canada than Dr. John Hirdes of the University of Waterloo's School of Public Health and Health Systems – and an InterRAI Fellow – but as he told NBNU in 2019, expectations raised by these systems cannot always be met.

> If the person's needs change (either dramatically better or worse) in a way that is not time limited (e.g., short acute illness) and there is a need to adjust the care plan, then clinicians should be doing a "significant change" assessment. These are done about 2% of the time, even though change happens at a higher rate than that. Therefore, in principle, the assessment should be redone when the person's needs change. In practice, these are not done as often as they should be (Hirdes, Email, June 13, 2019).

New Brunswick has chosen to make the RAI-LTCF system a centerpiece of its long-term care policy. If Government is serious about using its new system to measure acuity levels, allocate resources, influence inspections and ultimately nursing home funding, it must staff each home sufficiently to ensure the integrity of the assessment process. Few would argue this is currently the case.

Indeed, the ability of Government to make evidenced-based decisions on its nursing home sector is at the center of the final data question we will cover in this review; the question of key performance indicators (KPIs). If successful, New Brunswick's effort to ensure RAI-LTCF reporting to CIHI will resolve some of its historical deficiencies in this area; yet other governments have gone much further in recent years, and their efforts merit serious consideration.

In England, a regulatory body known as the Care Quality Commission publishes KPI data on hospitals and nursing homes. In Ontario, an arm's length agency known as Health Quality Ontario provides the province with a similar service. Public reporting of these indicators provides an important layer of transparency and accountability. The general public have specific information on which to base decisions regarding the care of their loved ones, and Government can track a nursing home's improvement over time. As of 2020, Health Quality Ontario tracks nursing homes in seven key performance areas.

Figure 9: Health Quality Ontario Public Key Performance Indicators in Long-Term Care

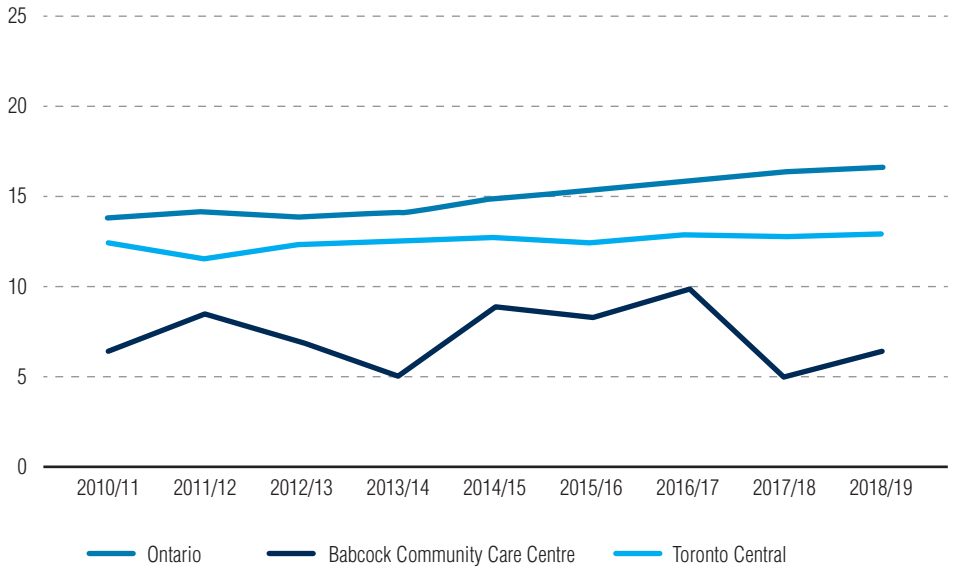
No.	Ontario Key Performance Indicators in Long-Term Care
1	Long-Term Care Home Wait Times
2	Residents Not Living with Psychosis Who were Given Antipsychotic Medication
3	Long-Term Care Residents Who Fell
4	Long-Term Care Home Residents Who Were Physically Restrained
5	Long-Term Care Home Residents with Pressure Ulcers
6	Long-Term Care Home Residents Experiencing Pain
7	Long-Term Care Home Residents with Worsened Symptoms of Depression

Source: (Health Quality Ontario, 2020)

In each of these areas, Health Quality Ontario allows readers to compare a home's performance with provincial benchmarks. Home performances can also be compared side-by-side and analyzed on a local or regional level. This is precisely the kind of analysis missing from New Brunswick's long-term care sector, as we'll soon discuss in our investigation on governance.

Image 2

Percentage of Long-Term Care Home Residents Who Fell, in Ontario, by Region, by LTC Home, 2010/11 to 2018/19



Source: (Health Quality Ontario, 2020)

The data displayed in Image 2, which was generated using Health Quality Ontario's searchable database, illustrates the number of Ontario seniors who fell 30 days prior to a regular health assessment. As falls can lead to injury, hospitalization and serious deteriorations in a senior's health condition, capturing this kind of information is vital in assessing standards within a nursing home. Ontario's provincial benchmark in this category is 9%. As can be seen, falls for seniors in Ontario have been trending upwards over the last decade – a worrying statistic. However, falls in the Central Toronto region have been holding relatively steady just above the provincial benchmark, while the Babcock Community Care Centre, in Southwestern Ontario, has a comparatively strong safety record, with fall numbers far lower than the provincial average. The power of these kinds of performance indicators to influence accountability and positive change are enormous.

KEY INFORMANT INTERVIEWS

Compared to facilities in Ontario, there is a need for enormous improvement here. We need locked wards for violent residents, increased audits from Government, safer buildings and better standards of food for these seniors.

- A REGISTERED NURSE

Research has shown that non-profit nursing homes are ideally placed to implement this kind of data-driven culture change (Grabowski et al., 2014). New Brunswick, with its high concentration of non-profit homes would seem to be ideal ground for modern reforms; however, the province currently lacks Ontario's model of public reporting. What this means, in practice, is that the leadership in each home is free to interpret and act on data however they see fit; without reference to provincial benchmarks, trends or comparisons to their counterparts elsewhere.

> Of critical importance for consideration when selecting indicators is ensuring that indicators encourage professionals and providers to deliver the care required, and do not incentivize undesirable behaviours to achieve better results (Kumpunen et al., 2014).

As we will see in our own NBNU investigations, financial pressure can create incentives for individual homes to add the wrong type of staff to satisfy ratio requirements or cherry-pick residents of lesser acuity to avoid adding staff at all. Publicly available KPIs can incentivize more desirable behaviors. A comprehensive study of the Ontario experience explains the role public reporting and accountability can play in reforming long-term care. Walker et al. (2020) found that public reporting led to significant reductions in restraint use across Ontario in homes that adopted those processes early on; other homes responded only to new legislation mandates. A critical insight from the Ontario experience is how data-driven voluntary reform can influence public policy. Homes that adopted public reporting early on, provided Ontario with information crucial to redesigning its *Long-Term Care Homes Act*, an undertaking NBNU and this report calls for in New Brunswick.

Given the benefits, it is hard to see an argument against requiring New Brunswick nursing homes to report publicly, beyond what is currently planned in partnership with CIHI; and there is an instrument within the province designed to do exactly that. The New Brunswick Health Council (NBHC) was created in 2010 "due to a lack of standardized data about health services in New Brunswick (NBHC, 2020). At the moment, NBHC's data gathering activities are limited to surveys of the New Brunswick public; however, expanding its mandate to include public reporting of KPIs within the acute and long-term care sectors is an idea whose time has come. That data is needed more than ever, so that New Brunswick's leaders can finally understand the concerning trends that research has been identifying for years on issues like privatization.

Privatization

Putting aside the question of whether private nursing homes comport with *The Nursing Homes Act*, those who would advocate for further privatization in this province have a heavy burden to overcome.

As we will see from our survey of the New Brunswick public, the majority of New Brunswickers are concerned about the presence of a profit motive in the long-term care sector, as well they should be. Private nursing homes in New Brunswick have done nothing to alleviate the problems they were supposed to help solve. Research has been looking at these questions for decades, and the results should be worrisome for any government considering further reliance on the private sector. There is overwhelming evidence that for-profit nursing homes are less effective than their non-profit counterparts in virtually every significant category – including value-for-money.

NBNU PUBLIC SURVEY

55% of New Brunswickers are either moderately or extremely concerned about the introduction of for-profit companies into the province's nursing home sector.

One of the most influential and comprehensive studies done on the subject was completed by Aaronson et al. (1994), who found evidence that non-profit homes provide a significantly higher quality of care to Medicaid beneficiaries and to self-pay residents in America than do for-profit homes. The study looked specifically at high risk residents and found better staffing and better outcomes among non-profit nursing homes. Baron and West (2017) reviewed data on care quality for over 15,000 homes provided by England's industry regulator: The Care Quality Commission. After analyzing five years of inspection results, the study found that for-profit facilities have lower quality ratings than public and non-profit providers over a range of measures; including safety, effectiveness, respect, leadership and meeting resident needs. Further research has focused more narrowly on the issue of staffing, which tends to correlate directly to a corporate home's profit margin.

Harrington et al. (2012) compared nursing homes managed by the 10 largest corporate chains in the United States, as well as the performance of homes before and after their acquisition by private equity companies. That study found that the top-10 for-profit chains had lower Registered Nurse and total nurse staffing hours than government homes.



The top-10 chains were 36% higher in deficiencies and 41% higher in serious deficiencies than government homes. The same held true of other for-profit homes the study looked at. The chains purchased by private equity companies showed little change in staffing levels, but the number of deficiencies and serious deficiencies increased in some post-purchase years.

Outside America, a study of Swedish nursing homes also found that non-profit nursing homes provided superior staffing models (Winblad et al., 2017). Comondore et al. (2009) conducted a comprehensive review of 956 articles studying the difference between care in for-profit and non-profit homes and pooled the results. Their meta-analysis suggested that non-profit facilities delivered higher quality care than did for-profit facilities in categories such as staffing quality, pressure ulcer prevalence and physical restraint use.

What of for-profit homes in Canada? The University of Alberta's Parkland Institute looked at that question in 2013, when they studied outcomes in Alberta's long-term care sector. By analyzing over a decade of information, they determined that care hours varied greatly depending on the service delivery model; with for-profit homes providing significantly less resident care per day than their public or non-profit counterparts. That same study showed that RN care hours in Alberta were significantly reduced in for-profit facilities.

Figure 10

Total Average Care Hours Per Resident Per Day in Alberta (1999 – 2009)		
For-Profit Homes	Non-Profit Homes	Public Homes
2.94 Hours	3.14 Hours	4.10 Hours

Source: (Campenella and Stunden Bower, 2013)

In B.C. the story is much the same. A recent report by the Office of the B.C. Seniors Advocate (2020) found that care homes in the non-profit sector spent 59% of revenues on direct care versus 49% in the for-profit sector. Non-profit care homes spend – on average – $10,000 or 24% more per year on care for each of their residents. As might be expected, profit-taking tends to lead to inevitable shortcomings in resident care.

That same report found that, over a two-year period, for-profit care homes failed to deliver 207,000 funded direct care hours, while non-profit homes in B.C. provided 80,000 hours of direct care beyond what they were publicly funded to deliver. The value being generated by the non-profit model is increasingly obvious.

For-profit nursing homes were banned from America's Medicaid system until 1980. Ever since their legalization, however, American researchers have been studying the question of whether for-profit homes really provide value-for money within Medicaid's taxpayer funded structure. Cabin et al. (2014) found that for-profit homes had significantly more hospitalizations than non-profits, higher administrative costs and far higher annual costs per resident (15%). The study concluded by questioning whether such costly and inefficient models should really be supported by the public purse.

The verdict is in. This review of questions related to privatization can offer no conclusion more convincing than the one put forward by Ronald et al. (2016), who assessed whether the evidence on this subject had grown so overwhelming as to essentially close the debate. Their answer was definitive.

> Decision-makers have a responsibility to ensure nursing home public policy is most consistent with the available evidence and least likely to cause harm. The majority of funding to operate and deliver care in nursing homes is derived from public, taxpayer-funded sources. When provided by the for-profit sector, the evidence suggests there is a greater likelihood of inferior care. It is time to re-align policy with evidence. Our seniors deserve better (Ronald et al., 2016).

NBNU Investigations

The Problem of Governance

A Missed Opportunity

The Department of Social Development can no longer be counted on to police New Brunswick's long-term care sector. Lack of departmental capacity has led to countless problems with nursing home staffing levels, record-keeping, oversight and quality of care. Most of the sector's stakeholders agree that it is long past time for these responsibilities to be transferred to the Department of Health. In December of 2019, the Government of New Brunswick had a golden opportunity to do exactly that – and balked.



INFLUENCER INTERVIEWS

Seniors residing in alternative level of care beds in hospitals are not receiving the care they need and deserve. In many cases, their physical and mental health deteriorates as they wait for proper care and supports. Our top priority would be to resolve this logjam in our system and find community-based or institutional-based supports for seniors who are ready to be discharged from hospitals in a rapid fashion.

- KEVIN VICKERS, LEADER OF THE NEW BRUNSWICK LIBERAL PARTY

On December 12 of that year, the Minister of Health, Ted Flemming, announced that the intake assessment process for nursing home patients would be gradually transferred to the Department of Health. This addressed the important – but narrow – Government interest in modernizing a process that had contributed to enormous backlogs of ALC patients in New Brunswick hospitals. Minister Flemming summarized the issue to CBC New Brunswick.

> Our objective is to improve the timeliness and efficiency of the assessment process for seniors and improve access to hospital beds for patients waiting for acute care services… Hospitals are in the acute-care business. Get in, get fixed, get out. They're not meant to be nursing homes (Poitras, 2019).

The move to transfer the assessment process may indeed have a long-term positive effect in lessening the crush of ALC patients in New Brunswick's hospitals; however, the opportunity to bring the full resources of the Department of Health to bear on this sector's troubles was largely missed. Those challenges, and Social Development's inability to deal with them, represent most of what we'll cover in this chapter. Before moving on, however, it is important to do justice to the public debate that ended with the Higgs government's 2019 assessments decision; it was an unusually lively one.

Social Development vs The Department of Health

In late December of 2019, Gilles Lanteigne, CEO of the Vitalité Health Network spoke to Radio-Canada about his concerns regarding the Department of Social Development's oversight and the need for the province's Regional Health Authorities (RHAs) to play a much larger role in long-term care.

> Nursing homes are not what they were 20-30 years ago. Before, residents drove their cars, there were parking lots for residents. Today, this is no longer the case. People are severely ill; they have chronic conditions and are losing their independence. If nursing homes were managed in the same way as health services, health networks would be able to put in place performance measures and much more precise accountability frameworks (Radio-Canada, 2019).

Days later, Minister Flemming joined the chorus of voices suggesting that the Department of Health was the right institution to manage the care of seniors in nursing homes. Mr. Lanteigne's point, though, is by far the most essential one in this debate. As the CEO of one of New Brunswick's three health authorities, he is all too aware of the ever-increasing acuity of these patients and the enormous gaps in accountability that exist under the current model.

KEY INFORMANT INTERVIEWS

We need an increased level of care in these homes. By the time you get the higher levels of acuity, it's a medical system that's needed with significantly more hours of medical care.

- FORMER MINISTER OF SOCIAL DEVELOPMENT

Flemming and Lanteigne were soon joined by Horizon Health CEO, Karen McGrath, Executive Director for the Coalition for Seniors, Cecile Cassista, the New Brunswick Medical Society, NBNU and finally the *Telegraph-Journal*, which weighed in with a 2019 editorial in favor of moving long-term care to the Department of Health (*Telegraph-Journal*, 2019).

In the same time frame, other voices within the government and the province were taking the opposite view. "I'm not convinced putting it under the regional health authority is going to make it better," said Minister of Social Development Dorothy Shephard (Huras, 2019). The social workers who work with Minister Shephard's department agreed in an editorial of their own. Finally, on December 12th of 2019, Jodi Hall, Executive Director of the New Brunswick Association of Nursing Homes (NBANH) weighed in to make her association's case for the status quo (Hall, 2019). Figure 11 summarizes NBANH's position.

One can hardly blame Minister Shephard for coming to her department's defense amidst an extremely vigorous public debate, nor can we blame the Social Workers Association for defending member jobs. Let us grapple then with the arguments of NBANH, since their member homes would be most affected by any proposed changes in oversight.

Figure 11

NBANH Arguments for the Status Quo
Nursing homes are homes where people choose to live their best lives
Speeding up assessments won't free up more nursing home beds
Nursing homes are private corporations whose property rights must be respected
The debate should center on the needs of people, not the needs of the system

Source: (Hall, 2019)

First: Do nursing home residents choose to live their best lives in those facilities? The available data does not agree. As we discuss in our literature review of resident acuity, New Brunswick is behind in publishing its own residential care statistics; however, during the 2017-18 fiscal year in British Columbia, only 1.2% of nursing home residents self-referred themselves into residential long-term care (CIHI, 2018a). The idea that nursing home residents are there by choice is simply fiction. These seniors are chronically ill. Many are referred by social workers because their loved ones – even with support – can no longer care for them; others arrive directly from extended hospital stays.

Second, while it is true that there is no direct link between the speed at which ALC patients in hospitals are assessed and the number of vacant nursing home beds, that is hardly the point. The Department of Social Development simply doesn't have the resources to manage this sector and, as such, was failing on the issue of intake assessments for the same reason they are failing on data-tracking, resident safety, meaningful annual inspections and so much else. The Department is simply not up to the task.

Third, the issue of property rights is a red herring. No government official or stakeholder – at any level – is contemplating a complete takeover of nursing homes themselves. Nursing homes are indeed private entities – the only question at issue is who will regulate them and how effective that regulation will be. As we will see in a moment, the idea of stronger regulation is not a popular one with the Association's members.

The last point from NBANH is best rebutted by an in-depth look at the "system" that is failing to ensure the "needs of the people". We cannot continue with the status quo. Government is simply neglecting its duty to watch over New Brunswick's most vulnerable seniors.

The Department of Social Development

The final months of 2019 were gloomy days for New Brunswick's Department of Social Development. The Department's Minister, Dorothy Shephard, had come to Campbellton to personally look into the problems with the Campbellton Nursing Home. Government had dismissed the nursing home's board months earlier. Lingering problems at the home had played a major role in an emergency shutdown of services at the Campbellton Regional Hospital in late November of that year.

> "I made it very clear today that I expect good collaboration from Vitalité and in my Department," Minister Shephard told the *Telegraph-Journal*, "and I'll be on top of that to ensure that continues (Jaques, 2019)".

History suggests the Minister may have been far too hopeful. During 2019, Campbellton Nursing Home had between 30 and 60 of its beds lay vacant, mostly due to the staffing shortages we will cover in-depth in the next chapter. The bed closures had contributed to a logjam of 70 ALC patients at the regional hospital, which eventually caused a shutdown of admissions to the entire facility. Alarm bells rang in Fredericton and – all of a sudden – the dysfunction that has plagued New Brunswick's long-term care sector for years leapt back onto the front page. The Department wouldn't have to wait long for yet another round of bad news.

Just weeks later, a stunning five-part series on the Province's youth group homes would appear in the pages of the *Telegraph-Journal*; youth homes being another of Social Development's many and diverse responsibilities. In vivid detail, the newspaper's investigative reporter Michael Robinson laid out deep institutional flaws; flaws that should be of enormous concern to any department charged with watching over vulnerable citizens.

> The province is operating its group homes in the dark. Data on the homes is tracked inconsistently, if at all, and is not readily available. The newspaper asked for data tracking numerous metrics. It didn't exist, we were told. For one example, no one is tracking how often children in care go missing. No one is tracking how often children in care see social workers. No one is tracking how many children are being given medication, or what kind of medication they're being given. There is no clear measure of whether their homes are fulfilling the legislated mandate of being 'homelike', or if anyone is listening to the pleas of the children they serve (Robinson, 2019a).

What Robinson calls the 'Data Black Hole' applies as much to the care of New Brunswick's vulnerable seniors, as it does to the care of New Brunswick's vulnerable youth. In response to Robinson's reporting, Minister Shephard said, "Data collecting has not been the very best in this department in the past. We are moving to improve that" (Robinson and Landry, 2019). All the available evidence, however, says otherwise.

KEY INFORMANT INTERVIEWS

Older RNs like myself feel that things have really deteriorated. Standards are just on paper and are not reality. . . I'd challenge the Minister of Health or Social Development to come and spend a few days here. They'd have their eyes opened.

- A REGISTERED NURSE

NBNU's own 2019 investigations, via RTI requests, uncovered the fact that – just as with youth homes – the Department of Social Development maintains no database for compiling most of the information it collects from the 68 nursing homes it oversees. Information is never sorted, tracked or analyzed on a provincial scale.

The Department has no way to identify trends, no way to flag emerging threats. There is no one tagging spikes in staffing shortages, accidents or disease outbreaks for further study. No thought is given to the challenges being experienced by homes in any one particular region, and no data is available if it were. The Department used to publish an annual statistical report that provided at least some basic information, but that reporting was discontinued in 2012 (New Brunswick, 2012).

Since 2016, there have been numerous structural shake-ups, reorganizations and significant leadership turnover at the Department; too many to discuss in-depth. None of these have resulted in greater resources or increased oversight capacity. Instead, Social Development's long-term care section has all too often leaned heavily on 'acting' managers or directors and has come to depend on the work of outside 'consultants', even for core responsibilities.

The arm of New Brunswick's Department of Social Development charged with oversight of nursing homes was known throughout 2019 as the Nursing Home Services Unit; a group of approximately a dozen people, including administrative supports (New Brunswick, 2019b). According to the Department's website, the Unit was responsible for the "planning, design, monitoring and inspection of the services provided to residents in nursing homes and ensures the safety of residents through monitoring" (New Brunswick, 2019c). The Unit also claims to "work with the NB Association of Nursing Homes (NBANH), the NB Council of Nursing Home Unions, NBNU and WorkSafe NB in their efforts to improve workplace health and safety in nursing homes."

That is being entirely too generous. The reality is Nursing Home Services played a negligible role in keeping nursing homes safe for employees. The New Brunswick Continuing Care Safety Association (NBCCSA) on which it sat met a total of three times between 2016 and 2019. No one NBNU spoke with for this report could recall a representative from Social Development attending one of those meetings. The sad truth is that the Unit didn't even have enough resources to effectively see to its one core responsibility, the safety of nursing home residents.

In the early weeks of 2020, NBNU learned that, without any public fanfare, the Higgs government began yet another reorganization of the Department's oversight for provincial nursing homes; replacing the Nursing Home Services Unit with a new group labelled Adult Community Resources. Meanwhile, by the spring of 2020, the Department still hadn't posted seven of its nursing home inspections for the 2019 year.

Licensing and Inspection

Of the small band of employees within the Nursing Home Services Unit, only five had direct responsibility for ensuring that each of New Brunswick's 68 nursing homes are providing minimal standards of care. Only three now work in the Department's new Quality and Compliance Unit. They are known as Nursing Home Liaison Officers – and they have a near-impossible job.

The primary method by which Government is supposed to ensure resident safety is through its annual nursing home inspections; but that process does not inspire much confidence. The content of the inspection reports used by Liaison Officers is similar to those in other provinces, but not all. In Ontario, the inspections process is split into separate Resident Quality Inspections and Critical Incident Inspections – each occurring at each home on an annual basis – a model we endorse. Whatever the process, it is the ability of Social Development to carry out the required inspections rigorously that raises serious questions.

The powers granted to Liaison Officers to conduct inspections under New Brunswick's *Nursing Homes Act* are sweeping, so there is no issue regarding their authority. These powers should – if properly acted upon – be sufficient to ensure compliance with any regulation written by Government under the Act.

> **25(3)** An inspector may at any reasonable time enter a nursing home to make an inspection to ensure that the provisions of this Act and the regulations are being complied with.
>
> **25(5)** During an inspection under this section, an inspector (a) is entitled to free access to all books of account, documents, bank accounts, vouchers, correspondence and records, including resident, medical and drug records, that are relevant for the purposes of the inspection, and (b) may remove any material referred to in paragraph (a), after giving a receipt for it, that relates to the purpose of the inspection for the purpose of making a copy of it, if the copying is carried out with reasonable dispatch and the material in question is promptly returned to the person being inspected (*The Nursing Homes Act*, 2014).

Each of the three Liaison Officers is an RN with experience in the long-term care sector, so there is no issue with their expertise. There are simply too few of them for inspections to be effective. Portions of each annual inspection, such as the submission of routine paperwork, can usually be reviewed by Liaison Officers in advance of an actual home visit.

Other inspection items should – in theory – be easily verifiable. After all, a nursing home either has functional emergency lights, or it doesn't. More on this in a moment.

The major challenge for Nursing Home Liaison Officers is that their job is heavily dependent on each home's ability to keep accurate records, which in many cases is heavily dependent on having enough nursing staff on duty. Many homes do not. With such heavy workloads, Liaison Officers seldom have time to challenge a nursing home on its procedures in any serious way.

KEY INFORMANT INTERVIEWS

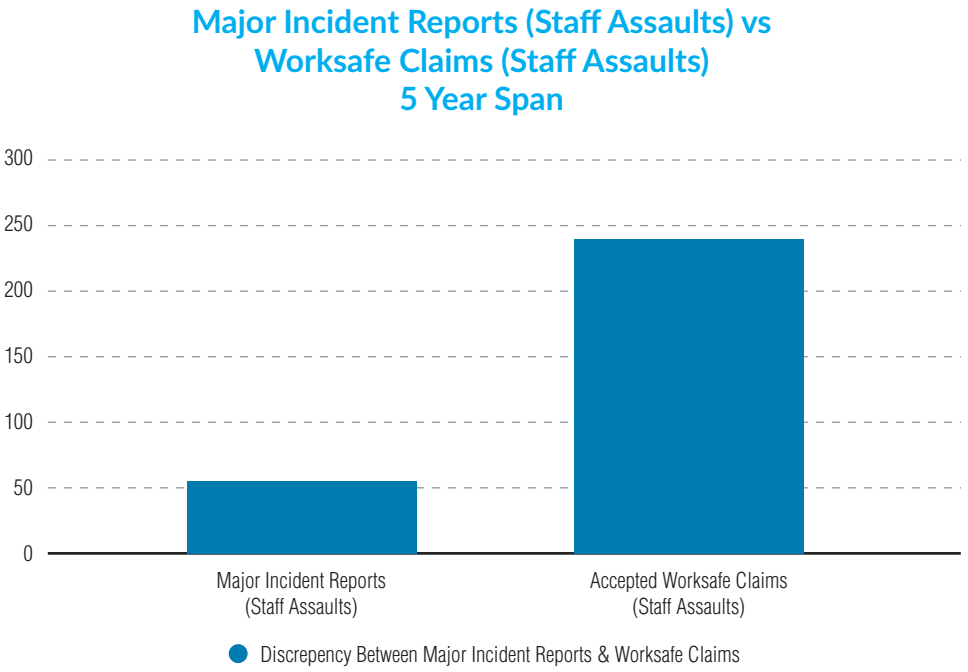
Until proper systems are put in place that will allow for the proper monitoring and auditing of nursing homes, things will never change. That is what needs to be in place to see to both the safety of seniors and the safety of taxpayer money.

- FORMER MINISTER OF SOCIAL DEVELOPMENT

By example – as we will discuss in our investigation on workplace violence – the number of major incident reports that flagged assaults over a 5-year period were dwarfed by the number of workers' compensation claims for workplace violence filed by nursing home employees over that same period. Why the discrepancy? As Government regulations make clear, reporting assaults against staff is not an optional process:

> **10.** The staff promptly completes, in writing, an incident report and submits it to the administrator each time an incident or accident takes place that affects or may affect the health and safety of the residents or staff (NB Reg. 85-187).

Figure 12



Sources: (New Brunswick, 2019d; WorkSafe NB, 2020)

For this report NBANH told us that not every assault qualifies as a major incident, but how could that be? How could an attack against a nursing home employee be serious enough to merit an accepted workers' compensation claim, yet not be the subject of a major incident report? This is the essential problem. Reporting in many homes has fallen to anemic levels; reporting that is literally required both by regulation and by statute, under *The Nursing Homes Act*:

> **19** An operator shall notify the Director as soon as possible of a major incident or accident that affects or may affect the health and safety of the residents or staff (*The Nursing Homes Act*, 2014).

Liaison Officers have an extremely limited view into the accuracy of a home's record-keeping, and those records are one of the only tools the Province has at its disposal to ensure minimal standards are being met. In many cases, it simply isn't possible to assess what a nursing home may or may not be underreporting. How does one assess records that don't exist? In some cases, entire records systems don't exist.

In 2019, Liaison Officers issued non-compliance notices to three New Brunswick homes for failing to meet their mandatory staffing ratios, and then issued another to each home because the systems meant to track staffing ratios were missing entirely. Such depressing examples only deal with the practices of the homes themselves. Sadly, the Department's Liaison Officers have some hard questions of their own to answer.

NBNU conducted an audit of the Department's own compliance monitoring, regarding the presence of RNs on-duty in provincial nursing homes. As we mention in our literature review, the evidence as to the essential role RNs play in long-term care settings is incontrovertible. So, when a home fails to have an RN on-duty, even for a matter of hours, that information is supposed to be recorded in a major incident report. When NBNU compared four years of such reports to the non-compliance notices issued by Liaison Officers – notices which are publicly available online in each home's annual inspection report – the results were inexplicable.

NBNU PUBLIC SURVEY

95% of New Brunswickers said they would expect nursing homes to have a Registered Nurse on duty at all times.

Figure 13

Nursing Home Self-Monitoring (No RN) vs. Notices of Non-Compliance (NC)

	2015		2016		2017		2018	
	No RN	NC	No RN	NC	No RN	NC	No RN	NC
Region 1: Moncton								
Forest Dale Home	0	0	3	0	0	0	0	0
Foyer Saint-Antoine	0	0	0	0	0	0	1	0
Westford Nursing Home	0	0	49	0	0	0	0	0
Shannex: Pavillon Richard	0	0	0	0	0	0	1	0
Region 2: Saint John								
Shannex: Embassy Hall	1	0	1	0	3	0	0	0
Grand Manan Nursing Home	1	0	0	0	9	0	0	0
Carleton Kirk Lodge	1	0	0	0	0	0	0	0
Loch Lomond Villa	0	0	1	0		0	0	0
Turnbull Nursing Home	0	0	0	0	1	0	0	0
Region 3: Fredericton								
Riverview Manor	0	0	0	0	30	√	12	√
Nashwaak Villa	83	√	8	0	1	√	0	0
Tobique Valley Manor	19	√	16	√	45	√	0	0
W. G. Bishop Nursing Home	5	√	3	√	1	√	0	0
Central New Brunswick Nursing Home	4	√	1	√	0	0	0	0
Carleton Manor	1	√	0	0	0		0	0
Orchard View	4	√	3	√	0	0	0	0
White Rapids Nursing Home	46	√	8	√	0	0	0	0

Source: (New Brunswick, 2019e; New Brunswick, 2020c)

NBNU's audit produced results that any New Brunswicker would surely have serious questions about. Over a 4-year period from 2015-18, no New Brunswick nursing home outside of the Fredericton region received a non-compliance notice; despite indicating in their own reporting that an RN had been missing on one or more days that year. In some cases, homes went without RNs on duty for three, nine or even 49 days without being written-up by the Department. Shannex's Embassy Hall in Saint John self-reported RN absences for three years in a row without consequence.

In its reply to NBNU, the Department made sure to include that "the majority of incident reports indicate that an RN was missing for only part of a shift (2-3 hours), not an entire day" (New Brunswick, 2019e); but that fact did nothing to spare homes in the Fredericton region, many of whom received non-compliance notices with only a single incident to their names.

Even if one were to adopt the mistaken view that non-compliance was a matter of discretion for Liaison Officers, the lack of enforcement outside of the Fredericton region is simply beyond explanation. There is very little reason to have confidence that nursing homes are accurately self-reporting every one of their infractions in this or any other area, but even when they are, it seems the Department of Social Development is largely asleep at the switch. The worrying inconsistency was not lost on nursing home administrators who took part in NBANH's *2017 Sector Consultation Survey*. "The standards are not applied equally for all nursing homes. Homes across the province shouldn't have to manage different interpretations of the regulations and standards (NBANH, 2017b)."

This is the correct view of compliance and quality assurance testing. The standards and regulations imposed on nursing homes by Government are designed to ensure safety for vulnerable seniors and accountability for those entrusted with their care. Their enforcement must not be open to interpretation or subject to the whims of individuals; they must be applied consistently and equally in order to ensure that nursing home care never falls below an acceptable standard. This is not what is happening in New Brunswick today and, as we will see, these aren't the only easily verified standards that are falling through the cracks.

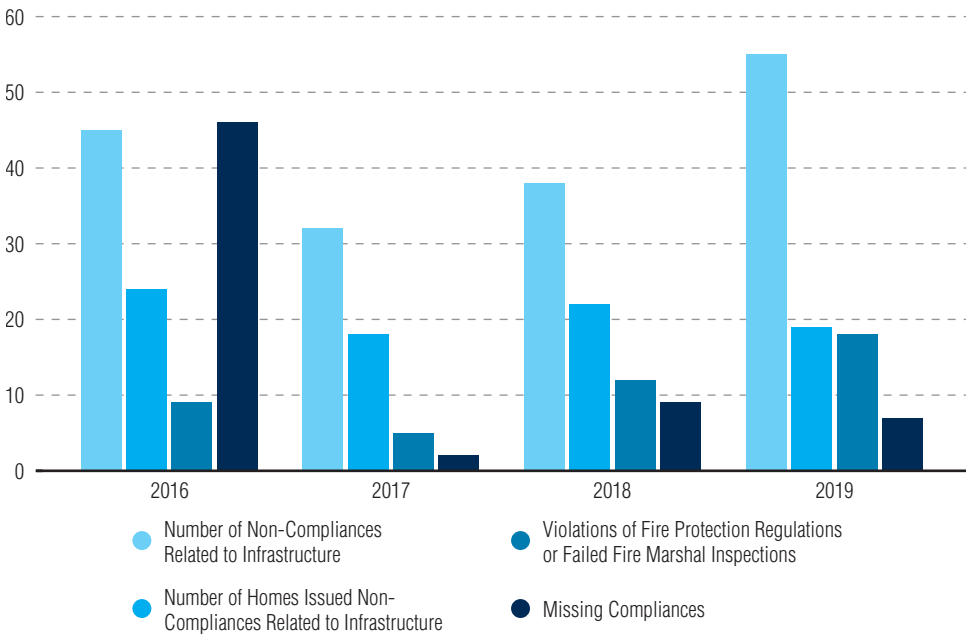
Safety Inspections in New Brunswick Nursing Homes

In 2016, the Office of New Brunswick's Auditor General published its most recent report on nursing homes, in which it pointed out the enormous infrastructure costs associated with the sector. As of the date of that report, it was estimated that the cost of nursing home renovations and construction projects in the province totaled $285 million. The Auditor General went on to criticize Government for its lack of metrics and transparency on the infrastructure file (AGNB, 2016), concerns we share in this report. However, as always, the primary focus for New Brunswick's RNs lies with the safety of the residents they care for.

The ability of Government and employers to inspect and maintain the buildings housing New Brunswick's most vulnerable seniors does raise serious questions. As part of our investigation on governance, NBNU reviewed four years of inspection reports, across nine key infrastructure categories vital to the safety of residents and staff.

Figure 14

Non-Compliances Related to Infrastructure 2016-2019



Source: (New Brunswick, 2020c)

The Department of Social Development's inspections of nursing home infrastructure have been relatively consistent. The Department tends to hand-out between 32 and 55 non-compliances annually, involving between 18 and 24 homes. Given the importance of these items to the safety of residents, it's extremely troubling to see such consistently high levels of non-compliance. Back in 2004, the Office of the Auditor General conducted a top-to-bottom review of the nursing home inspection process and said the following:

> **4.102** While we were not anticipating full compliance for all nursing homes, we were expecting a very high level of compliance because of the stability of the program and the advance notice of inspection given to the nursing homes. We are disappointed in our findings (AGNB, 2004).

One would have hoped that the sector would have seen more progress over the last 16 years. Our own investigation looked at inspections by Fire Marshals, Public Safety, Public Health and WorkSafe NB, along with a string of other inspections carried out at each home by Nursing Home Liaison Officers.

Checks by Liaison Officers include items like resident call buttons, emergency lights, door alarms for wandering residents, as well as the general upkeep of safety equipment and facilities within the home. Ironically, the most common non-compliance issued was for a lack of preventative maintenance, the one inspected activity designed to slow the pace of infrastructure decline.

By far the most concerning were the large number of violations for fire protection, which are regulated under *The Nursing Homes Act*. Our review found 42 such violations over four years, for issues such as malfunctioning sprinkler systems, faulty fire alarms, missing fire extinguishers, or broken suppression systems. Only slightly less shocking were the number of compliance checks that were missing entirely, including a stunning 45 missing inspections from the Department of Public Safety in 2016. Among other things, Public Safety is charged with evaluating boilers, sprinkler tanks, and the safety of each home's water supply.

This report's title, *The Forgotten Generation*, wasn't chosen on a whim. Ask yourself, just for one moment, how New Brunswick parents would react if it was discovered one quarter of the Province's public schools had malfunctioning fire alarms or faulty sprinkler systems. Just as with its oversight of staffing levels and major incidents, the Department's ability to hold nursing homes to account – in this instance – seems extremely weak.

While all of this is disturbing to consider, it's more disturbing still to contemplate that these kinds of infractions might be missed entirely. As a non-governmental actor, looking into questions like these would normally be beyond NBNU's ability; however, in mid-2019, we obtained just the right tool for the job.

In early 2016, as it was preparing to make its major push on nursing home construction, the Gallant government ordered the Department of Transportation and Infrastructure (DTI) to make a complete assessment of the physical condition of each New Brunswick nursing home. NBNU was able to obtain a complete record of those assessments through RTI requests. The assessments list hundreds of items within provincial homes that have reached the end of their useful life cycle, a finding each report signified with the code (LC). More serious findings that represented a risk to the safety of residents were classified as 'Life Saving' or (LS). By examining each of these high risk (LS) findings, NBNU was able to compile a list of those that violated regulations. The DTI inspections occurred in late 2016, so it can be assumed that effective inspections by the Department of Social Development would have caught most or all of these problems during their 2016 or 2017 visits. Not so.

Figure 15: DTI Inspection Results vs. Social Development Inspection Results

Home	2016 DTI Inspection Issues	Regulation	2016 Social Development Inspection	2017 Social Development Inspection
Rocmaura Nursing Home	Emergency Lighting	[Reg.85-187 s. 27]	Passed	Passed
Pine Grove Nursing Home	Resident Wandering Alarm System	[Reg.85-187 s. 33]	Passed	Passed
White Rapids Manor	Safety of Resident Rooms	[Reg.85-187 s. 26]	Passed	Passed
Campobello Lodge	Fire Hazards	Fire Marshall's Inspection	Passed	Passed
Dr. V.A. Snow Centre	Emergency Lighting	[Reg.85-187 s. 27]	Passed	Passed
Kennebec Manor	Emergency Lighting	[Reg.85-187 s. 27]	Passed	Passed
Kiwanis Nursing Home	Emergency Lighting	[Reg.85-187 s. 27]	Passed	Passed
Lincourt Manor	Emergency Lighting	[Reg.85-187 s. 27]	Passed	Passed
Manoir Edith B. Pinet	Tripping Hazards	[Reg.85-187 s. 12]	Passed	Passed
Manoir Edith B. Pinet	Emergency Lighting	[Reg.85-187 s. 27]	Passed	Passed
Villa Providence	Boilers	Public Safety Inspection	Passed	Passed
Villa Providence	Fire Alarms	Fire Marshall's Inspection	Passed	Passed
Kenneth E. Spencer Home	Emergency Lighting	[Reg.85-187 s. 27]	Passed	Passed
Wauklehegan Manor	Emergency Lighting	[Reg.85-187 s. 27]	Passed	Passed
Residence Mgr. Melanson	Nurse Call System	[Reg.85-187 s. 32]	Passed	Passed
Foyer Assomption	Fire Code	Fire Marshall's Inspection	Passed	Passed
Residences Inkerman	Fire Code	Fire Marshall's Inspection	Passed	Passed
Jordan Lifecare Centre	Emergency Lighting	[Reg.85-187 s. 27]	Passed	Passed
Lakeview Manor	Emergency Lighting	[Reg.85-187 s. 27]	Passed	Passed

Sources: (New Brunswick, 2020c; NB Reg. 85-187; New Brunswick, 2019f)

The discrepancies between these inspections is yet another red flag, yet this list is far from exhaustive. Many high-risk concerns were left off our list, either because their descriptions were vague, or because they couldn't be easily linked to a specific Government of New Brunswick regulation. That, however, doesn't mean they were any less worrying. Among the additional (LS) items cited were contamination risks, continuous pipe-bursts, non-functioning security cameras, and over a dozen generators that wouldn't be sufficient to power homes in an emergency. These are the buildings that house New Brunswick's most vulnerable seniors.

So far, our investigation has yielded accountability issues related to RN staffing, staff ratios, major incident reporting, and now building safety. If the trends we identify in *The Forgotten Generation* are to be arrested and reversed, it is essential that Government strengthen the credibility of its oversight role. Unfortunately, the loudest voices are calling for less regulation, not more.

The Push for Deregulation

Although most New Brunswick nursing home employees have their own collective bargaining groups, the stakeholder with the most influence and access is NBANH. The Association acts as the bargaining agent for all New Brunswick's nursing homes, and provides numerous other services, such as human resources support and government relations. The Association claims that they are "OK with accountability," but many of the reforms requested by its members would steer things in the opposite direction (NBANH, 2017b).

We have published our Q & A with NBANH's Executive Director, Jodi Hall in our Influencer Interviews, but most of what we know about nursing homes and their feelings on regulation comes from the aforementioned NBANH sector consultation report. What is worrisome is the extent to which much of the deregulation advocated for in that report has become the new reality in New Brunswick.

> Government needs to respond to the reality of nursing homes and stop giving non-compliances when there is an RN on call for nights with an LPN in-charge. It is not a reasonable solution to expect Directors of Care to sleep at the nursing homes (NBANH, 2017b).

First, the notion that a Director of Care (who is also an RN) can be considered as the "RN on duty" is unsafe, and blatantly against regulations. But what is even more concerning is that the argument being put forward by the home administrator we quote goes much further still. Registered Nurses are not replaceable. This is precisely where the role of government oversight is to keep such impulses in check. Having failed to adequately staff their facilities, nursing home administrators are demanding exemptions from compliance violations – and the evidence suggests they seem to be getting them.

As mentioned, quality assurance and compliance are about ensuring that necessary safety standards don't weaken over time. They aren't subjective and cannot be open to interpretation; but some nursing home administrators clearly feel differently.

> There needs to be consideration for risk. Things are rarely black and white. Give infractions based on risk and not operational impossibilities (NBANH, 2017b).

What this nursing home administrator calls 'operational impossibilities' are, in fact, the minimum standards that Government supposedly demands from provincial nursing homes. These are not high standards; they are minimum standards. That they are seen as 'impossibilities' by leaders in long-term care is one of the more concerning things we document in this report, and a sign of how weak oversight and compliance in this sector have become.

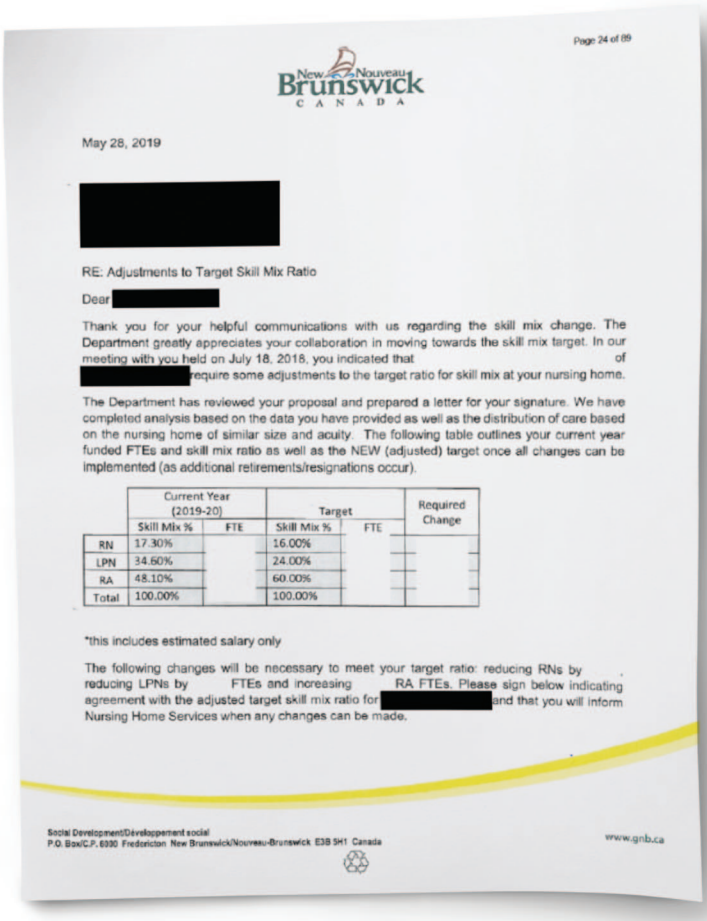
Risk is an entirely subjective concept, and an entirely inappropriate one to be introducing into the nursing home inspections process. Would one allow a cardiac surgeon to judge whether handwashing was really needed prior to a surgery? These standards are in place to safeguard the lives of people. The very idea of allowing subjectivity into the inspections process defies the very concept of compliance itself; yet this is where we are. When one looks at the commitment of homes to maintain the staffing ratios assigned them by Government, the situation goes from bad to worse.

Each year, when they are sent their assigned skills-mix letter by the Department of Social Development, nursing homes are told the percentage of RNs, LPNs and RAs they are expected to have on duty at all times. However, in recent years, nursing homes have been pushing back against the idea that maintaining those skill-mix ratios is a reasonable expectation of Government.

> Nursing homes need the freedom to flex staffing based on the resident acuity – not on a rigid number from Government (NBANH, 2017b).

What nursing homes are essentially arguing here is that they themselves should be allowed to judge how much attention a resident requires, or how many care hours residents should receive, based on how ill administrators deem that resident to be at the time. Were homes blessed with unlimited resources, this strategy may seem like a more reasonable one, but home administrators know the opposite is true.

Image 3



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New Nouveau Brunswick
CANADA

May 28, 2019

[redacted]

RE: Adjustments to Target Skill Mix Ratio

Dear [redacted]

Thank you for your helpful communications with us regarding the skill mix change. The Department greatly appreciates your collaboration in moving towards the skill mix target. In our meeting with you held on July 18, 2018, you indicated that of [redacted] require some adjustments to the target ratio for skill mix at your nursing home.

The Department has reviewed your proposal and prepared a letter for your signature. We have completed analysis based on the data you have provided as well as the distribution of care based on the nursing home of similar size and acuity. The following table outlines your current year funded FTEs and skill mix ratio as well as the NEW (adjusted) target once all changes can be implemented (as additional retirements/resignations occur).

	Current Year (2019-20)		Target		Required Change
	Skill Mix %	FTE	Skill Mix %	FTE	
RN	17.30%		16.00%		
LPN	34.60%		24.00%		
RA	48.10%		60.00%		
Total	100.00%		100.00%		

*this includes estimated salary only

The following changes will be necessary to meet your target ratio: reducing RNs by reducing LPNs by FTEs and increasing RA FTEs. Please sign below indicating agreement with the adjusted target skill mix ratio for [redacted] and that you will inform Nursing Home Services when any changes can be made.

Social Development/Développement social
P.O. Box/C.P. 6000 Fredericton New Brunswick/Nouveau-Brunswick E3B 5H1 Canada

www.gnb.ca

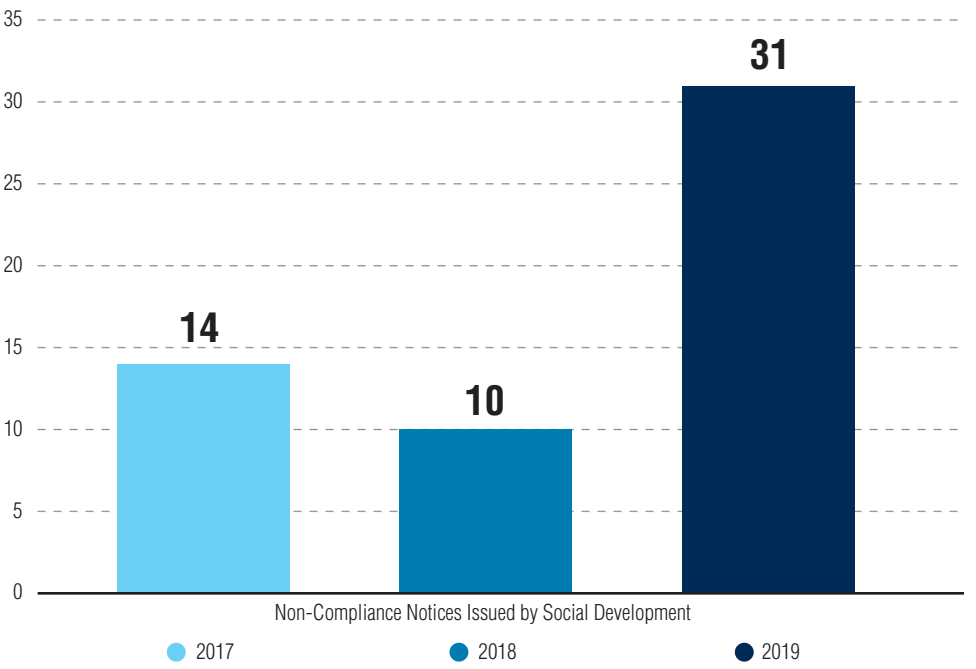
Source: (New Brunswick, 2019g)

> Government policy and funding is driving certain aspects of discussion as it relates to skill mix and education, as well as hours of care. Each of these items have a profound impact on the quality and amount of care and support services each resident can receive. Skill mix raises considerations that are impacted by a need to reduce costs, the inability to recruit nurses and resident acuity (NBANH, 2017b).

What NBANH is saying here in its 2017 Sector Report is that nursing home funding is scarce and, in seeking to manage their budgets, each home is going to have to make choices within the space they are allowed. Regulations are supposed to limit that space. Staffing regulations on skills mix and other topics are designed to ensure that, regardless of financial pressures, homes provide each resident with a minimum standard of care. Sadly, just as with RN staffing, homes seem to be creating their own rules with regards to skills mix ratios.

Figure 16

Non-Compliances Notices for Staffing Ratio Violations



Source: (New Brunswick, 2020c)

Where has this sort of thinking led us? Nearly half of all New Brunswick nursing homes failed to meet their required staffing ratios in 2019. Mandatory ratios are now viewed by many nursing homes as guidelines more than actual rules. This was never how it was supposed to be:

> Standards are the mandatory rules, minimum level measures of performance, or restrictions that are prescribed by a regulation and therefore must comply with the Act and regulations. They are essential to attaining the objectives or to meet the compliance requirement of a particular service and/or program… Written standards must be followed, and are not subject to arbitrary or discretionary action by anyone (New Brunswick, 2019a).

As we will see in our discussion on recruitment and retention, these trends have serious consequences. As we have already seen here in this chapter, some nursing home administrators clearly think it appropriate to have their required RN 'on-call' at home, while lesser trained and experienced staff are left in-charge during night shifts. And who has made this determination, nursing home administrators without a shred of medical training? And with what motivation? The well-being of seniors, or the well-being of a balance sheet? Registered Nurses are not an ambulance service to be called-on in the middle of the night. An RN's entire role is to provide the knowledge, critical thinking and holistic approach necessary to make crucial and timely medical decisions about a resident's health. Their presence near a senior's bedside is crucial to ensuring optimal health outcomes. Depriving residents of that resource is not only a violation of regulations, but a violation of every home's duty of care – plain and simple.

Compliance is indeed a black and white issue. The state of government oversight in New Brunswick's nursing homes, however, exists entirely in a cloud of grey. Our system has become detached from evidence, unmoored from the safety standards meant to protect our province's most vulnerable. Of all the areas examined in this report, the problems identified with nursing home governance are some of the most concerning and require the largest reforms. Those who have been entrusted to uphold standards and keep seniors safe are failing in their tasks. It is time for a top-to-bottom overhaul of the regulatory system, and time for those charged with investigating serious breakdowns in government to become more heavily involved.

The Way Forward

In the early pages of our report, we said New Brunswick's long-term care sector was weak – and getting weaker. The reasons for that sobering statement, we now trust, are clear. Government oversight is feeble and ineffective, reliable information is scarce and violence is on the rise. Fewer and fewer staff are being asked to care for increasingly ill residents, housed in increasingly old buildings. Our investigation into governance spent more than a year attempting to drive home these realities with the best evidence available. Our system is badly broken. It cannot be put more plainly than that.

Because no stakeholder – Government included – will relish the idea of taking a clear-eyed look at their own systemic failures, NBNU is calling for an independent and non-partisan commission to be created, under the terms of *The Inquiries Act*, to look into the status of long-term care in New Brunswick; with that commission being named no later than the first 2021 sitting of the New Brunswick Legislature. Government must be brave in creating and empowering this inquiry, by granting it the power to send for persons, papers and records, and to examine witnesses under oath. The wellbeing of tens of thousands of vulnerable seniors depends upon it. The results of that inquiry, along with significant revisions to *The Nursing Homes Act*, should then form the foundation of future long-term care in New Brunswick.

As an interim step forward to the commissioning of that inquiry, the Executive Council (Cabinet) of New Brunswick should request that the Auditor General look into the issues raised in our report and related matters, and make available sufficient funding for that special investigation to proceed unimpeded. The Office of New Brunswick's Seniors Advocate should also develop a report on the number of care hours being delivered in provincial nursing homes, based on the recent work done by their counterparts in British Columbia.

For its part, Government should immediately move oversight responsibility for nursing homes from the Department of Social Development to the Department of Health.

KEY INFORMANT INTERVIEWS

The duplication of services between acute and long-term care needs to end. The Department of Health needs to be expanded to include long-term care. We should be serving people's health needs under one department, so the continuum of care is not interrupted.

- FORMER MINISTER OF SOCIAL DEVELOPMENT

Government's recent attempts to convert six rural hospitals into long-term care facilities has all but obliterated any remaining argument for maintaining the status quo. New Brunswick remains the only province in Canada with this arrangement and, as our investigation has shown, Social Development is simply not up to the task. Departmental incapacity, resident acuity, ineffective oversight, inadequate healthcare knowledge, inefficiency, and a lack of commitment to national standards are just some of the many reasons for such a change; we trust others will become apparent when offices like New Brunswick's Auditor General begin to undertake the investigations we have called for. Those investigations are badly needed, as far too much vital information is being kept secret from the New Brunswick public.

Government continues to shield itself and its partners from public scrutiny. These levels of secrecy simply cannot continue. Accordingly, NBNU is calling for Government to undertake a review of the *Right-to-Information and Protection of Privacy Act* (RTIPPA), with a view to reconciling some of the gaps in transparency and accountability we have identified. How is it that third-party healthcare providers like Medavie are subject to RTIPPA, while others like Shannex and non-profit nursing homes are not?

In some cases, the data being hidden from New Brunswickers is being hidden through incapacity. As we have shown, the tracking and reporting that is so crucial to maintaining standards in this sector is often missing, incomplete or watered-down by subjective interpretation. Future progress will depend in part on making data and KPIs available through multiple outlets, including each home's individual website. To drive reforms like these, Government will first have to strengthen its ability to regulate the sector. Decisions like these can no longer be left to nursing homes themselves.

For starters, Government must make the investments necessary to enable its responsible department to conduct informed oversight of the long-term care sector. The ineffectiveness of the current nursing home inspections process must be thoroughly addressed. For a period of no less than three years, Government should add additional contracted inspectors, overseen by an experienced compliance specialist, to restore credibility to its oversight role.

INFLUENCER INTERVIEWS

In government, one of the things that happens with intractable problems is that you sometimes cease measuring them. If the money doesn't exist to solve the problem, we sometimes lose sight of the information that would let us make incremental progress.

- FORMER MINISTER OF SOCIAL DEVELOPMENT

Government should also reform the inspections process by adopting the Ontario model, in which separate and unannounced inspections are conducted annually for care quality and critical incident response. Department leaders must conduct annual audits of each inspector's work, to ensure that compliance monitoring is being carried out equally and effectively in all provincial nursing homes.

Government must immediately move to ensure that all New Brunswick homes are reporting important data to CIHI, including RAI-LTCF results. That New Brunswick is one of only two provinces who have not been submitting meaningful data to CIHI is no longer an acceptable state of affairs. It's true that New Brunswick is currently on-pace to be the first province in Canada to share its RAI-LTCF results with CIHI in real-time; however, as of this report that effort is limited to only two New Brunswick nursing homes. This kind of data sharing will allow the sector's leaders to make 'apples-to-apples' comparisons between New Brunswick and other provinces.

Using that RAI-LTCF data and information from resident intake assessments, Government should begin allocating nursing home funding – in part – on the acuity of each resident admitted. The trend of homes 'cherry-picking' the least acute long-term care residents must be stopped.

Government should also make arrangements, through its annual inspections, to track the frequency of 'significant change assessments' done in New Brunswick. As Dr. John Hirdes has told us, significant change assessments are almost never done when required in Canadian nursing homes, and New Brunswick must strive to ensure that the treatment being received by nursing home residents reflects changes in their health.

In order to deal with the increasing population of chronically ill seniors confronting our system, Government will have to take numerous steps to ensure that nursing home beds are reserved for the most seriously ill seniors, and that staffing levels for those residents is appropriate. That effort must begin with the province-wide adoption of the 'Nursing Home Without Walls' model advocated by Dr. Suzanne Dupuis-Blanchard. This cannot be done quickly, and it will not be cheap. Ensuring that thousands of New Brunswick seniors are given the resources they need to live healthy lives in their own homes is the right move, but it cannot be used as an excuse to gut New Brunswick's extra-mural nursing program. Depriving seniors of adequate nursing care in their homes will only hasten the deterioration of their health – the very thing that the 'Nursing Home Without Walls' program is desperately trying to halt. The extra-mural nursing program must be strengthened to help seniors age in place, not weakened.

As the number of chronically ill seniors continues to rise, many who might have found themselves in a nursing home may well have to make do with residency in a special care home. Government must take steps to ensure its special care homes are ready to deal with the increasing amounts of high-acuity residents they will see in years to come. Such a move would be an excellent example of the province using the resources it already has to maximum effect. Requiring an RN on-duty at any special care home housing 30 or more residents would ensure that the care of those seniors does not fall short of an acceptable standard. Such homes should also have an affiliated NP to see to the primary care needs of residents.

There will always be seniors so ill, however, that nursing homes remain the only option for them. New Brunswick is about to see many more of these cases, regardless of what we do. Because of this, we simply must bring sanity back to staffing levels and care hours within this province's nursing homes. RN-to-resident ratios of 1:200 are a recipe for suffering, medical errors and untimely deaths, not quality care. What is going on with staffing in New Brunswick nursing homes is not good medicine. It is not ethical, and it must stop.

Governments in Australia, California, New Jersey and Quebec have all implemented RN-resident ratios in their long-term care sectors, with no ratio higher than 1:44. Such evidenced-based staffing standards should be enshrined in New Brunswick's *Nursing Homes Act*, so that the Province never again exposes its vulnerable seniors to the risks they live with today. New Brunswick must also move to incrementally increase the number of care hours being delivered to residents to 4.1 hours per resident per day – including 45 minutes with an RN.

Finally, New Brunswick should immediately and permanently halt efforts to privatize this province's nursing homes; a position the majority of New Brunswickers support. Every single problem we identify in *The Forgotten Generation* would be exacerbated with the further introduction of a profit motive – like pouring gasoline on a fire.

This report makes no fewer than 17 recommendations regarding governance, transparency and accountability. It is essential that Government act on them and restore a proactive approach to long-term care in New Brunswick, before indifference, inaction and looming demographic trends conspire to make evidence-based choices all but impossible.

New Brunswick's Nursing Shortage

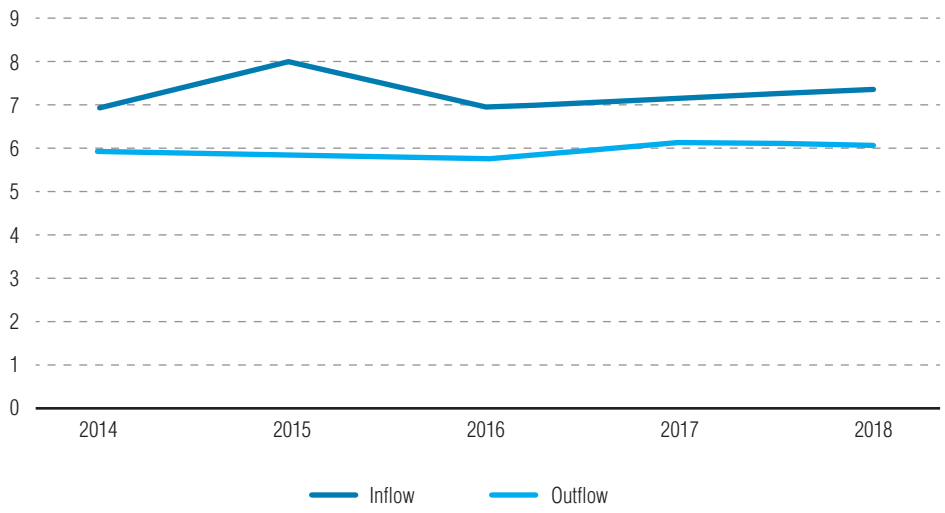
The National Shortage

According to CIHI, this country had 303,146 RNs in 2018, including 5,817 NPs. That same year, CIHI recorded 122,600 LPNs across Canada (CIHI, 2018c). The nursing workforce is rising at roughly the same rate as the Canadian population; however, LPNs represent two-thirds of that growth.

Overall, the number of nurses in Canada is keeping pace with population growth, but just barely, as can be seen by charting the inflow and outflow of nurses within the national workforce.

Figure 17

Inflow & Outflow % of Regulated Nursing Supply (RNs and LPNs) in Canada, 2014 to 2018

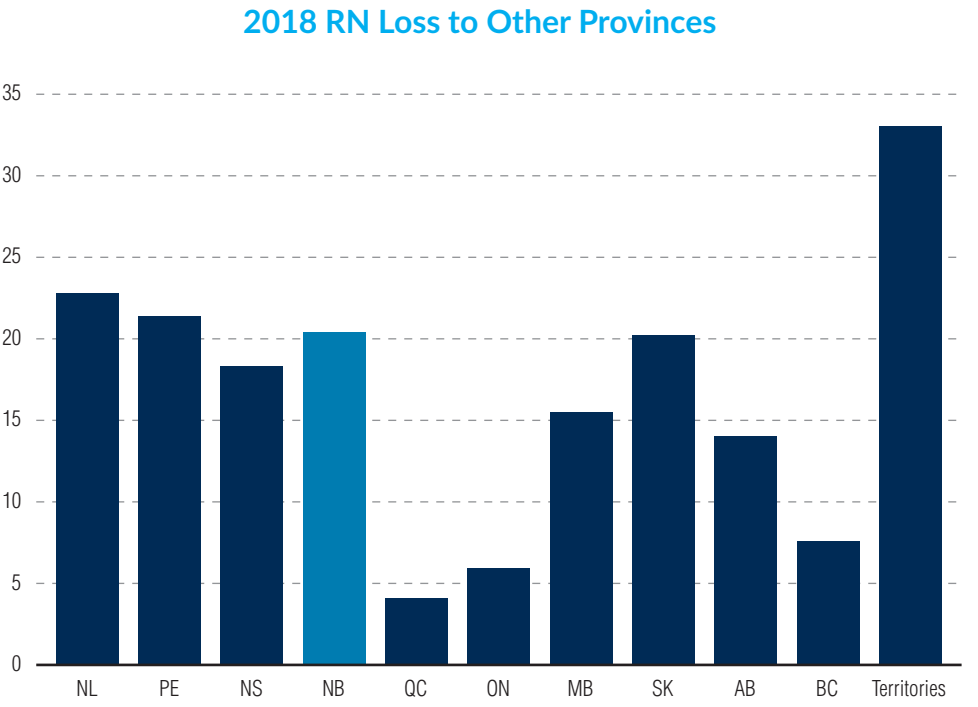


Source: (CIHI, 2018c)

Canada's RN workforce is getting younger, more diverse, with more education than ever before. The message taken from all this might seem reassuring, until one understands that the difference between the growth of the workforce and the growth in population leaves no margin for error. There is an incredibly high demand for nurses in each and every Canadian province and no excess supply. None.

This has effectively created a fierce competition within Canada for RNs and LPNs, with larger provinces benefitting significantly from their ability to offer higher compensation, access to large urban centers and better working conditions.

Figure 18



Source: (CIHI, 2018c)

Ontario, Quebec and B.C. are serving as magnets for young nursing professionals, and nowhere is this effect being felt more deeply than in Atlantic Canada where, on average, one in five nursing graduates is leaving for greener pastures.

Within Atlantic Canada, Nova Scotia has a similar pull, drawing over 5% of nursing graduates from New Brunswick and Newfoundland and Labrador, and well over 8% of graduates from PEI. Nova Scotia is thus able to make good its nursing losses to larger Canadian provinces, by pulling in still more graduates from its smaller Atlantic neighbors. The big losers in all of this are clear. Competition for graduates, along with other factors we will now discuss, is devastating the ability of small provinces like New Brunswick to maintain their nursing workforces, let alone grow them to face the demands of aging populations. The situation is dire.

Training and Recruitment in New Brunswick

In less than five years, 3400 RNs – 41% of the provincial workforce – will be eligible for retirement. The Nurses Association of New Brunswick (NANB) reports that 698 RNs intend to retire in 2023 (NANB, 2018). New Brunswick simply cannot make good those kinds of losses.

INFLUENCER INTERVIEWS

It has been a real disservice to the seniors in this province to leave them, in their final years of life, without the knowledge and expertise an RN offers. It's so disrespectful to a generation that helped build this province and this country. We are here to say to employers and to Government, you will be held accountable for these choices.

- NBNU PRESIDENT, PAULA DOUCET

In June of 2019, John McGarry, the Board Chair of the Horizon Health Network, one of New Brunswick's three RHAs, began making numerous public statements regarding the provincial nursing shortage. McGarry claimed 320 nurses would need to be hired in each of the next five years, just for Horizon to maintain its current levels of service (Quon, 2019).

As he spoke, numerous hospitals across the province had already closed units and beds due to a severe staffing crunch. It would later be learned, through 2019 testimony before New Brunswick's Crown Corporations Committee that Vitalité Health Network would need an additional 200 RNs over the next five years; making for a combined need of 520 new nurses per year to staff two of New Brunswick's three health authorities. New Brunswick has no realistic plan to deal with the workforce crisis it is facing.

The 320 nurses McGarry spoke of, the amount needed to sustain just one RHA, is greater than the total number of open nursing seats at all New Brunswick universities combined in 2019 – and New Brunswick doesn't come close to filling all of its nursing seats. Furthermore, not all nursing students who are seated at provincial universities go on to graduate.

The New Brunswick Department of Health estimates the attrition rate in a New Brunswick 4-year Bachelor of Nursing program to be approximately 30% (New Brunswick, 2018c). As we just heard, 20% of New Brunswick nursing students who do go on to graduate will quickly leave the province.

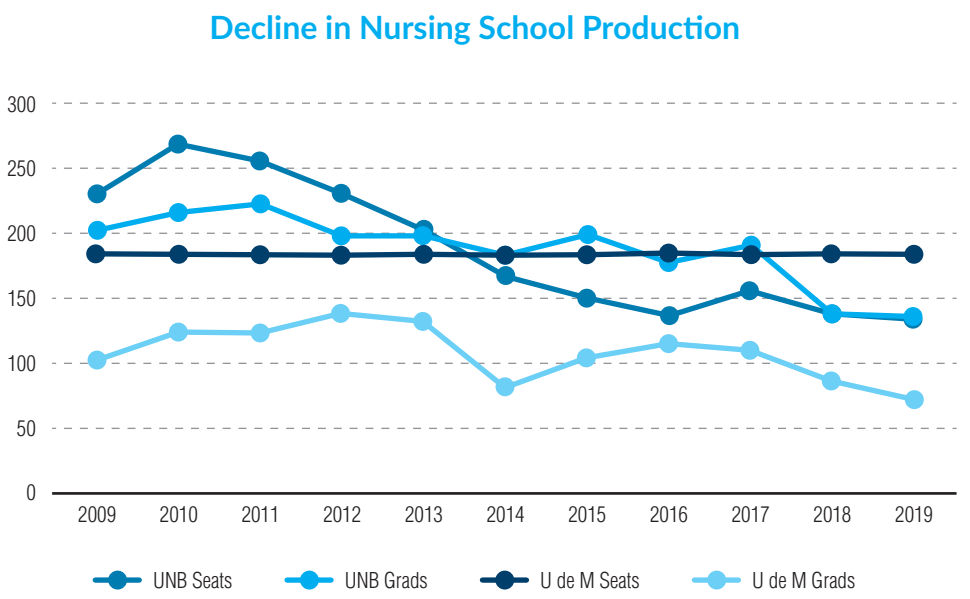
New Brunswick's universities are therefore currently producing less than 80% of what is needed to supply Horizon Health Network's future nursing demands. Vitalité NB, along with New Brunswick's hard-pressed extra-mural and nursing home systems, would then be completely out-of-luck. This was not always the case. Data obtained by NBNU shows the unconscionable decline of nursing seats and graduates over the last 10 years.

KEY INFORMANT INTERVIEWS

More staffing is needed. We are neglecting our elderly, pure and simple.

- A REGISTERED NURSE

Figure 19



Source: (UNB, Email, March 5, 2020; U de M, Email, March 12, 2020)

Perhaps the most headline-grabbing moment of this entire story came in early 2019 when, despite almost daily headlines about New Brunswick's nursing shortage, the Higgs government slashed $8.7 million of funding from the province's two nursing schools, damaging their ability to add future seats (Fraser, 2019). More on this later.

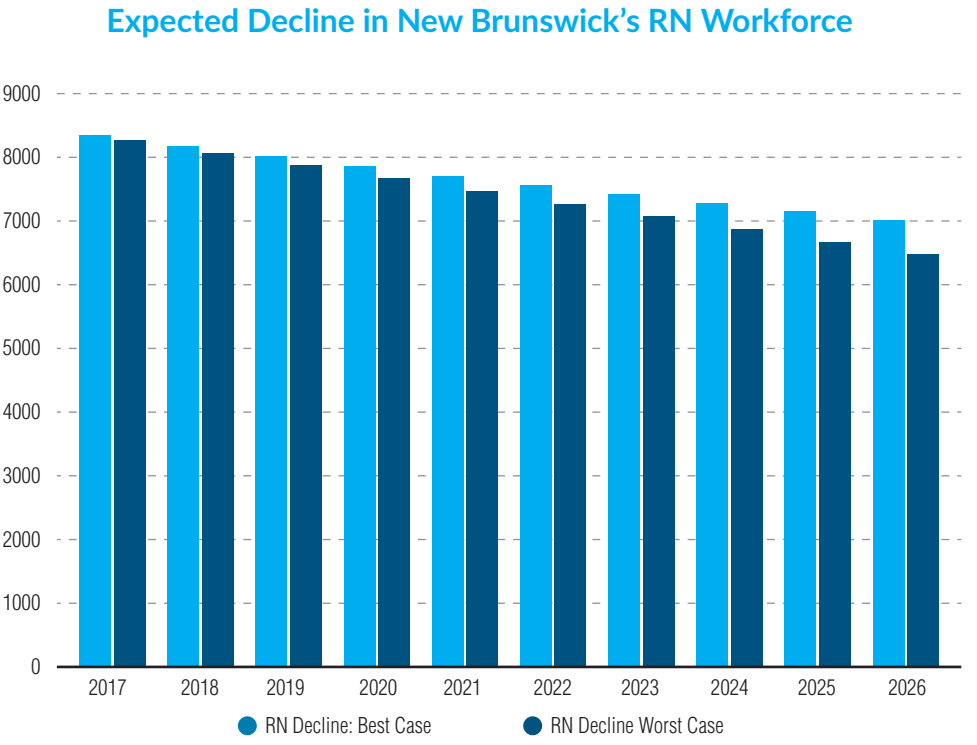
Traditionally, the two ways to make good a shortfall in nursing graduates is through the intake of nurses arriving from other provinces or international immigration; neither of these channels has proven to be a significant difference-maker for New Brunswick in recent years.

For starters, the pay-scale for a Class B Registered Nurse, the category for RNs in nursing homes, is one of the lowest in the country (NBNU, 2019). Unlike Nova Scotia, New Brunswick does not utilize incentives or signing bonuses to encourage nurses to work in underserved rural areas of the province. When the well-known challenges around working conditions are added to the mix, there are few reasons for other Canadian nurses to choose New Brunswick as a place to practice.

To date, seeking to fill positions by welcoming internationally educated nurses (IENs) has also been a non-starter. New Brunswick has only recently resumed its capacity to help IENs obtain their qualifications to practice in the province. For years, international candidates were forced to attend bridging courses in Nova Scotia, with the predictable result that many of them never returned. Only 8 of 31 internationally trained applicants obtained registration to practice as RNs in New Brunswick between 2014 and 2018 (New Brunswick, 2018c). The total number of IENs integrated into the New Brunswick workforce in 2019 was one (NANB, 2020). Independent investigations by NBNU revealed much about the Higgs government's supposed efforts to address these workforce challenges.

In 2019, the Minister responsible for New Brunswick's Department of Post-Secondary Education Training and Labor (PETL), Trevor Holder, announced two initiatives that he said represented part of his government's solution to the nursing crisis.

Figure 20



Source: (New Brunswick, 2019h)

The first was the long-discussed return of the LPN-RN bridging program, which had been closed in 2013. CIHI's 2018 report on nursing workforce shows an 18% rise in New Brunswick's LPN talent pool since 2009; making LPNs – in theory – a valuable source for new RN recruits (CIHI, 2018c). The second was a supposedly new push to strengthen IEN recruitment by dispatching departmental staff to the Philippines, accompanied by some of the province's nursing home employers. Neither announcement was entirely what it seemed.

It was soon discovered that, despite Government's claims, the new push to recruit international nurses for nursing homes involved neither nursing homes nor nurses. Instead, an article in the *Telegraph-Journal* revealed that, in fact, the trip Government was so loudly praising was nothing new, but was instead an annual affair run by Holder's department in hopes of recruiting for New Brunswick's workforce generally (Robinson, 2019b).

Contrary to the announcement, no employer from a New Brunswick nursing home accompanied Government staff on the trip; instead Holder's staff were accompanied by recruiters from two special care homes, which do not employ RNs. The episode proved to be an embarrassment to Government. That, however, was not the end of the problems.

The LPN-bridging program was indeed re-started at both the New Brunswick universities that maintain Bachelor of Nursing programs; but with some rather mixed results. Government allocated just $1 million annually to the programs, less than 9% of what it had cut only months before (Robinson, 2019c). 24 LPNs enrolled at the University of New Brunswick (UNB) during the program's first intake, but only seven did so at Université de Moncton (U de M) (U de M, Email, Nov 30, 2019). The reasons for U de M's low enrollment, as it turned out, were entirely foreseeable.

Image 4

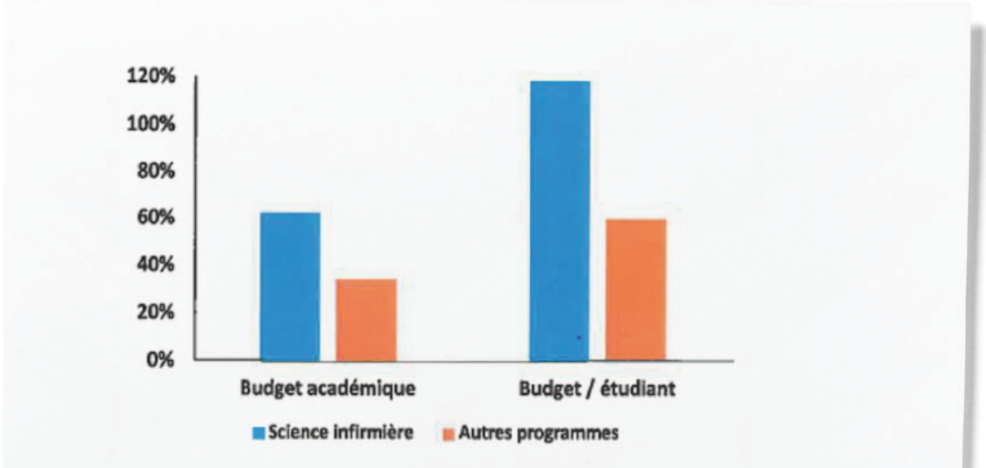


Figure 2. Évolution des budgets académiques et des budgets académiques par étudiantes et étudiants (%) pour le domaine des sciences infirmières et les autres programmes entre 2003 et 2018.

Source: (U de M, 2019)

According to internal emails obtained by NBNU, U de M had – for years – been complaining to PETL that the rising cost of nursing tuition was severely harming its ability to recruit nursing students from its catchment areas in New Brunswick's francophone regions. These arguments consistently fell on deaf ears (U de M, 2019). Because of those challenges, nursing graduate numbers fell from a high of 138 in 2012 to a low of only 72 in 2019. Thus, U de M's efforts to recruit students into its new LPN-bridging program failed for the same reason U de M's recruitment efforts had been failing for years. The provincial trends, when presented in chart form, are devastating to behold.

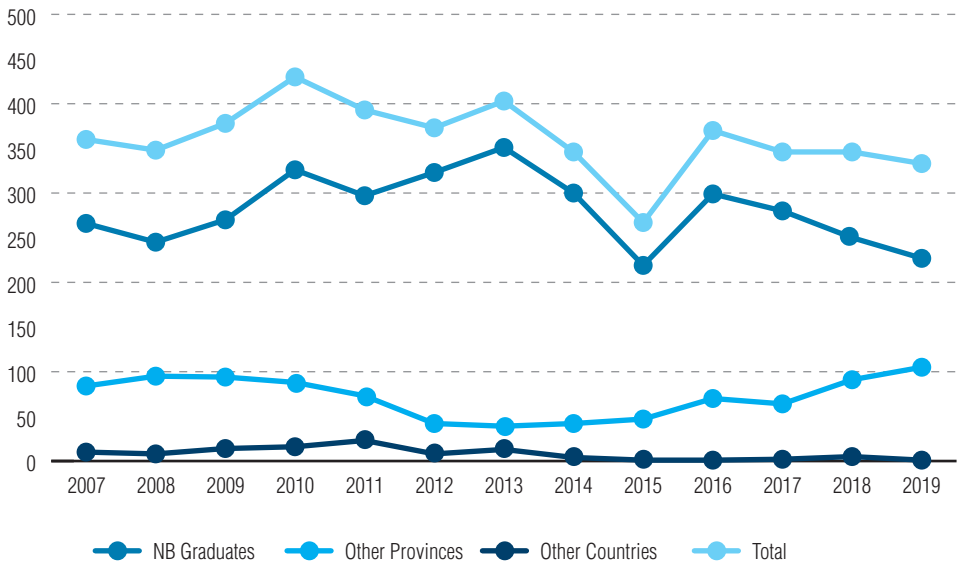
Figure 21: Annual Seat and Graduate Numbers for New Brunswick Nursing Schools (2009-19)

Year	UNB Seats	UNB Grads	U de M Seats	U de M Grads
2009	231	202	184	102
2010	269	216	184	123
2011	256	223	184	123
2012	231	198	184	138
2013	203	198	184	132
2014	167	182	184	81
2015	151	198	184	103
2016	136	178	184	115
2017	155	189	184	110
2018	138	138	184	86
2019	133	131	184	72

Source: (UNB, Email, March 5, 2020; U de M, Email, March 12, 2020)

Figure 22

Mapping New Brunswick's Nursing System Intake



Source: (NANB, 2020)

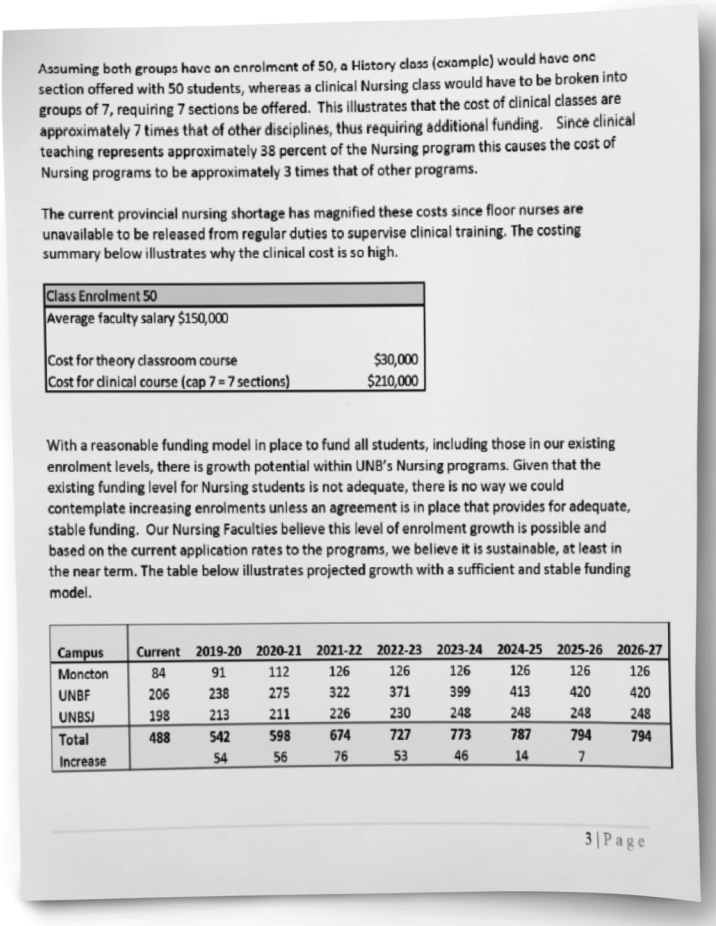
Upon hearing of the $8.7 million cut to nursing programs at New Brunswick universities, NBNU filed several RTI requests, asking for all communications on the subject between the universities and Government. The results were startling. Internal UNB emails obtained by NBNU describe rising apprehension amongst UNB's leadership about the status of their nursing school funding, nervousness which nearly resulted in the cancellation of the very LPN-RN bridging program Minister Holder proudly touted in 2019 (UNB, 2019). Increasingly desperate, UNB submitted a four-page proposal to PETL in which they proposed expanding their nursing program by 306 seats; a strategy which UNB claimed would "solve" the nursing crisis. The Higgs government's reply was months of silence, followed by the aforementioned $8.7 million cut. As a result, UNB was thrown into a $3 million structural deficit – a financial shortfall that it may not have the means to overcome.

INFLUENCER INTERVIEWS

Another immediate priority is to expand the number of places in nursing programs. Long waitlists of qualified candidates for our local nursing programs are simply unacceptable.

- RICHARD SAILLANT, ECONOMIST

Image 5



Assuming both groups have an enrolment of 50, a History class (example) would have one section offered with 50 students, whereas a clinical Nursing class would have to be broken into groups of 7, requiring 7 sections be offered. This illustrates that the cost of clinical classes are approximately 7 times that of other disciplines, thus requiring additional funding. Since clinical teaching represents approximately 38 percent of the Nursing program this causes the cost of Nursing programs to be approximately 3 times that of other programs.

The current provincial nursing shortage has magnified these costs since floor nurses are unavailable to be released from regular duties to supervise clinical training. The costing summary below illustrates why the clinical cost is so high.

Class Enrolment 50	
Average faculty salary $150,000	
Cost for theory classroom course	$30,000
Cost for clinical course (cap 7 = 7 sections)	$210,000

With a reasonable funding model in place to fund all students, including those in our existing enrolment levels, there is growth potential within UNB's Nursing programs. Given that the existing funding level for Nursing students is not adequate, there is no way we could contemplate increasing enrolments unless an agreement is in place that provides for adequate, stable funding. Our Nursing Faculties believe this level of enrolment growth is possible and based on the current application rates to the programs, we believe it is sustainable, at least in the near term. The table below illustrates projected growth with a sufficient and stable funding model.

Campus	Current	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
Moncton	84	91	112	126	126	126	126	126	126
UNBF	206	238	275	322	371	399	413	420	420
UNBSJ	198	213	211	226	230	248	248	248	248
Total	**488**	**542**	**598**	**674**	**727**	**773**	**787**	**794**	**794**
Increase		54	56	76	53	46	14	7	

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Source: (UNB, 2019)

Again, Horizon's CEO John McGarry joined NBNU President Paula Doucet and the universities themselves in decrying Government's inexplicable and short-sighted cuts. McGarry called the cuts 'bad policy' and urged the province to 'get its head out of the sand.'

> Why would the number of seats be reduced when there is an immediate need that will continue long into the future? Don't we want New Brunswickers to stay in our province and have well-paying jobs (Quon, 2019).

So just how bad is New Brunswick's nursing shortage? According to data from NANB, the difference between the number of RNs entering the provincial workforce and those who are leaving it could soon approach 400 annually. Those are the kinds of deficits from which New Brunswick's healthcare system, including its long-term care sector, may never be able to recover.

The Nursing Shortage in Long-Term Care

How do these numbers compare with the seriousness of the shortage in New Brunswick nursing homes? Approximately 540 RNs work in New Brunswick homes; a clearly insufficient number. But exactly how large is the nursing shortage in this sector, and what are its negative effects? Credible data is worryingly hard to come by, and the numbers we do have are more worrying still. Here, there are only three sources of truly reliable information.

INFLUENCER INTERVIEWS

We don't support replacing nurses with RAs. This is what Government is looking at. They continually say they can't find medical staff, while the solution there is to pay nurses properly.

- CECILE CASSISTA, EXECUTIVE DIRECTOR OF THE COALITION FOR SENIORS AND NURSING HOME RESIDENT'S RIGHTS

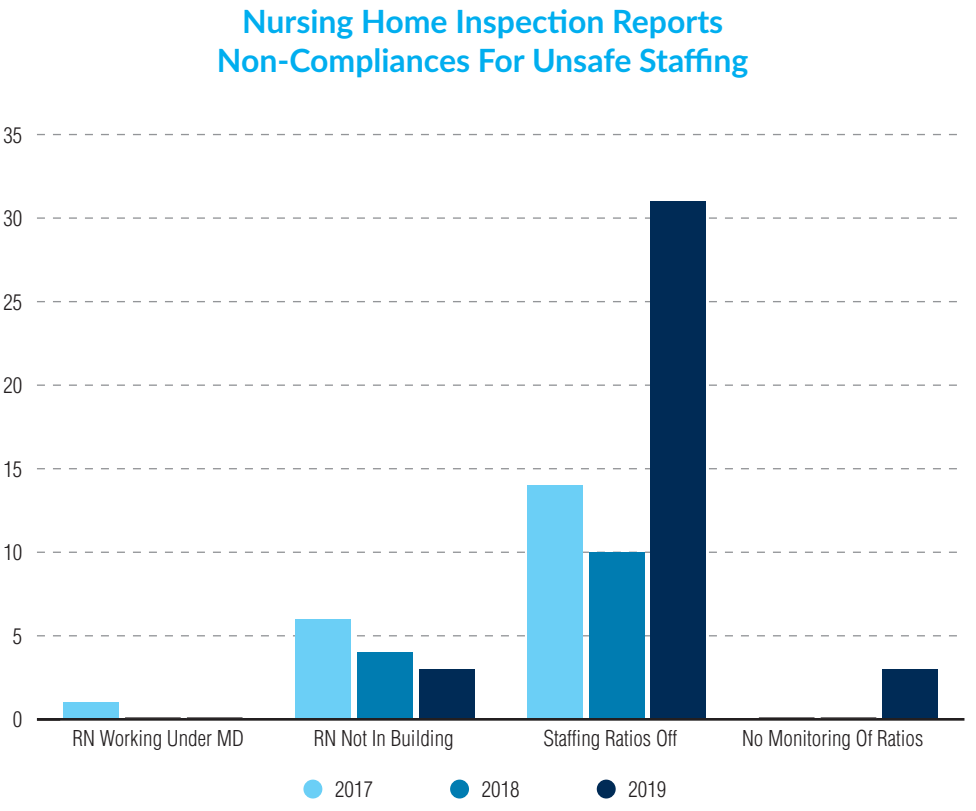
The first is the annual inspections of New Brunswick nursing homes, carried out by the Department of Social Development. During each inspection, a nursing home's records are examined to ensure that, among other things, an RN is always on-duty and that staffing levels are at appropriate ratios.

An analysis of those inspection reports over a three-year period between 2017 and 2019 revealed that a total of 72 non-compliance notices were delivered to provincial nursing homes over that time for violations of minimum staffing requirements (New Brunswick, 2020c).

In 2019, every one of the six nursing homes on the Acadian Peninsula were written-up for non-compliance, as were both of the homes in the Restigouche region. In total, nearly half of all New Brunswick nursing homes received non-compliances for staffing ratios that year. A deeper look, however, reveals a far more concerning picture.

The nursing shortage in New Brunswick is serious everywhere but is being most deeply felt in northern and rural communities, where recruitment and retention challenges are having the biggest impact.

Figure 23



Source: (New Brunswick, 2020c)

During the 2019 shutdown at Campbellton Nursing Home and Campbellton Regional Hospital, the Minister of Social Development said it best:

> This really boils down to a staffing problem. And it is rampant across the province. It is more amplified in the north because of the outmigration of labor, and we need to maximize every opportunity we have to help satisfy the employment demands that we have here (Jaques, 2019).

Sadly, Minister Shephard's government has focused almost entirely on shrinking New Brunswick's healthcare system to ease those staffing demands, while doing next to nothing to deal with the issue of workforce supply.

KEY INFORMANT INTERVIEWS

We know that a lot of nurses are aging out of our workforce, just as our population is aging up. Working at a nursing home is challenging work, but we don't make it easy for people to start working there. Nurses in hospitals have different pensions and different contracts. We should make it easier financially for nurses to move into the long-term care delivery of service.

- FORMER MINISTER OF SOCIAL DEVELOPMENT

According to CIHI, 22.8% of New Brunswick nurses staff facilities in rural or remote areas of the province; in Ontario that number is 6.4%, in B.C. it is 6.2% (CIHI, 2018c). Hospitals in Campbellton, Bathurst and Perth-Andover have all seen bed or unit closures due to a shortage of RNs in the last two years. For rural nursing homes, these problems can be even more acute.

In addition to annual provincial inspections, each nursing home is required to self-monitor its performance through internal record-keeping, which is eventually shared with the Province. Through RTI requests, NBNU was able to obtain five years of such records, which help detail the struggles rural nursing homes have had maintaining their required levels of staffing (New Brunswick, 2019e). Records show that, in 2016, Westford Nursing Home, which sits approximately 80 km east of Moncton, went 49 days without an RN on duty. In 2015, Nashwaak Villa, which lies about 50 km north of Fredericton, went more than 80 days without an RN.

NBNU PUBLIC SURVEY

66% of New Brunswickers surveyed said they would expect a Registered Nurse to assess their loved one in a nursing home at least once a day – or as often as was needed.

Nursing homes in Central New Brunswick, Northern New Brunswick and on the Island of Grand Manan have all seen similar difficulties. Still, such records barely scratch the surface. The insufficient staffing levels within many of New Brunswick's homes are further hampered by a consistent outflow of nurses, who leave for a variety of reasons.

Figure 24

Recorded Days Without A Registered Nurse 2014-2018

Nursing Home	Year	Number of Days Without A Registered Nurse
Riverview Manor	2018	12
Grand Manan Nursing Home	2017	9
Tobique Valley Manor	2017	45
Shannex: Embassy Hall	2017	3
Riverview Manor	2017	30
Westford Nursing Home	2016	49
Nashwaak Villa	2016	12
Nashwaak Villa	2015	83
Tobique Valley Manor	2016	16
Tobique Valley Manor	2015	19
White Rapids Manor	2015	43
Grand Manan Nursing Home	2014	11

Source: (New Brunswick, 2019e)

The third and final source of information comes from NBANH itself. The Association conducted a staffing review for its member homes in 2017 and that survey represents some of the most comprehensive data available on the subject – as well as some of the most concerning. In fairness to New Brunswick's nursing homes, at least they are aware of the scale of the staffing crisis they face.

Retirement, Retention and Burnout

On top of all the other challenges New Brunswick nursing home employers are facing, they are experiencing extremely high annual turnover rates in their workforce, with the most alarming turnover numbers coming from nursing home RNs. According to the 2017 NBANH survey, 147 of the 543 RNs employed in New Brunswick nursing homes left their position that year; a turnover rate of 27%. "Using a projected cost for RN turnover from the Canadian Nurses Association, this would cost $3.6 million for RNs alone (NBANH, 2017a)."

NBNU PUBLIC SURVEY

68% of New Brunswickers surveyed were moderately or extremely concerned about the degree to which nursing homes were relying on unregulated care staff.

It is imperative that the drivers behind this flight of skilled labor be understood, as they are already the source of serious service disruptions. While some of these problems are structural, other push factors might be easier to address.

Younger New Brunswickers are hesitant to relocate to the rural areas where many of New Brunswick's nursing homes are located, or to stay there for more than a brief job experience. Within the nursing community, nursing home positions are sometimes seen as lacking the glamor or excitement of jobs in major regional hospitals.

KEY INFORMANT INTERVIEWS

I am very concerned that younger RNs, LPNs and PCWs don't view long-term care as a fulfilling or exciting career.

- A REGISTERED NURSE

As that same NBANH survey indicated, "the top barriers to recruitment were casual non-guaranteed positions, rural locations, competition with other [employers], and a lack of professional prestige (NBANH, 2017a)." Then, of course, there are the working conditions.

During our Key Informant Interviews, we heard first-hand about the pressures and safety concerns that are leading to ill-health, stress, and systemic burnout within New Brunswick's nursing home workforce – issues that are also covered in our discussions on workplace violence. There's no mystery behind those aspects of New Brunswick's exodus. A combination of low pay, excessive overtime, unsafe working conditions, grueling physical labor and stress – when added to the issues we've just discussed – are creating an outflow of talent that the system simply cannot tolerate. Having taken significant steps to identify the problems, what then are New Brunswick's nursing home employers doing – if anything – to implement solutions?

NBNU LONG-TERM CARE MEMBER SURVEY

73% of RNs surveyed said they regularly think about quitting their jobs.

In fairness, not every challenge is within their power to address. Rural nursing homes cannot magically change their locations. Homes have extremely limited influence over their funding levels, and it is likely that work in ERs or operating rooms will always prove more exciting and attractive to younger RNs.

As their own expert analysis indicated, the one thing that is within the power of New Brunswick nursing homes to control is the number of full-time permanent positions they regularly offer to job applicants. These permanent posts, along with benefits and pensions, are acknowledged by all parties as a significant incentive for attracting and retaining skilled workers to the sector. So, one would assume that nursing homes would make use of that tool at every possible opportunity. They do not.

Entirely Too Casual

Through RTI requests, NBNU was able to obtain a 2019 list of anticipated labor needs submitted by NBANH to PETL. The results were stunning.

Figure 25

New Brunswick Nursing Home 2019 Labor Needs (Casual – Permanent Ratios)	
Registered Nurses	5:1
Licensed Practical Nurses	2:1
Resident Attendants (PCWs)	4:1

Source: (New Brunswick, 2019i)

What that document showed, was that New Brunswick nursing homes had no intention of offering more full-time permanent positions, but instead were set to increase their reliance on casual labor. Of the 224 posts New Brunswick nursing homes expected to fill in 2019, only 54 were to be guaranteed positions. This data, coming two years after the result of NBANH's own workforce analysis represents a baffling refusal of nursing homes to heed the recommendations of their own Association's report.

Of all the nursing homes in New Brunswick, the facility that required the most help in 2019 was Kiwanis Nursing Home in Sussex. According to documents obtained by NBNU, the 76-bed home needed to hire no less than 12 regulated care staff for 2019, including 3 RNs and 9 LPNs. Astonishingly, the home anticipated making only three full-time permanent job offers that year, none of which were to RNs. In April of 2019, Kiwanis told the *Telegraph-Journal* that it was focusing primarily on IEN recruitment and on acquiring more RAs through an 'in-house' training program it had developed. The home's list of anticipated labor needs for 2019, however, indicated it had no plans to add additional RA staff.

The issue for these homes, unsurprisingly, is money. Like Kiwanis, most nursing homes in New Brunswick are non-profit institutions; however, many have been starved of necessary funding increases and all lack the cost-certainty needed to plan effectively for the future. One frustrated nursing home leader explained the situation fairly accurately in 2017:

> The budget process is not fair. Who can run a business with a budget coming four, five or six months into the operating year? There is no opportunity to plan or set goals, and then we are told we are bad financial managers (NBANH, 2017b).

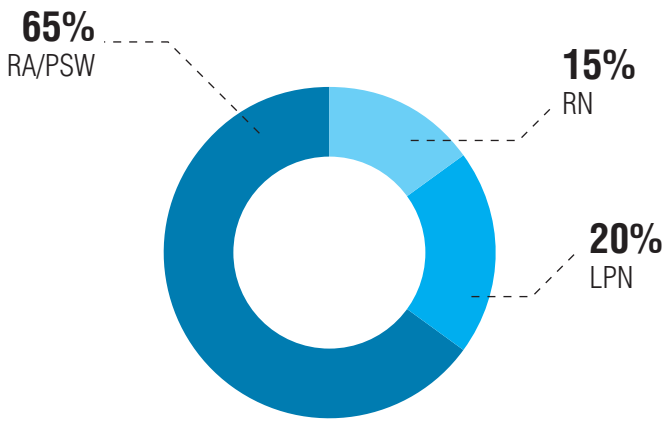
The result of all this uncertainty is that nursing homes are constantly incorporating it into their staffing models, in order to try and give themselves some sort of financial breathing room. NBANH's Jodi Hall explained how the Association would like Government to address the funding shortfall.

> We would like to see government-nursing home processes reviewed with the goal being to better support financial operational planning. This includes a review of the budget line items, but also government-nursing home consultation regarding the budget planning, and timelines of when budgets are given, exploring the potential of multi-year budgeting to support stability in operational planning and risk management (Hall, Email, February 14, 2020).

Even with the current staffing crunch, not every nursing home in New Brunswick operates at bare-minimum staffing ratios, which in 2019 were 15% (RN) : 20% (LPN) : 65% (RA).

Figure 26

2019 Nursing Home Staff Skills Mix Percentage



Source: (New Brunswick, 2019a)

Depending on annual budgets awarded by the Department of Social Development, a home's funded staffing levels might even increase; the issue then becomes what the homes do with that money. Because homes are constantly grappling with uncertain budgets, they try to buy themselves flexibility by maintaining a higher percentage of casual staff, to whom they don't pay benefits or pension contributions.

Casual staff don't earn sick time or vacation days either but are instead compensated by an 'all-inclusive' wage, essentially a higher hourly wage than their permanent colleagues.

KEY INFORMANT INTERVIEWS

Whenever a new RN is hired at our home, she will always be hired without benefits and be given the 'all-inclusive' rate. That is not fair to anyone. It is very hard to recruit RNs when all the employer will offer are casual hours.

- A REGISTERED NURSE

For years, New Brunswick nursing homes have lobbied for the right to adjust staffing levels based on their own perceptions of a resident's health, not the ratios and minimums mandated by Government. Due to weakened levels of oversight, this is essentially what is happening now across the province, but with some rather unintended consequences.

By relying on completely inappropriate levels of casual staff, nursing homes gain the immediate flexibility to add and drop staff from their rosters at will; however, that freedom comes at a steep cost. As we have already discussed, staff turnover rates have risen to unsustainable levels, and a sector that is already hard-pressed to recruit has needlessly exacerbated the situation by stubbornly refusing to offer permanent full-time employment. Then there is the rise of so-called 'travel nursing'; the practice of younger millennial nurses choosing to maintain casual job status, so they can work in different parts of the country – or around the world – at different times for different rates of pay. Current hiring practices in New Brunswick only encourage those sorts of choices. In short, the wrongheaded hiring practices of New Brunswick nursing homes are incentivizing all the wrong behaviors, negatively affecting resident safety and making an already dangerous staffing crisis worse.

The Way Forward

As mentioned in our introduction, economist Richard Saillant is predicting that New Brunswick will need more than double its current number of nursing home beds by 2035, but with what staff will those residents be cared for?

At present, none of the plans being discussed present a credible solution to the challenge. The nursing crisis NBNU and other stakeholders have long warned of is real and worsening, and if drastic action isn't taken to reverse it, the situation may soon be beyond Government's ability to rescue. The healthcare New Brunswick seniors depend on will truly be in danger of becoming second-class.

Too often, Government and nursing homes have focused on reducing the demand for qualified healthcare staff, instead of taking the steps necessary to secure a stable supply. To avoid the worst-case scenario that Saillant and so many others have warned of, New Brunswick must immediately implement comprehensive reform to the way it trains, recruits, and retains its nursing workforce. So, what's to be done?

INFLUENCER INTERVIEWS

I wouldn't say there is a plan. Certainly, not a proactive plan. Government has reached a point where they have become more reactive than proactive, and unfortunately that is not effective. I don't think they see the (staffing) crisis for what it is.

- SHARON TEARE, PRESIDENT, NB COUNCIL OF NURSING HOME UNIONS

For starters, Government should immediately take UNB up on its offer to expand its four-year Bachelor of Nursing program by over 300 seats, thereby allowing more New Brunswick students to fill crucial gaps in our RN workforce. That hundreds of ambitious New Brunswick high school students are denied the chance to pursue a nursing career in New Brunswick is an absurdity that cannot be allowed to continue. Even more urgency should be attached to this opportunity, since we know that national and international recruitment are currently not making a meaningful difference. U de M's financial struggles and their effects on that university's ability to recruit nursing students must also be addressed.

In exchange for these new investments, Government must require provincial nursing schools to offer more work placements within long-term care, so that at least some number of New Brunswick nursing students gain experience in the sector each year.

KEY INFORMANT INTERVIEWS

At universities, most students are not placed in long-term care during their practicums, and so not exposed to this as a possible career. Many new grads want the glamor of jobs in the ER or ICU. I have had colleagues tell me I was not a 'real' RN because I don't work in a hospital. I love what I do, but it has become much harder.

- A REGISTERED NURSE

Government must make it easier for those who have already chosen a career in healthcare to seek advancement. One of the largest available pools of healthcare talent is made up of current healthcare workers who wish to advance their knowledge and expertise. We know there is at least some interest in this process, since 31 LPNs enrolled in LPN-RN bridging programs during 2019. In Nova Scotia, RNs who wish to become NPs can keep earning their regular RN salaries while in school, if they agree to work in a rural area for a period of time thereafter. This model – if adapted for New Brunswick – would help address both a shortage in individual healthcare professions and the shortage of healthcare workers in rural areas. In March of 2020, Government announced it would, in fact, allow RNs to keep their public salaries while training to become NPs in New Brunswick (New Brunswick, 2020d). These programs should be expanded.

We cover the role of NPs in our literature review, but suffice to say, their inclusion in nursing homes would be a crucial step in ensuring the safety of seniors, as well as regular access to a primary care provider. NPs bring extraordinary value to the sector and are already demonstrating their skill across New Brunswick. Their use should be significantly enhanced, as has been done recently in Alberta (Junker, 2020).

Government, in cooperation with its federal partners, must make a real and determined effort to recruit internationally, with the goal of registering 50 new RNs annually from the IEN pool.

Overall, the flow of international healthcare recruits must be brought to meaningful levels as soon as possible. IENs must be better supported in their efforts to practice in New Brunswick, and all levels of government must step forward to ensure that these valuable new arrivals are made to feel welcome and comfortable in our province.

Finally, and perhaps most crucially for the long-term care sector, New Brunswick nursing homes must make immediate arrangements, in cooperation with Government, to increase the amount of full-time permanent positions on offer; targeting a ratio of no more than two casual job offers for every one permanent offer (2:1). Absent financial incentives, these offers are crucial in an ultra-competitive job market. New Brunswick must start using every tool in its toolbox – and quickly – before this province's long-term care workforce becomes broken beyond repair.

Violence in the Workplace

Not Part of the Job

As our literature review explained, staffing shortages in long-term care correlate strongly with workplace violence, and so it is in New Brunswick. During 2019, NBNU, along with the Canadian Federation of Nurses Unions (CFNU) and its sister unions across Canada, conducted a major public campaign regarding the plague of violence in our healthcare system. Historically, long-term care has been largely absent from these kinds of conversations. Reliable information on violence in this sector is much harder to come by and is less likely to be focused on by the press. The assumptions implicit in this silence are that violence and aggression are simply part of the job for employees of nursing homes, and that little or nothing can be done to mitigate it. Those assumptions are false. Whether credible steps are actually being taken to mitigate violence in New Brunswick's nursing homes is another matter entirely.

The challenges and lack of oversight covered in our chapter on governance ensure that we don't know nearly enough about issues like workplace violence in this province's long-term care sector; but what we do know is deeply disturbing.

NBNU LONG-TERM CARE MEMBER SURVEY

66% of NBNU members in nursing homes said they didn't feel safe in their places of work.

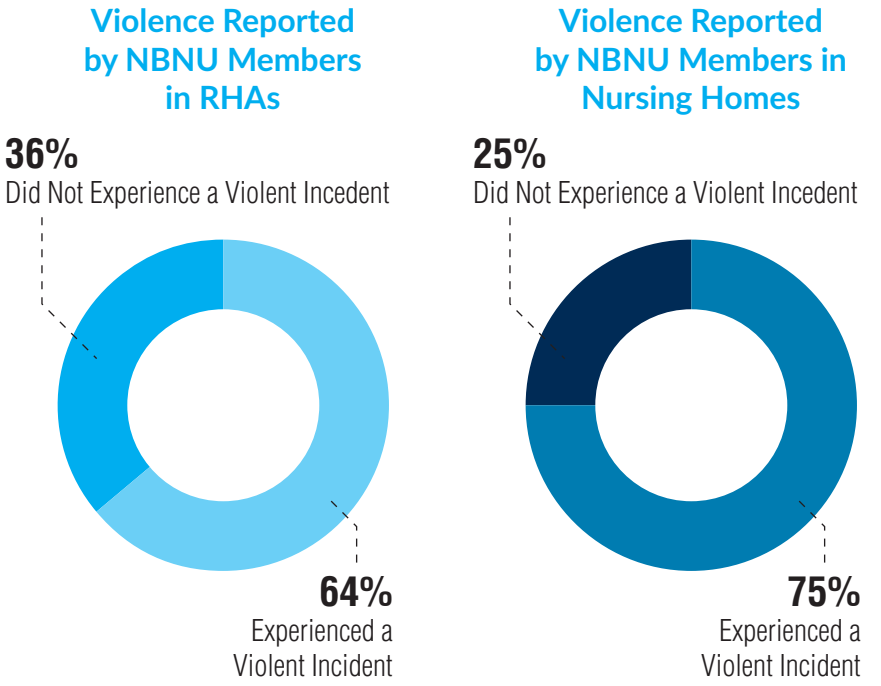
For this report, NBNU made unprecedented efforts to obtain as much evidence as possible about the size and scope of the problem.

Unlike RHAs, which maintain comprehensive sector-wide tracking on workplace violence, no such system exists for compiling violence data in long-term care. Through the NBCCSA, embryonic attempts are being made to piece together data from different homes but, for the most part, information is only as good as each home's individual record-keeping, which we know can be extremely problematic. The best data available comes primarily from surveys of the sector's workforce and workers' compensation records.

2018 NBNU Member Survey

In 2018, NBNU conducted comprehensive surveys of its 7000 members across New Brunswick, including questions on violence in the workplace. The results were extremely discouraging.

Figure 27



While roughly two-thirds (64%) of NBNU members in hospitals and New Brunswick's extra-mural program felt they had experienced a violent incident in the last year, that number rose to three-quarters (75%) for NBNU members in nursing homes. We know from our literature review that this number in American nursing homes has been reported at 65%. A deeper look inside the results of NBNU's member survey begins to illustrate the problems within the current system.

Only two out of every five RNs surveyed (40%) in the nursing home sector felt they were satisfied with their employer's response to their workplace violence report, and fewer still (35%) felt that the support they received from their employer – post-incident – was adequate.

NBNU LONG-TERM CARE MEMBER SURVEY

50% of RNs surveyed said they experience verbal abuse from patients multiple times per month.

Of the NBNU members surveyed who reported experiencing a violent incident in 2018, only two-thirds (65%) reported that violence originated with residents; the rest (35%) were incidents involving families, co-workers or even their employers. Perhaps most worryingly, 45% of RNs surveyed said they made no attempt to report the violence against them – a number that tracks closely with those who said they were dissatisfied with their employer's responses.

NBNU LONG-TERM CARE MEMBER SURVEY

55% of RNs surveyed said they experience verbal abuse from families or visitors multiple times per year.

We know from our literature review on this topic that up to 80% of violent incidents can go unreported in a healthcare setting. Evidence from our Key Informant Interviews also suggests that many nursing home employees have little faith their complaints about workplace violence will be taken seriously. Overall, only 34% of NBNU members surveyed in 2018 felt they were safe from violence in their workplaces – a statistic that calls out for action.

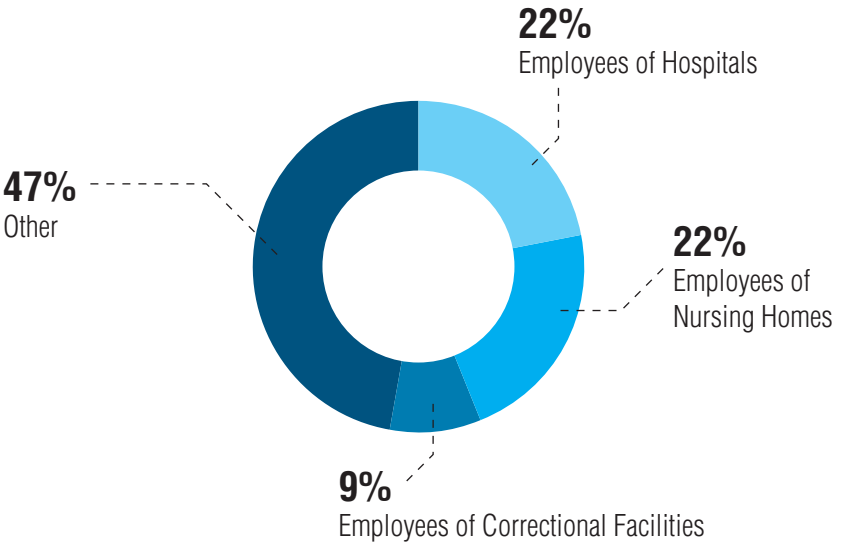
WorkSafe NB Data

In New Brunswick, the organization that oversees workplace safety and workers' compensation is WorkSafe NB. That WorkSafe NB records continue to be one of the primary measuring sticks nursing homes use for workplace violence is concerning, because it implies homes are seeing the workplace violence issue solely through a financial lens. Between 2013 and 2018, WorkSafe NB accepted a total of 1069 injury claims as a result of violence in the workplace.

To have their workers' compensation claim accepted, employees must have been sufficiently injured to receive medical attention. Two hundred forty of those 1069 accepted claims (22.5%) were filed by employees of nursing homes, though they make up just 1% of New Brunswick's workforce overall; 62% of these resulted in time off work. By contrast, the number of accepted workplace violence injury claims filed by correctional officers over the same timeframe was 99 – or 9% of the provincial total.

Figure 28

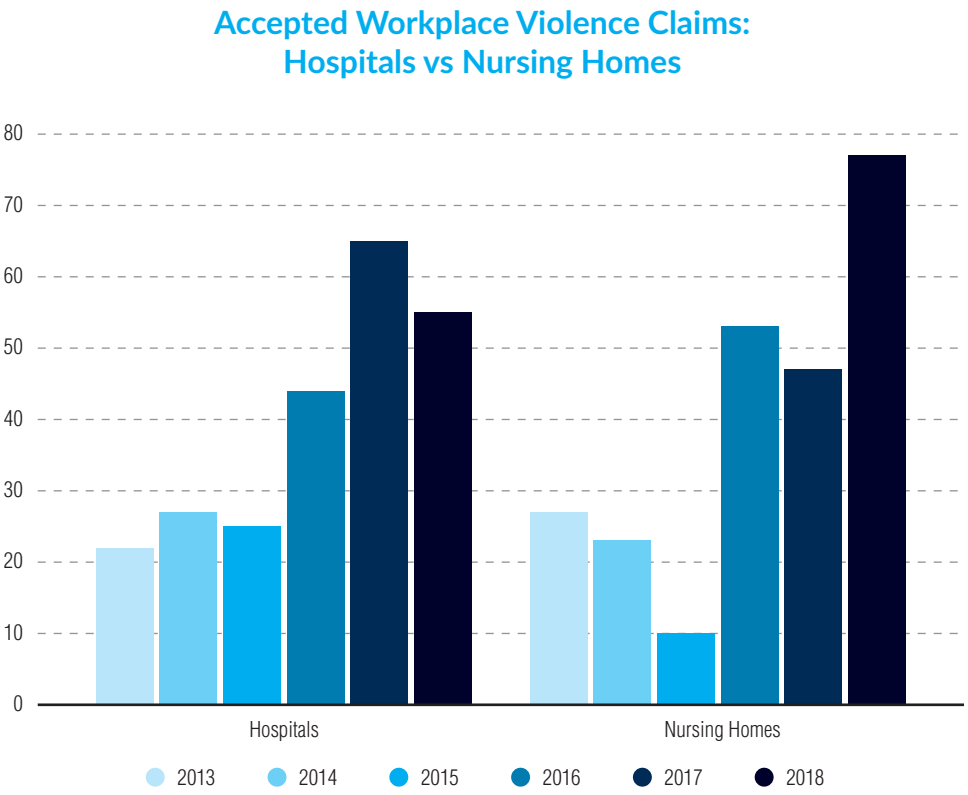
Accepted Workplace Violence Claims 2013-2018



Source: (WorkSafe NB, 2020)

Two things stand out from these statistics. The first is that nearly one-quarter of all New Brunswick claims for workplace violence come from employees of nursing homes. The second, is that accepted workplace violence claims from employees of nursing homes are more than double those from employees of prisons. Numbers like those should be a giant red flag. The situation is clearly bad and – as we will see – it is worsening at an alarming rate. Accepted claims for workplace violence in nursing homes more than doubled between 2013 and 2018.

Figure 29



Source: (WorkSafe NB, 2020)

These 240 injury claims represent 38% of all workplace violence claims within the healthcare sector. Between 2013 and 2018, employees at New Brunswick nursing homes (approximately 6500) filed more injury claims for workplace violence than did the employees at all New Brunswick's hospitals combined (approximately 20,000).

When a healthcare industry standard calculation is used (violent incidents per 100 employees), the true scale of the violence problem in New Brunswick nursing homes becomes clear. In that same five-year span beginning in 2013, New Brunswick nursing homes had 3.69 accepted violence claims per 100 employees, while New Brunswick hospitals had only 1.20 (WorkSafe NB, 2020).

For nearly a year, NBNU attempted to obtain more information about the reliability of violence reporting within each individual nursing home in New Brunswick. It wasn't an easy task. Because nursing homes are not overseen by the Department of Health, they do not have many of the centralized assets boasted by RHAs for tracking and addressing these issues. Instead, each incident is supposed to be recorded by staff in an incident report and – if the incident results in an injury – the employee fills out a Form 67, which is then sent on to WorkSafe NB. NBNU eventually secured five years of major incident reports from New Brunswick nursing homes, which were obtained through RTI requests to the Department of Social Development. What these documents show is far less important than what they fail to show.

Over a 5-year span that mirrors the reporting period for the WorkSafe NB data we just discussed, the total number of assaults recorded was 55; that's 185 less than the number of accepted workplace violence claims over the same period (WorkSafe NB, 2020). The data leads to only one conclusion, that violence tracking and reporting within New Brunswick's nursing homes is wholly ineffective, and that the scale of the problem is far worse than most people are aware.

Strengthening this case even further are severe deficiencies in the number of verbal abuse cases documented over the same time period, which major incident report records indicate was nine. Nine recorded cases in five years. Much of the violence taking place in New Brunswick nursing homes is simply not being reported – at all.

The reasons for this are covered to some extent in our discussions with sector influencers, as well as in our Key Informant Interviews. When that qualitative evidence is added to these numbers and the results of our NBNU member surveys, there can be little doubt that the existing systems for violence reporting, tracking and oversight are inadequate and in need of an overhaul. Nurses do not have confidence that nursing home employers are taking the violence issue seriously, and violence is inflicting a heavy toll on an essential workforce that New Brunswick can ill afford to lose.

It's All Connected

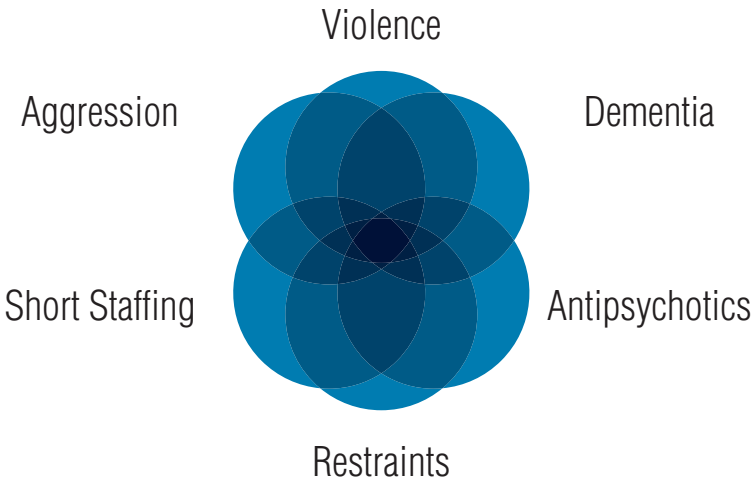
Our literature review made clear the interconnected nature of the factors surrounding dementia care, as well as the sharp increases in psychiatric and mood diseases among Canadian nursing home residents. These factors are certainly at play here in New Brunswick. In our Key Informant Interviews, we hear about these challenges directly from New Brunswick RNs, including the recent push to reduce the use of antipsychotic medication in nursing homes.

KEY INFORMANT INTERVIEWS

Violence has definitely gotten a lot worse, because of the kind of residents we are seeing now with advanced dementia. I know there has been work to try and reduce the antipsychotics, and that is great. In many cases, though, those drugs are the only thing that help; especially if the resident comes to us from a home, instead of a hospital, where they've already been assessed.

- A REGISTERED NURSE

Figure 30: Issues Surrounding the Care of Residents with Responsive Behaviors in Nursing Homes



We have already covered the hospitalization rates for dementia patients in this province, but for all the reasons we've discussed, more specific information on these relationships has not been widely available – until recently. While researching for *The Forgotten Generation*, NBNU came across the Phase One results of an antipsychotics reduction project conducted by NBANH and the Canadian Foundation for Healthcare Improvement (CFHI).

That project, begun in early 2016, was funded to the tune of over $600,000 by the Government of New Brunswick through the Department of Social Development. Similar projects in other provinces had claimed successes in recent years:

> Fifty-seven long term care facilities across seven Canadian provinces and one territory participated in CFHI's Reducing Antipsychotic Medication in Long Term Care Collaborative, and more than half of the targeted residents had their antipsychotic medications discontinued or reduced. This, in turn, led to 20 percent fewer falls by participating residents and no increase in aggressive behaviours (CFHI, 2016a).

The inclusion of the 'resident falls' statistic in that 2016 joint news release is an important point that we'll return to in a moment. Only a few months later, another news release was issued, this time with a financial motive attached.

> A new national report has shown that programs to promote the appropriate use of antipsychotics in New Brunswick nursing homes could prevent 600,000 prescriptions in the next five years, preventing falls and hospital visits. This would save the province $4 million in direct healthcare costs over the next five years, increasing to an average of $4 million in annual savings over the next 30 years. Every nursing home resident enrolled in the program would save the province $1,619 in direct healthcare costs each year (CFHI, 2016b).

Again, the release cites the potential for reductions in falls and hospitalizations, as well as associated financial savings. We know from our discussion on data that this kind information is of interest to any government managing a long-term care sector. Phase One of the New Brunswick project involved 212 residents from 15 different nursing homes, with results being collected after a six-month period beginning in February of 2016. The data, which NBNU obtained from a CFHI webinar, makes for interesting reading.

Figure 31

Phase One Results of New Brunswick's Appropriate Use of Antipsychotics Project (April 24, 2017)
Results
75 Residents (35%) had their antipsychotic medications reduced or discontinued
51 residents (24%) had their medications discontinued completely
24 Residents (11%) continued on a lower dose
Positive Outcomes
Physically abusive behaviour has decreased by 38%
Falls and aggressive behaviour has decreased by 13%
Physical restraint use has decreased by 23%

Source: (CFHI, 2017a)

The merging of falls and aggressive behaviours into one statistical category is an odd choice. There are also multiple ways Phase One's results might be analyzed. One conclusion might be that the initial decision to place residents on antipsychotic medication was correct 76% of the time. Still, the Phase One outcomes seemed promising. Only a few weeks later, a third news release was issued to explain the project's results after nine months, though the numbers it chose to focus on had changed; with some early-reported numbers disappearing entirely.

Figure 32

Phase One Results of New Brunswick's Appropriate Use of Antipsychotics Project (May 23 , 2017)
Results
43% of residents had their medications reduced or discontinued
Positive Outcomes
Falls decreased by 6%
Social engagement, wakefulness and the ability to self-manage improved significantly
Aggressive behaviours and use of other psychotropic medications have not increased

Source: (CFHI, 2017b)

Phase Two of the project would involve 46 homes, so it remained to be seen whether positive trends would persist with larger resident populations. Unfortunately, we will never know the answer in its entirety.

Figure 33

Phase Two Results of New Brunswick's Appropriate Use of Antipsychotics Project (February 5, 2019)
Results
52% of residents who were prescribed antipsychotic medication but did not have a psychosis diagnosis had their medication reduced or discontinued
34% of residents had their medications discontinued
18% of residents continued on a reduced dose
Positive Outcomes
No increase in aggressive behaviours among these residents

Source: (CFHI, 2019)

Between 2016 and 2019, the joint CFHI / NBANH project listed at least eight different positive outcomes it hoped to achieve from its push to reduce the use of antipsychotics in New Brunswick homes; only one of these was ever mentioned in the final published results.

Figure 34

Outcomes Not Listed in New Brunswick's Final Results
Resident Falls
Hospitalizations
Restraint Use
Social Engagement
Wakefulness
Ability to Self-Manage
Financial Savings

Source: (CFHI, 2019)

In the end, the 23% reduction in aggressive resident behaviours that had been reported in the project's Phase One results evaporated, with the final news release reporting only that these behaviours did not increase. We are left with far more questions than answers.

Is the reason the aggressive behaviour stat held steady because homes substituted physical restraints for chemical ones? What were the final numbers on falls, hospitalizations and restraint use and why were they kept out of the final report? What, if anything, has New Brunswick learned from a project that cost taxpayers more than half a million dollars? At a stroke, our report's themes of data, transparency, accountability, and complex care come circling back into view.

For the sum of $600,000, New Brunswick could have seated 43 additional students for one year at provincial nursing schools. For $600,000, Government could have hired five NPs that year. If each of those NPs carried a 1000 resident case load, it would theoretically have been enough to provide primary care to every nursing home resident in New Brunswick. At least we know from our literature review that NPs are clearly linked to reductions in psychoactive drug use, which is more than can be gleaned from this project. New Brunswick must do a better job of studying and developing evidenced-based policies around these issues, because the burnout and mental health injuries they are fuelling amongst staff are unsustainable.

Stress and Mental Health

Stepping back from New Brunswick for a moment, it's clear that Canada's nurses, including its long-term care nurses, are suffering serious amounts of job-related stress. In the summer of 2020, CFNU released the results of a groundbreaking study on mental disorder symptoms amongst nurses in Canada. The study surveyed 7,358 RNs, LPNs and NPs across the country, including hundreds from New Brunswick, and reported extremely troubling rates of stress and mental illness.

Among the study's most important findings were that one in three Canadian nurses (36.4%) screened positive for Major Depressive Disorder, more than one in four screened positive for Generalized Anxiety Disorder (26.1%) and clinical burnout (29.3%). Many screened positive for PTSD (23.0%) and Panic Disorder (20.3%). One in three nurses reported having suicidal thoughts (33%), 17% reported planning suicide, and 8% reported attempting suicide during their lifetime (Carleton, Stelnicki and Reichert, 2020).

The study also found that Canada's residential long-term care nurses were more likely than their colleagues to suffer mental stress across a wide variety of areas, including: PTSD, Generalized Anxiety Disorder, Panic Disorder and clinical levels of burnout.

CFNU's report found that residential long-term care nurses were 9.5% more likely to suffer from Major Depressive Disorder (45%) than their colleagues in Canada's hospitals (35.5%).

Residential long-term care nurses were also found to be more likely than their colleagues across the country to engage in suicidal ideation (39.9%), planning (22.3%) or even suicide attempts (12.6%). Canada's long-term care nurses were more than twice as likely as their colleagues in hospitals to attempt suicide.

Here in New Brunswick, the available data does much to support these findings. Accepted WorkSafe NB mental health claims for New Brunswick Nurses have nearly tripled in recent years; rising 295% between 2013 and 2018 (WorkSafe NB, 2020). Within our NBNU member survey, 67% of RNs felt that their job-related stress was regularly causing them harm. These pressures are simply not sustainable.

The Way Forward

New Brunswick's long-term care sector has a serious violence problem, and every stakeholder has a role to play in reducing it. Communication between stakeholders on this topic though, isn't something that has yielded impactful results to date. Therefore, NBNU is calling for the creation of a provincial roundtable to include representatives from Government, unions, WorkSafe NB, NBANH and individual nursing home employers. This table would review and discuss data – or the lack of it – around aggression, violence and sexual aggression in the long-term care sector, review best practices, and develop common policies and/or collective agreement language that provides a comprehensive response to these trends in New Brunswick.

Separately, but on no less urgent a timeline, conversations need to continue with the Government of Canada around the criminalization of assaults against healthcare workers. The passage of this important legislation at the federal level would provide an important deterrent to rising violence levels and begin to change societal attitudes that have become entirely too lax on this issue in recent years.

At the provincial level, the responsible department should require nursing homes to submit workplace violence tracking as part of their annual inspections and issue non-compliance notices to homes that fail to complete their annual workplace violence assessments before the end of each year.

Government should require nursing homes to adopt standardized KPIs, including indicators around workplace violence, to be reviewed quarterly by their boards. As is done in New Brunswick's health authorities, these violence indicators would focus initially on increased reporting of verbal abuse and physical assaults within each home, and would eventually target reductions in violence numbers, once all parties were confident that an acceptable rate of reporting had been achieved.

Monitoring the total number of violent incidents will ensure that nursing homes halt the practice of viewing workplace violence through a strictly financial lens. These indicators should then be published quarterly on each nursing homes' public-facing website. Staff have a crucial role to play in this effort by ensuring that each and every incident is reported through appropriate channels. Employers must then make sure that such procedures do not become casualties to the excess workloads currently being placed on staff.

Each nursing home in New Brunswick should also adopt violence flagging assessments, to be completed as part of each resident's intake process. Aside from being an obvious part of each employer's duties under the *Occupational Health and Safety Act*, these kinds of procedures are already in place for long-term care and dementia patients in New Brunswick hospitals. It makes no sense for a lesser standard to be used, simply because a patient's care has shifted from one facility to another. Many nursing homes in New Brunswick are already using these kinds of protective systems in an ad hoc fashion. Their use should become standardized across the province.

Because of the high and increasing dementia rates in New Brunswick, outfitting each home with a behavioral assessment unit, where highly reactive residents can be isolated and assessed, may also be worthy of consideration. Units such as these are gradually being added in Nova Scotia homes.

The violence permeating New Brunswick's healthcare sectors did not arise overnight. It was the result of a creeping permissiveness, a lack of resolve, shifts in societal attitudes and an inappropriate belief that verbal abuse, aggression, violence, or sexual violence were part of life in a long-term care setting. They are not givens and should never be. New Brunswick's RNs have had enough. None of this is part of their job. Each and every stakeholder needs to take this report's recommendations seriously and help drive the necessary change to ensure these trends are reversed as soon as possible.

Summary of Provincial Reports

As we mentioned in our introduction, there have been well over a dozen reports published on aging and senior care in New Brunswick since 2004; sixteen to be precise. Some have received more publicity than others, none have succeeded in substantially changing the direction of the sector. None have taken adequate note of the questions and warnings that have come before.



Figure 35

Year	Reports on Seniors Care and Aging in New Brunswick
2004	Auditor General's Report on Nursing Home Services
2005	Auditor General's Report on Special Care Homes and Community Residences
2009	Auditor General's Report on Social Development Supply & Services (Shannex)
2012	The Collaborative for Healthy Aging and Care
2012	Living Healthy, Aging Well: A Report by the Premier's Panel on Seniors
2014	The Home First Report
2014	New Brunswick's Wellness Strategy
2015	Voices on Seniors Care
2015	Engaging Aging: Senior Engagement Sessions in NB
2015	NBANH Strategy Document: Mapping Innovative Paths for Long Term Care
2015	The Alternate Level of Care Summit
2016	Auditor General's Report on Nursing Homes
2017	Auditor General's Report on Social Development Advisory Services Contracts
2017	NBANH Recruitment and Retention Survey
2017	NBANH Sector Consultation Report on the Development of Legislation
2017	We Are All in This Together: An Aging Strategy for New Brunswick

Sources: (New Brunswick, 2017a; AGNB 2004-17; NBANH 2015-17)

While researching *The Forgotten Generation*, NBNU reviewed each of these sixteen products and chose to organize our discussion of them into four distinct areas. First, we'll summarize the findings and concerns raised by the Office of New Brunswick's Auditor General and the reports it has issued over the last sixteen years.

Second, we'll cover Government's latest attempt to commission a guiding document on its efforts in this sector by reviewing the 2017 report from The New Brunswick Council on Aging. Third, we'll review the last two reports published by New Brunswick's nursing homes through NBANH, before finally turning our attention to New Brunswick's *Nursing Homes Act*, and its importance to future reforms.

Reports from New Brunswick's Auditor General

If there could be any doubt as to how long the problems we identify in *The Forgotten Generation* have been known to New Brunswick decision-makers, one need only glance at these passages from the Auditor General's 2004 report on Nursing Home Services:

> **4:15** The Department of Family and Community Services does not have appropriate practices in place to ensure that licensed nursing homes are complying with the Province's legislation for nursing homes.
>
> **4.16** Comprehensive inspections are performed by registered nurses at all nursing homes to measure compliance with operating standards. We found the frequency of inspections to be inconsistent and inadequate, and the inspection report was not always issued promptly.
>
> **4.17** While follow-up on inspections results is done and sometimes results in timely correction of infractions, we found the Department's enforcement actions are inadequate. As a result, there is a high level of non-compliance with the standards and it is rare that an inspector finds a nursing home complying with all of the standards (AGNB, 2004).

Just one year later, the Office of the Auditor General concluded much the same thing regarding New Brunswick's special care homes (AGNB, 2005). As New Brunswick's political leadership desperately sought to come to grips with the challenges of an aging population, the Auditor General became increasingly concerned that this desperation was leading to unsound decisions. As we covered in our short history, the government of Premier Shawn Graham took the unprecedented step of allowing private corporations into New Brunswick's long-term care sector, invoking emergency powers to do so. These moves so alarmed the Auditor General of the day that he devoted a special report to the topic and made a series of recommendations; most of which were ignored by Government.

One of the central recommendations of that report was that Government put in place a definition of what constituted an 'emergency' worthy of exemption from normal supply and service agreements. The departmental reply was highly questionable:

> **5.38** DSS procurement staff have a good grasp on what constitutes an emergency or urgent situation. While in theory, a documented definition would be ideal, we believe it would be impractical to write a definition that would cover every scenario (AGNB, 2009).

The very purpose of a policy definition is to limit the circumstances in which governmental power can be used. Emergency powers were never meant to apply to 'every scenario', nor should they. As we have covered already, the wait list for nursing home beds has increased by over 1000% since 2004; casting enormous doubt on whether the Graham government was really facing an 'emergency' in its day, or whether their chosen solution has really addressed the problem. The issue of ALC patients in hospitals remained such an enormous challenge in 2020, that it was the genesis of a political firestorm which nearly toppled the government of Premier Blaine Higgs. *The Forgotten Generation* argues – with good reason – that the introduction of a profit motive into New Brunswick's long-term care sector was a serious mistake, but these kind of unusual procurement practices are also concerning for the precedents they set. In 2017, the Auditor General devoted an entire report to Social Development's use of a similar exemption to purchase $13 million worth of "Advisory Services". That $13 million contract, which the Auditor General found "did not adequately protect the Province's interests," produced only $10 million of actual savings (AGNB, 2017). Emergency powers are supposed to be reserved for actual emergencies.

By far the most focused and relevant of the Auditor General's recent reports on this sector was the 2016 report on nursing homes. In it, Auditor General Kim MacPherson made three recommendations aimed at the central challenges of a sector that was fast becoming unsustainable.

Figure 36

Recommendations to Government in the 2016 Auditor General's Report

2.33 We recommend the Department of Social Development evaluate whether there is an economic benefit to providing nursing home beds under the public-private model versus the traditional model.

2.70 We recommend the Department of Social Development, in consultation with the Department of Health, develop a comprehensive long term plan to ensure the Province can continue to provide sustainable services to New Brunswick seniors.

2.71 We also recommend the Department report publicly on the measures and outcomes of current and future initiatives as part of the comprehensive long term plan.

Source: (AGNB, 2016)

Our literature review and our investigation on governance make clear that New Brunswick still has a long way to go on the issue of public reporting and transparency. Government did attempt to satisfy the Auditor General's third recommendation – the creation of a comprehensive long-term care plan – in 2017; though her work would be noticeably absent from it.

The New Brunswick Council on Aging

In January of 2017, the New Brunswick Council on Aging published *We Are All in This Together: an Aging Strategy for New Brunswick*. Operating under the Minister of Social Development, the Council at the time was made up of 17 New Brunswickers of varying backgrounds, all of whom had experience relevant to discussions on aging in the province. The report received a great deal of publicity upon its release; however, it would be 9 months before the Gallant government agreed to accept the report's recommendations and implement each of its 77 'action items' (New Brunswick, 2017d). Follow-through on those action items would largely depend on the seriousness with which Government viewed the Council's primary recommendation, the establishment of an oversight committee that would continuously report on progress.

To its credit, the Gallant government did commit resources to the issue. Following their acceptance of the report, Government established a Seniors and Healthy Aging Secretariat, which works under the Adult Client Services Unit of the Department of Social Development (New Brunswick, 2020e). The Secretariat is headed up by a Team Lead, with a staff of three (New Brunswick, 2020f). They would have quite a job on their hands.

Figure 37: Bloom's Taxonomy Word Cloud of the Council on Aging's Recommendations



Source: (New Brunswick, 2017a)

In the education field, a tool called Bloom's Taxonomy is used to help students understand the specific skill sets they will need to complete different types of work (Sosniak, 1994). In Figure 37, we see a word cloud of the various kinds of work called for in the Council's 77 action items. The sheer variety of work and skills required would be a huge challenge for any four civil servants but – in theory at least – the Secretariat was never meant to pursue their work alone.

Many of the recommendations included in the Council's report were extremely vague, as we will discuss in a moment. The task of turning them into effective policy was supposed to be supported by a standing provincial roundtable that was meant to offer guidance and continuous oversight.

Here is where this process, like many that had come before it, began to break down. From the original group of 17 that participated in the report's writing, it was expected that a group of a dozen or so would remain to help oversee the implementation phase.

Instead, the size of the provincial roundtable rapidly ballooned to a group of more than 70, with meetings occurring once or twice a year. The report's co-authors backed away from the process, and the roundtable, it would seem, has now been discontinued – at least in its current form (New Brunswick, 2020g).

INFLUENCER INTERVIEWS

If we can provide the services that seniors need to age-in-place, I honestly believe that we can delay their admission to our long-term care system. But for that to happen, we really need the resources.

- DR. SUZANNE DUPUIS-BLANCHARD

Without guidance and oversight, the four members of the Seniors and Healthy Aging Secretariat were left with recommendations which, at best, could only be described as high-level. Some were properly the role of other departments or other units within Social Development, some could easily be described as the everyday work of Government, few came with the kind of measurable outcomes that would allow for accountability.

Figure 38

Examples of High-Level Recommendations in The Council on Aging Report
Explore best practices relating to managed care.
Encourage seniors to get involved in non-profit organizations.
Encourage positive attitudes towards aging and seniors.

Source: (New Brunswick, 2017a)

Figure 39

Recommendations Reasonably Described as the Everyday Role of Government
Engage with First Nations communities to share best practices.
Monitor and support service provider compliance with *The Official Languages Act*.
Explore opportunities to advance Smart Government and efficient service delivery.

Source: (New Brunswick, 2017a)

Without an effective oversight committee to fill in the gaps and report on the Secretariat's progress, the momentum created by the Council's efforts has stalled. For this report, NBNU reviewed all 57 news releases posted to the Aging Secretariat's website during the 2018 year. Using generous criteria, only four could claim some connection to recommendations in the Council's 2017 report. In 2019, the Secretariat posted only two news releases, both having to do with the Federal Government aging research that had been announced the year before.

Re-orienting New Brunswick towards healthy aging and community-centric care was always the goal of the Council's strategy and – as the second of its two co-authors, Dr. Suzanne Dupuis-Blanchard will explain in our Key Informant Interviews – that work will continue, even without the support of the oversight body she and her colleagues called for. But what of New Brunswick's vulnerable seniors housed in residential care? The Council's report did indeed touch on nursing homes in its chapter on renewing long-term care policy.

Figure 40

Council on Aging Recommendations for New Brunswick Nursing Homes
Revisions to Legislation
Improving Inspection Systems
Enhancing Nursing Home Accountability
Improving Nursing Home Governance
Improving Electronic Record Keeping and Data Systems such as RAI-LTCF
Introducing Nurse Practitioners

Source: (New Brunswick, 2017a)

Many of these ideas are also found within NBNU's own recommendations, though with far greater specificity. In areas where the Council's ideas for nursing homes do discuss specifics, the absence of a labor perspective is extremely noticeable. Nowhere is this more obvious than in its proposals for new legislation; many of which are taken directly from the pages of NBANH's own policy product, which we will cover momentarily. As one might expect, those proposals do not call for a legislated solution to the problem which even NBANH and its members freely acknowledge to be the most pressing – the crushing workforce shortage which is driving down staffing ratios and reducing care to unsafe levels.

If it was an error for the Council to rely mainly on high-level recommendations and follow-on work by a yet-to-be-established oversight committee, it is not an error we repeat in *The Forgotten Generation*. This report's 38 recommendations are driven by exhaustive research, independent investigations, dozens of RTI requests, interviews and a review of well over 120 primary and secondary sources. Each is highly actionable and supported by a substantial policy case. NBNU will also not be leaving accountability in the hands of others. It is our plan to submit a report card on these recommendations to Government, no later than 2023.

The New Brunswick Association of Nursing Homes

Significant aspects of NBANH's 2017 reports can be found in our investigations on governance and the nursing shortage. However, given the importance NBANH plays in the sector's affairs it is important to review the totality of their reporting and to understand the views nursing homes themselves hold about the challenges in New Brunswick's long-term care sector.

As we have covered, New Brunswick nursing homes know they are in the midst of a serious staffing shortage. This much is known from the Association's own *2017 Recruitment and Retention Survey*. That survey's results make clear that New Brunswick's nursing homes understand the size and the scope of the staffing challenges they face, as well as the economic and quality-of-care costs they are imposing. In particular, the turnover rate amongst RNs in 2017 was an appalling 27% (NBANH, 2017a).

To their credit, some nursing homes are taking a proactive approach, reaching out to community colleges and supporting a push for more student work placements in long-term care – one of NBNU's own recommendations. However, one need only examine the second of these two NBANH reports to gain a fuller understanding of how nursing homes are reacting to these and other pressures.

2017 also saw NBANH publish their *Nursing Home Sector Consultation Report on the Development of Long-Term Care Legislation*. Though the report contains a variety of voices, its primary purpose is to ensure that the views of NBANH's client homes were heard during any revision of *The Nursing Homes Act*. As a document intended to influence legislation, much of its content centres around the relationship between nursing homes and Government. We highlighted several concerning trends in this area during our investigation on governance. NBANH also seems to understand the province is experiencing challenges around quality control:

> Approximately 10 years ago, funding for a provincial Total Quality Management program for nursing homes ended. This provincial program was adopted by all nursing homes and was beneficial in establishing a systematic approach to quality process improvement. When the funding ended, over time the systemic approach was lost (NBANH, 2017b).

From statements like these, it's clear there's a real awareness within the nursing home community of many of the same alarming trends NBNU's own report identifies; it is when the discussion turns towards specific reforms that we see a concerning divergence of opinion.

NBANH, for all its strengths, is merely a representative body for 68 individual nursing homes, each of which is governed by their own volunteer boards or corporate leadership, each of which have different ideas concerning accountability, safety, staffing and the role of Government. Though the report tries hard to put forward a united front, the sheer diversity of opinion within the ranks of nursing home boards and managers is difficult to conceal. This diversity is problematic, because one of the report's main themes is to argue for more autonomy for individual nursing homes, not less.

Time and time again within the consultation report, we hear contradictory positions expressed by nursing home leaders concerning the role of Government.

On a single page of the report, we hear concerns about the consistency with which Government enforces standards at different homes, while other voices argue for more flexible inspections "based on risk". The report argues that residents should have the right to "receive care from qualified employees," while at the same time voicing opinions like these:

> Government needs to respond to the reality of nursing homes and stop giving non-compliances when there is an RN on call for nights with an LPN in charge. It is not a reasonable solution to expect the Directors of care to sleep at the nursing home (NBANH, 2017b).

NBANH's members fail to present a united front in this report, because there are very few issues on which New Brunswick's 68 private and non-profit nursing homes are united – save that most decisions should be left to them. Within these contradictions can be found the report's biggest flaw. Despite the occasional nod at oversight, the central theme of the report is decentralization. Its purpose is not to see higher standards enshrined in legislation but to ensure that – to the largest extent possible – decisions remain in the hands of each of NBANH's individual member homes. If each home's performance could be tracked as publicly and as easily as those in England or Ontario, such positions might sound more reasonable; however, we know from our review on data collection that it cannot. The report ends with the following lines:

> When the focus is shifted to business, the philanthropic mission will struggle, making a person-centred model unlikely. This is also true when a focus on care exceeds business capacity which also threatens a person-centred model due to unsustainable operations. Once again, if bureaucratic and regulatory oversight demands consume organizational capacity, a person-centred model will not be achieved (NBANH, 2017b).

"When a focus on care exceeds business capacity…" This line of thought must end. The care of New Brunswick's most vulnerable seniors isn't a philanthropic mission. It certainly shouldn't be a for-profit business. It is – in every sense – a healthcare operation, demanding the same professionalism and care standards as any other. Reasserting that simple and obvious truth must be the guiding principle behind any future reforms. As we will discuss next, many of the solutions lie with the very legislative action that New Brunswick nursing homes have been seeking to avoid.

Provincial Regulation: *The Nursing Homes Act* and Departmental Policy

Our literature review makes clear that legislated solutions have proven to be important in areas like public reporting and violence reduction, but by far the most crucial issue to address legislatively is that of RN-resident ratios. *The Nursing Homes Act* in New Brunswick was brought into existence in 1982 and has seen numerous revisions since, most of which have focused on strengthening the power the provincial government holds over the sector. Sadly, few of those revisions have focused on safe staffing levels.

The Act itself says nothing of substance on the subject, deferring many of those specific concerns to its supporting regulations. There, in Section 18 of those regulations, are the closest things to guarantee that New Brunswickers have as to the levels of care in a New Brunswick nursing home:

> **18** An operator shall ensure that:
>
> (a) in nursing homes with thirty beds or more, the care of each resident is carried out by or under the supervision of a registered nurse as directed by the attending physician, or as directed by a nurse practitioner;
>
> (b) in nursing homes with thirty beds or more, at least one registered nurse is on duty on the premises at all times;
>
> (c) in addition to the registered nurse referred to in paragraph (a), care staff is in attendance at all times in appropriate ratios (*The Nursing Homes Act*, 2014).

Those regulations, which were added in 2002, mandate a minimum standard of one RN on duty in nursing homes at all times. Those minimums are meant as a safety net, not a guideline for everyday staffing; yet this is essentially what many nursing homes have been adhering to in practice. As we covered in our discussion on skills-mix and safe staffing, departmentally mandated staffing ratios are the only thing – at present – that prevents a nursing home from consistently operating with bare minimum RN staffing; but those staffing ratios are not even specified in the regulations themselves. It is left to the Department of Social Development, in its annual skills-mix letters, to inform nursing homes of the staffing ratios they are supposedly required to adhere to. It's then left to nursing homes themselves to comply. As we learned in our governance investigation, many do not.

Professional nurse staffing is one of the most important indicators for the health and well-being of residential long-term care residents, and yet nowhere – outside of departmental memos – do those staffing levels appear in writing. This is concerning, because the status quo allows any Government department to rewrite standards, or even regulations, without so much as a public notification or consultation effort.

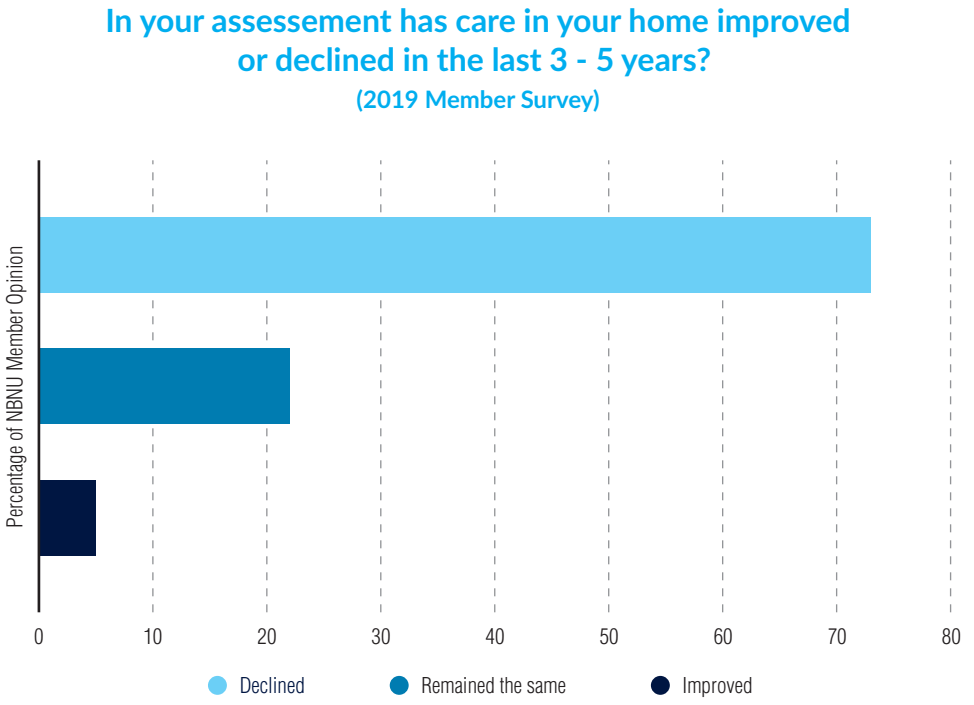
As we have stated, there is every reason to believe the minimum staffing ratios and hours of care mandated by the Department are not being adhered to for a variety of reasons. Interviews with NBNU RNs, along with independent NBNU research, have validated these concerns. Given these trends, it is imperative that Government enshrine evidenced-based staffing standards within the text of *The Nursing Homes Act* itself, so that nothing short of legislative action can weaken standards further, in the face of New Brunswick's mounting challenges.

NBNU Members Surveys

As of 2020, 505 unionized RNs work in New Brunswick nursing homes. Their critical thinking skills, training, management, empathy, and holistic approach are crucial to the well-being of nearly 4,700 residents. They hold a unique vantage point within nursing homes, and a moral authority found in few other professions. In these NBNU surveys, the RNs of this province's long-term care sector weigh in on the declining metrics and standards they are seeing: dangerous staffing levels, increasing resident acuity, and rising levels of workplace violence. Two surveys were conducted in the winters of 2018 and 2019, each with different questions. Both surveys were conducted online (via secure invitation). The 2018 survey saw 134 responses, roughly 27% of NBNU members in nursing homes, while the 2019 survey saw 58 responses, or roughly 12%.

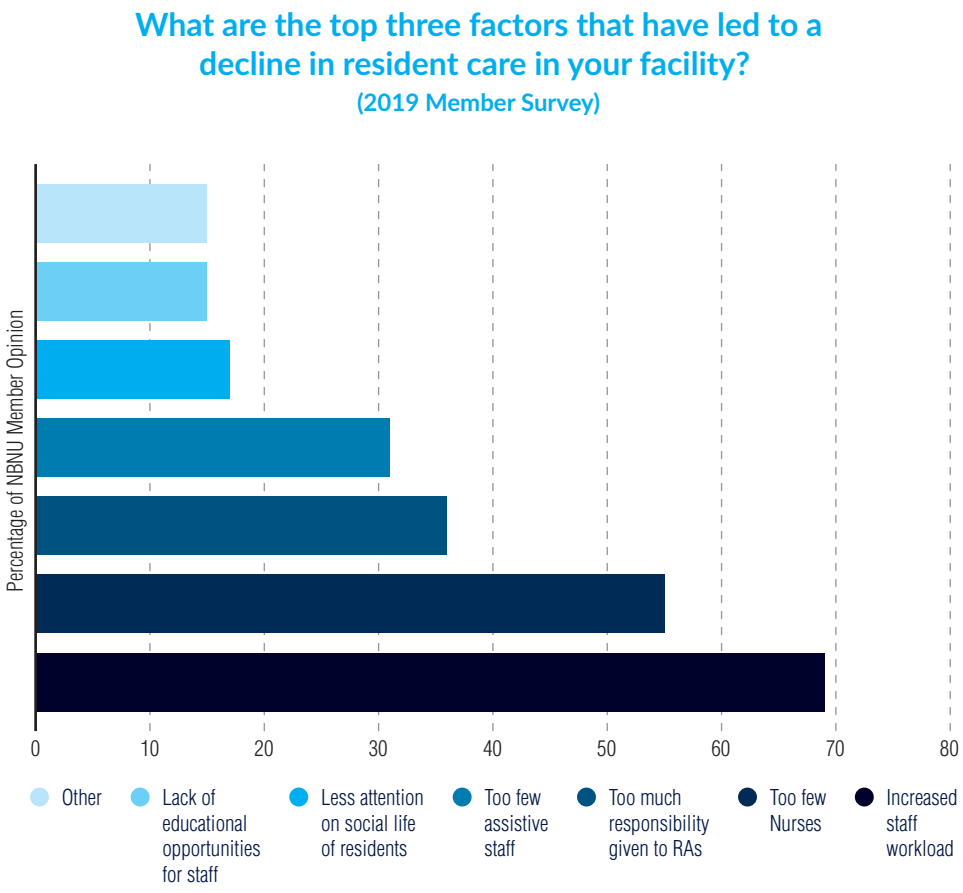


Figure 41: Decline in Resident Care



Nearly three quarters of NBNU members surveyed (73%) felt that care in their nursing homes had declined over the last 3 - 5 years. Only 5% felt there had been any improvement in the care of their residents.

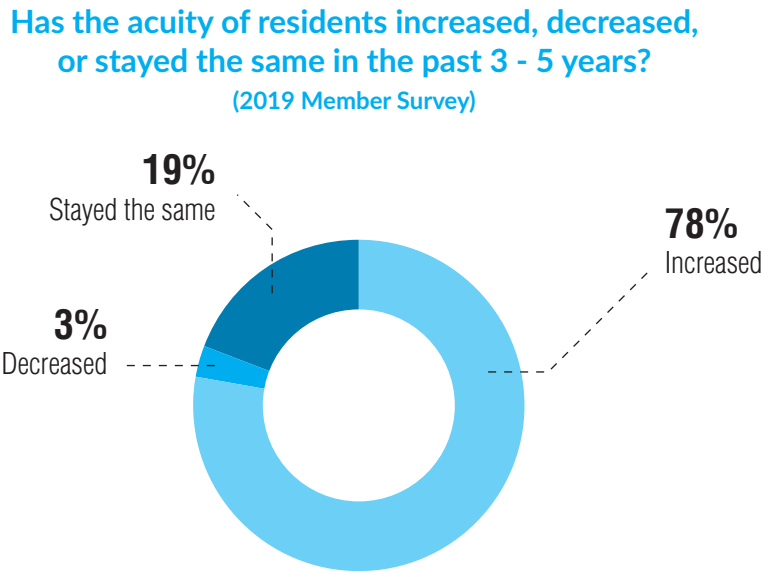
Figure 42: Factors in Decline of Care



When asked to identify the leading causes of this decline in care, more than two-thirds of our members (69%) pointed to the increase in RN workloads.

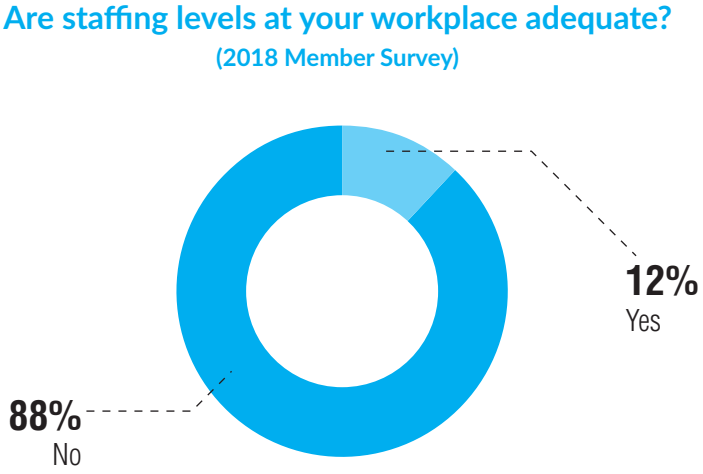
Correspondingly, a majority (55%) felt that the lack of RN staffing in their facilities was leading to a decline in care, while more than one-third (36%) felt that too much responsibility was being shouldered by unregulated RA staff.

Figure 43: Resident Acuity



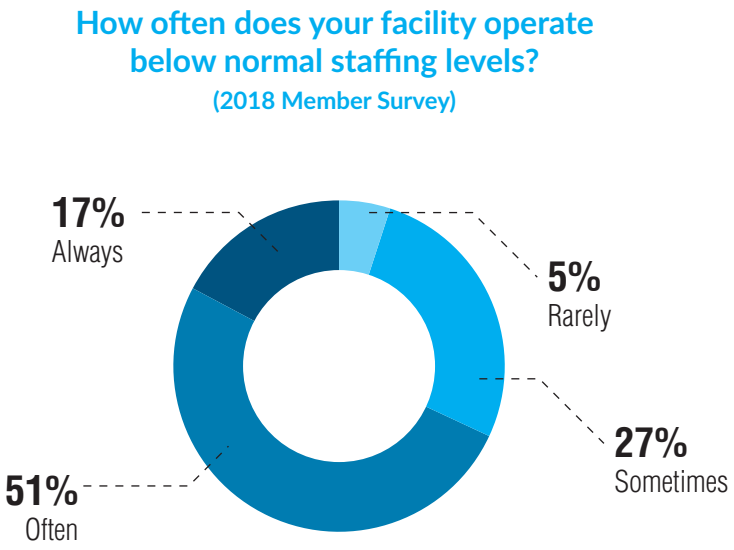
NBNU RNs were clear concerning the issue of resident acuity in New Brunswick nursing homes. Nearly four-fifths of NBNU members surveyed (78%) felt that the acuity of the residents in their nursing homes had increased in the last 3 – 5 years.

Figure 44: Short Staffing



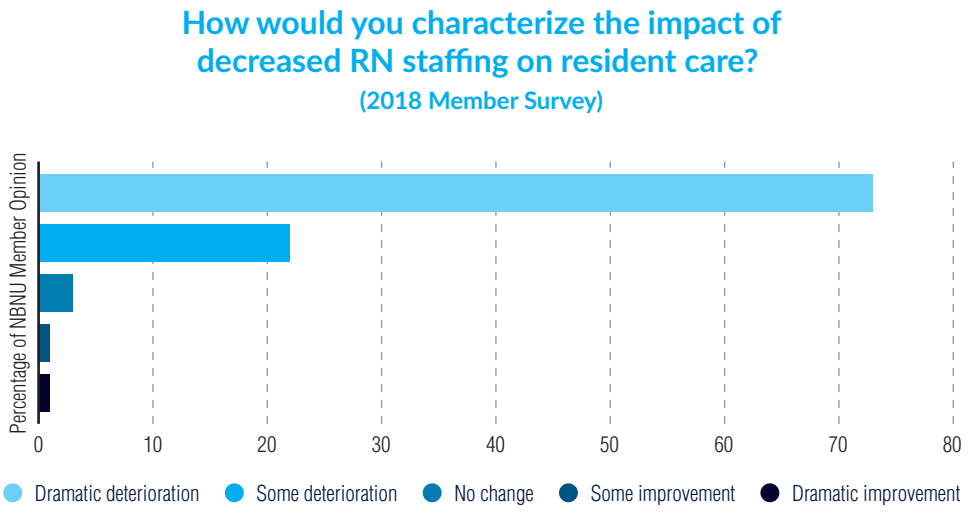
NBNU members overwhelmingly feel that staffing in their nursing homes is an enormous concern. Nearly nine-tenths (88%) of RNs surveyed felt that staffing levels at their nursing homes were inadequate; an issue that correlates directly to resident safety.

Figure 45: Short Staffing



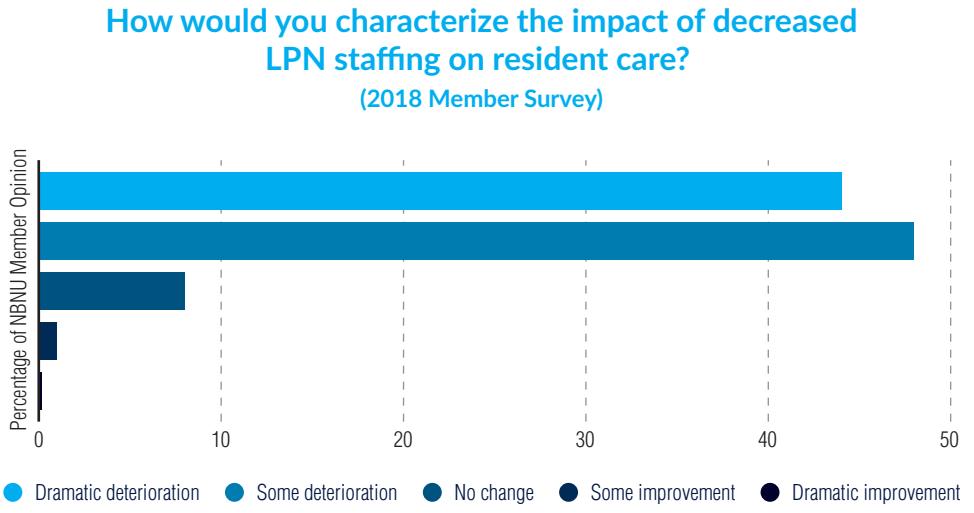
As to the consistency of those staffing problems, the results of NBNU's member survey were no more encouraging. More than two-thirds of RNs surveyed (68%) felt that their nursing homes were operating below normal staffing levels either often or always.

Figure 46: Decline in RN Staffing



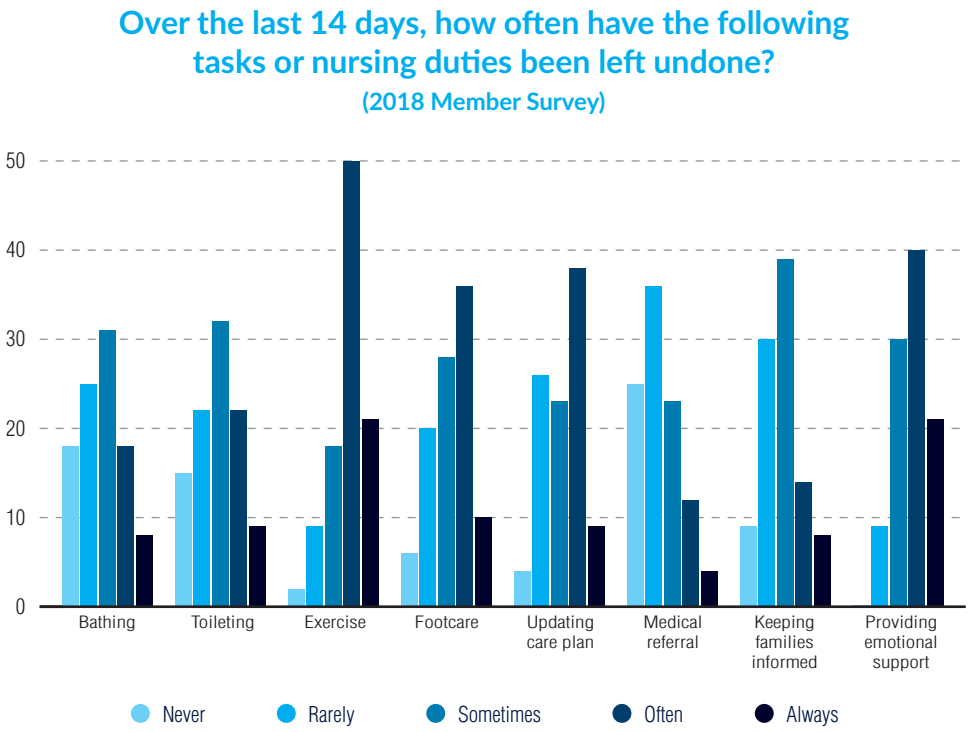
Digging further into the decline in care, the causation becomes even more clear. Nearly all NBNU members surveyed (95%) felt that decreases in RN staffing has led to deterioration in the quality of resident care. Near three quarters of those surveyed (73%) felt that decreases in RN staffing had led to a dramatic deterioration in nursing home care.

Figure 47: Decline in LPN Staffing



The sentiment about decreases in nurse staffing are not limited to RNs. 92% of members surveyed felt decreases in LPN staffing had also led to deterioration of resident care. Nearly half (44%) of those surveyed felt decreases in LPN staffing had led to dramatic deteriorations.

Figure 48: Gaps in Resident Care



The deterioration of care becomes evident when one examines the list of tasks that NBNU members report are being left undone in their nursing homes. Not all these tasks would typically be the responsibility of the RN on-duty. As we hear in our Key Informant Interviews, unacceptable delays in care tasks like toileting or bathing could be seen as neglect serious enough to constitute abuse.

KEY INFORMANT INTERVIEWS

With the reduced staff that we have, there's definitely abuse going on. It's that insidious abuse through neglect. The staff are doing the best they can, but when you're working short, somebody has to wait. Unfortunately, people are waiting to use the washroom or to be fed longer than they should be. Those delays are just unacceptable.

- A REGISTERED NURSE

91% of RNs surveyed felt that residents were not receiving the emotional support they need from their care staff sometimes, often or always. 61% felt that families weren't being routinely informed as to the care of their loved-one. A stunning 39% said that needed medical referrals weren't happening on a regular basis, while more than two-thirds (70%) of RNs said updates to resident charts were not happening regularly – if at all.

As to tasks that would normally be said to be outside an RN's scope of practice, our survey results fared no better. Three-quarters of NBNU members surveyed (74%) reported that footcare for their residents wasn't being regularly provided, while an overwhelming majority (89%) felt that seniors were often not getting their needed daily exercise – putting residents at increased risk of developing bed sores.

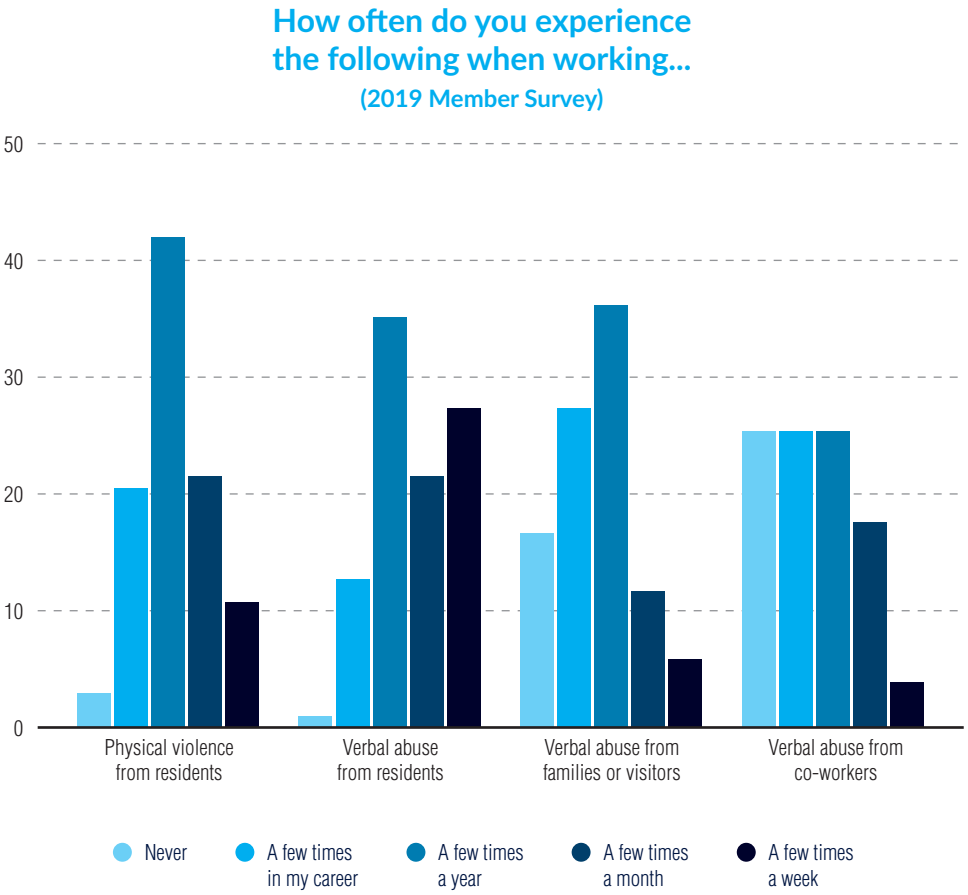
As mentioned, other care tasks that – when left undone – may constitute abuse of bed-ridden seniors are reportedly being left undone on a regular basis. Nearly two thirds (63%) of RNs surveyed felt their residents weren't being toileted sometimes, often or at all, while a similar percentage (57%) felt the same was true of bathing.

Figure 49: Occupational Health and Safety



If one measure of an employer's ability to retain staff is how safe its employees feel in their workplace, then New Brunswick's nursing homes are failing miserably, and it shows. Two-thirds (66%) of NBNU members surveyed told us that they didn't feel safe in their place of work; a statistic which no doubt weighs on workforce challenges New Brunswick is experiencing in the long-term care sector.

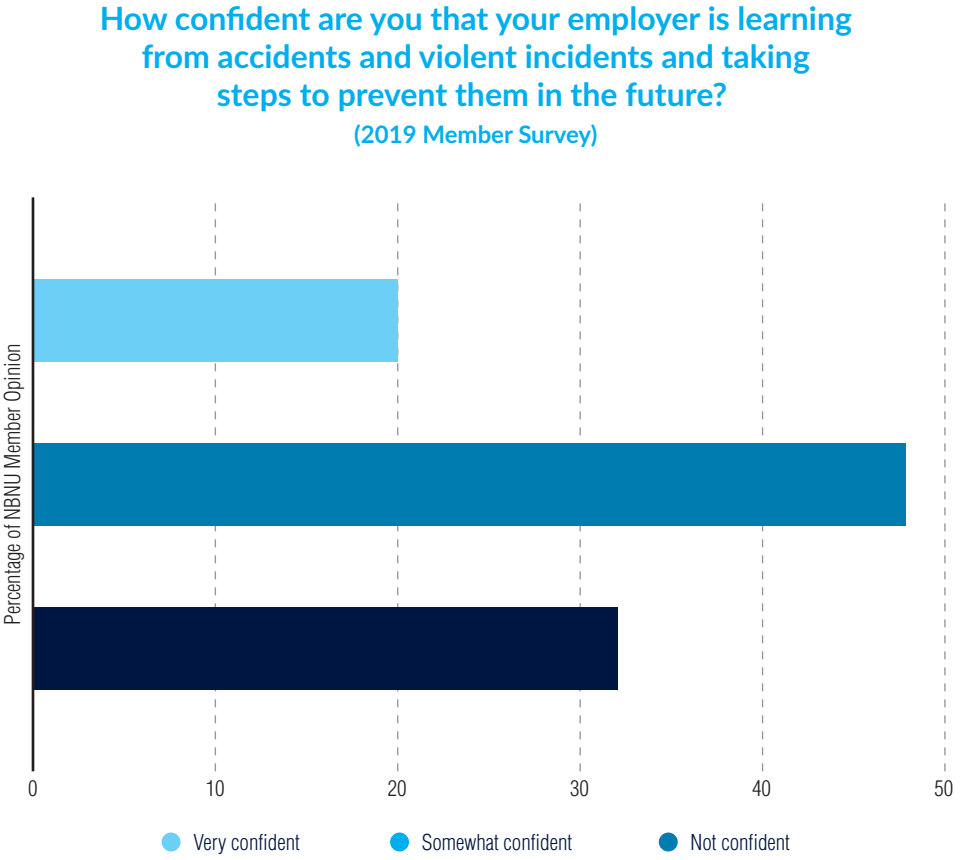
Figure 50: Workplace Violence



Four of five RNs surveyed (81%) said they had experienced physical violence from residents a few times per year or more. More than one-third (34%) said that physical violence was occurring several times per month or more. As we have mentioned, nursing home tracking systems do a poor job of recording verbal abuse against staff, but NBNU members paint a disturbing picture.

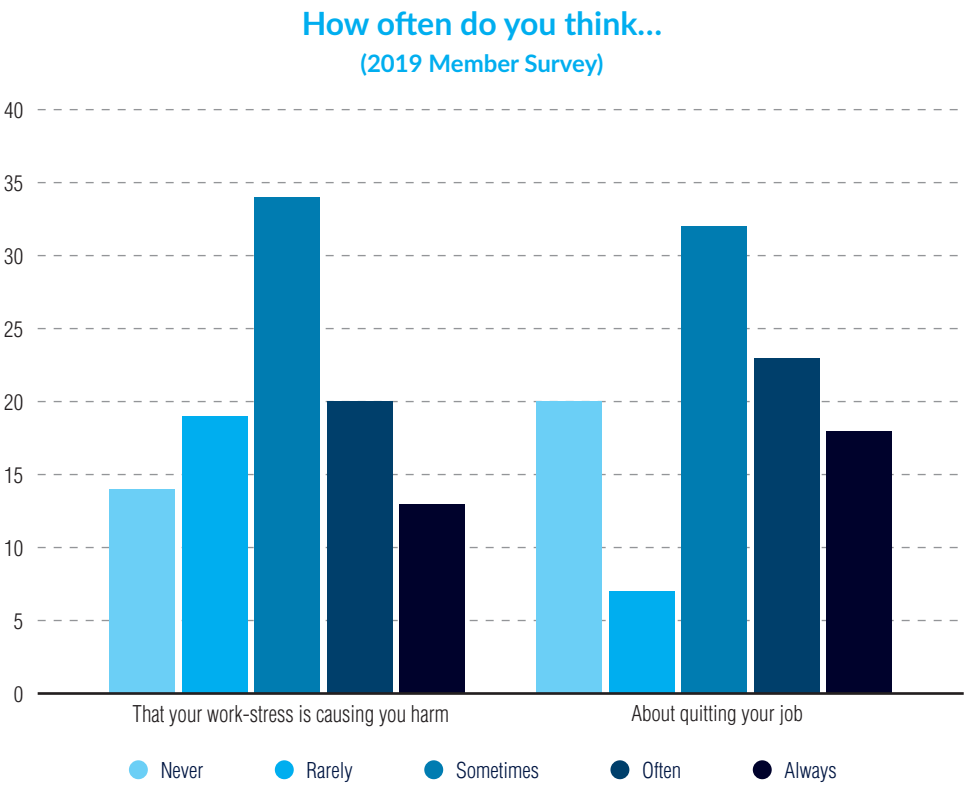
Most nurses (86%) report experiencing verbal abuse from their residents a few times per year or more, while a majority (51%) report they are verbally abused by residents multiple times per month or more. The most shocking results to emerge are the levels of violence coming from non-residents. A majority (55%) of NBNU members surveyed said they were verbally abused by families or visitors multiple times per year or more, while just under half (48%) said they were verbally abused by their own co-workers several times per year or more.

Figure 51: Employer Violence and Safety Assessments



As if to drive the point home, only one in five of RNs surveyed (20%) had confidence their employer was learning from accidents and violent incidents, while 80% were only somewhat confident in their employer's ability to make safety improvements, or not confident at all.

Figure 52: Work Stress and Mental Health

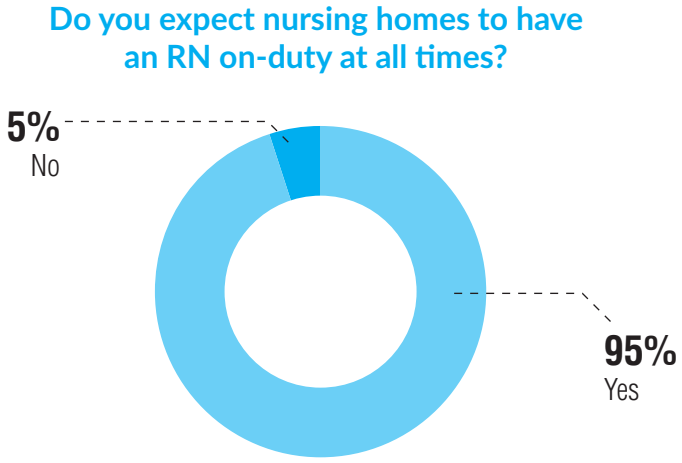


What affect are these working conditions having on RNs in the long-term care workforce? The answers are extremely concerning. Two-thirds (67%) of NBNU members surveyed said they routinely felt their work stress was causing them harm and, correspondingly, nearly three-quarters (73%) said they regularly think about quitting their jobs. As we learned in our chapter on New Brunswick's nursing shortage, the turnover rate for RNs in the province's long-term care sector in 2017 was 27%.

NBNU Third-Party Survey

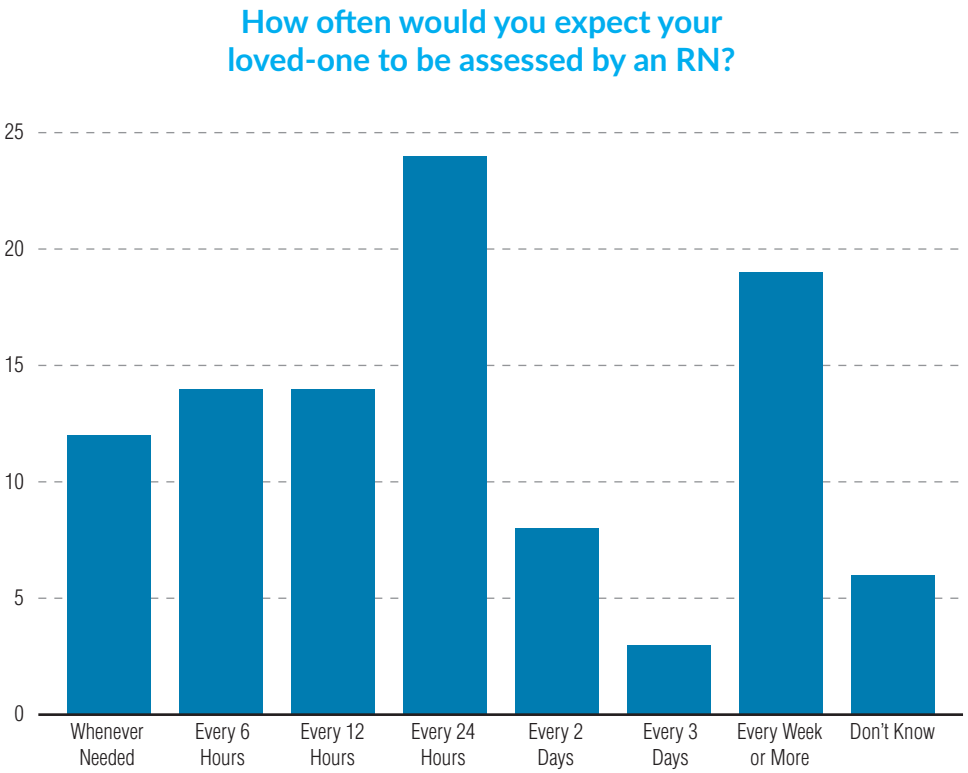
NBNU's extensive interviews and research spurred a third-party survey of the New Brunswick public, conducted in the winter of 2019 by MQO Research. MQO conducted telephone surveys with 500 New Brunswickers, in both official languages, in every one of the province's regions and electoral districts. The results do much to strengthen the idea that New Brunswickers already share many of the concerns expressed in this report.

Figure 53: Staffing Levels



Almost all New Brunswickers surveyed (95%), said they expected nursing homes in the province to have an RN on-duty at all times – an expectation that matches the Government of New Brunswick's own regulations. As seen in our chapters on governance and the nursing shortage; however, those expectations are simply not being met.

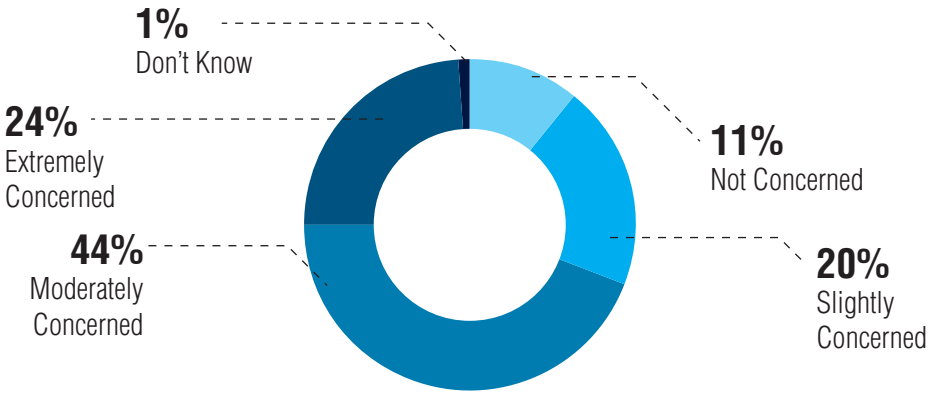
Figure 54: Quality of Resident Care



We know that – barring a change of condition assessment - official RAI-LTCF resident assessments are supposed to be done every 90 days; however, for the purposes of this question, 'assessment' needs to be thought of as how often the RN on-duty can make a bed-side assessment of each of their residents. Nearly two-thirds of New Brunswickers (64%), said they would expect an RN to see their loved-one at least once a day, or whenever there was a need. Given current RN-resident ratios of 1:100, or even 1:200 in some of New Brunswick's larger homes, we know that there are many days where it would simply be impossible for RNs to personally see every nursing home resident – leaving medical judgements to other nursing home staff.

Figure 55: Staffing Ratios

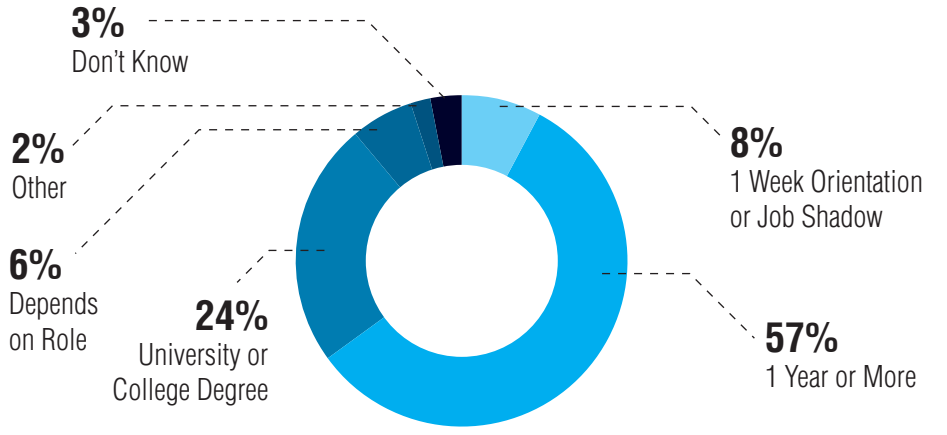
In some cases, 65% of nursing home staff are not RNs or LPNs. Given this, how concerned are you about levels of care?



On the issue of staffing ratios, more than two-thirds of New Brunswickers surveyed (68%), felt moderately or extremely concerned to learn that the majority (65%) of a nursing home's staff are made up of unregulated care workers.

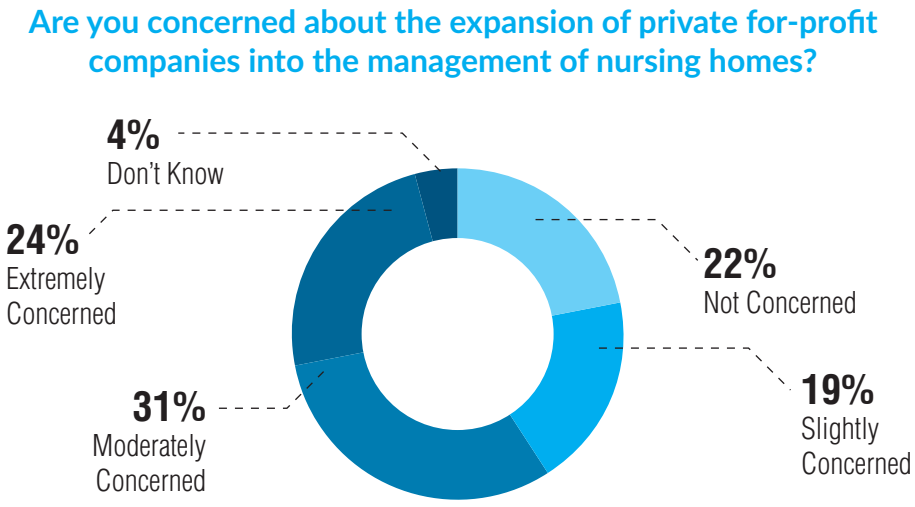
Figure 56: Skills Mix

What level of training do you expect of nursing home staff?



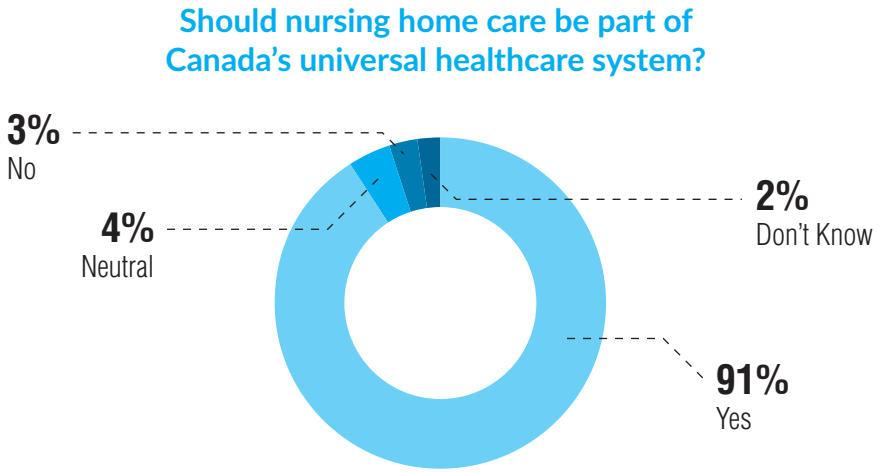
New Brunswickers' surprise at the high reliance on unregulated care workers in nursing homes may have something to do with their expectations around the training they believe those care staff should possess. Over four-fifths (81%) of New Brunswickers surveyed said they expected all nursing home staff to have one year or more of post-secondary education. Most RAs in New Brunswick have significantly less.

Figure 57: Privatization



On New Brunswick's moves towards privatization, a clear majority of New Brunswickers (55%), were either moderately or extremely concerned about the introduction of for-profit companies into the province's nursing home sector.

Figure 58: Equality of Care



The feelings of New Brunswickers towards privatization aren't all that surprising when one looks at their feelings about nursing home care overall. By overwhelming margins (91%), New Brunswickers would support nursing home care being added to Canada's universal healthcare system, re-affirming this province's strong stance in favor of a publicly funded long-term care model.

Key Informant Interviews

The decision to offer anonymity to sources within a report like *The Forgotten Generation* is a challenging one. At NBNU, our criteria were two-fold. First, our sources had to be able to offer information and perspectives not available elsewhere and, second, there had to be a real risk of harm to the personal or professional lives of those involved. For RNs, the rules of their profession make clear the need for this kind of protection. In addition, many nursing home employers now require their staff to sign non-disclosure agreements. The risk to the professional lives of these RNs was substantial and their perspectives were crucial to this report. NBNU will ensure the voices of New Brunswick's Registered Nurses are heard on these issues.



KEY INFORMANT INTERVIEWS

Unsafe staffing, workplace violence and bullying are way too common at our facility.

- A REGISTERED NURSE

NBNU also interviewed half-a-dozen former ministers for the Department of Social Development. Here, the foremost concern was the level of insight and information available. In order to speak freely, these sources required anonymity so that their personal and political relationships were not placed at risk. Given the results, NBNU felt that the granting of Key Informant status was merited in these circumstances. Combined, these two groups offer viewpoints from within the nursing home and around the cabinet table. We believe these two perspectives produce invaluable insight unavailable in any previous report concerning long-term care in New Brunswick.

KEY INFORMANT INTERVIEWS

Having only 10 minutes to get residents ready for breakfast is insane. I wish our politicians would stay in a nursing home for a month. If they saw how these seniors live, they would vote to give our residents the proper care they need.

- A REGISTERED NURSE

The RNs of this province's long-term care workforce are extremely worried for New Brunswick's most vulnerable seniors and for the sector in which they work. One of the strongest themes found within their testimony is the theme of decline: declining standards, declining oversight and declining quality of care. The only thing that is increasing is the acuity of their residents.

KEY INFORMANT INTERVIEWS

I used to love my job. All the cuts to RN and LPN positions have lowered the quality of care to ridiculous levels. The new nursing staff won't stay long. The older RNs care too much for our residents to quit. Residents are waiting hours for basic care, the bathroom and exercise. After doing this my whole career, I am thinking of quitting nursing.

- A REGISTERED NURSE

Many of these RNs have worked long careers in New Brunswick's nursing homes and they are in a better position than most to comment about the worrisome trends they are witnessing. RNs are also very concerned about the skills mix within their homes. Too often, the welfare of residents is being interpreted by unlicensed staff, who possess neither the experience nor the training to exercise these kinds of healthcare judgements.

KEY INFORMANT INTERVIEWS

As an RN, I am being inundated by requests from RAs that would never have been made if an LPN or RN was the one looking at the resident. By having to deal with so many requests that shouldn't ever be priorities, I'm worried something is going to get missed, which would put my professional license in jeopardy.

- A REGISTERED NURSE

RNs are also worried that the workloads, stress and violence they are experiencing are taking an enormous toll on their physical and mental health. You will hear from some RNs that these pressures are likely to see them quit their jobs, just as 27% of nursing home RNs did in 2017.

KEY INFORMANT INTERVIEWS

I have been an RN in long-term care for 12 years and it has taken an immeasurable toll on my health. I used to have energy enough to be active after my shift. Now, I'm so tired after work, I often can't even cook supper. I've been thinking about leaving my position for the last 18-months and need to make a change soon to protect my health.

- A REGISTERED NURSE

Others are using this opportunity to sound alarms, beg for help, or to call out levels of resident care so low that one RN told us they constituted abuse. We hear from RNs that their employers are not addressing hiring, record-keeping or staffing ratios in good faith, and that Government seems oblivious or powerless to help.

KEY INFORMANT INTERVIEWS

Reduced staffing ratios are just going to end up making RNs retire earlier. They create a really unsafe environment for residents. Our homes try and include management positions in our ratios, which just makes our lives more difficult. Homes have started 'cherry-picking' their residents.

- A REGISTERED NURSE

Most of all, New Brunswick RNs are worried about the future. Across this province 3400 RNs will be eligible to retire in the next five years, and the RNs of New Brunswick's nursing homes don't see much help on the horizon. Many feel that RN positions in long-term care have become less prestigious, and that many young RNs no longer view careers in long-term care as attractive options. RNs look to Government to halt these trends but, as we'll see, New Brunswick's elected officials have sometimes felt overwhelmed themselves.

KEY INFORMANT INTERVIEWS

When you know full well that there isn't enough money to look after New Brunswick seniors properly, it makes you sick. That is why you must have a dedicated minister for seniors, who can fight for scarce resources around the cabinet table.

- FORMER MINISTER OF SOCIAL DEVELOPMENT

Perhaps the biggest theme that runs through the many comments we received from former ministers of Social Development was the frantic nature of that position. While most of these elected officials were able to point to a few select accomplishments they took pride in, few expressed overall contentment about their time atop the Department. Having to watch sudden concerns interfere with efforts at proactive reform was a frustration we heard repeatedly.

KEY INFORMANT INTERVIEWS

It's a hard department to manage. You are constantly in a reactive state. The biggest struggle I had as Minister was that there was never enough time to see to proactive issues that needed to be addressed. You never have enough time, money or resources.

- FORMER MINISTER OF SOCIAL DEVELOPMENT

To hear these ministers of Government validate our report's own concerns about missing data and constant financial strains was a sobering experience. We heard testimony that Government has not been doing enough to impose accountability on the sector, and that doing so may require shifting responsibility to the Department of Health. Unsurprisingly, others were against that idea. Nearly all agreed that more resources are needed, but that finding the funding to pay for them was a constant source of tension.

KEY INFORMANT INTERVIEWS

This will be one of the biggest issues facing anyone who comes into government. We have a very limited ability to increase revenue or discover large efficiencies. When those aren't options, all that's left is to look for private money, decrease costs, or charge users more – and none of these options are very popular.

- FORMER MINISTER OF SOCIAL DEVELOPMENT

Without exception, every former minister we spoke with said that navigating New Brunswick's aging population was one of the largest challenges their governments dealt with. No one we talked to expressed much certainty about what New Brunswick's path forward should be.



INFLUENCER INTERVIEWS:

Paula Doucet

President of New Brunswick Nurses Union

Q: Our report has covered so many challenges in long-term care. Where to begin? As a union leader and RN, what do you make of the rise in resident acuity levels and the demands those place on the system?

A: New Brunswick is widely known to be one of the sickest and oldest provinces in Canada. We have seniors living longer with multiple co-morbidities and chronic disease. Therefore, you need staff who are experts in multiple areas; muscular-skeletal disorders, heart conditions, it requires wide levels of medical knowledge and a holistic approach. If you are giving seven different classes of medication to a resident, what are those interactions? What are the risks?

Q: In our Key Informant Interviews, we hear from a lot of RNs who seem to be expressing intense concern for their residents. What are we to make of that?

A: With lesser-trained staff doing so many care tasks, they may not know exactly what needs to be brought to the attention of the RN on-duty. This can create problems and misallocation of precious time. That's how things get missed.

Q: Some of these RNs talk about quitting their jobs due to these issues around resident care.

A: It's the sad reality of what we're facing. For many years, employers, governments and the Nursing Home Association haven't been strong advocates for keeping the necessary number of RNs in long-term care facilities. Now we are witnessing the results. Under pressure, they are trying to make the case that this resident population can do without the attentions of an RN. RNs know that we cannot care for residents with ratios of 1:100, but this is where we are. These nurses are saying we're done. We can't stand by and watch this anymore.

Q: What about the seniors themselves?

A: It has been a real disservice to the seniors in this province to leave them, in their final years of life, without the knowledge and expertise an RN offers. It's so disrespectful to a generation that helped build this province and this country. We are here to say to employers and to Government, you will be held accountable for these choices.

Q: In our report, we discovered that nursing homes are continuing to rely, to a very high degree, on casual employment. What are the possible consequences of that?

A: There definitely needs to be a balance there. When employers move to a very high number of casual positions, the workforce becomes very unstable, and that is dangerous for residents. In this day and age, most job seekers are looking for benefits, paid sick leave, and the ability to be paid overtime. Employers are doing this for financial reasons, which is just wrong. New Brunswick nursing homes need permanent staff who know these seniors and their needs.

Q: We've heard stories in this report about RNs being 'on call' at home, about RNs having to sleep in their nursing homes. This can't be an acceptable standard can it?

A: No, it isn't. Employers, Government and NBANH haven't historically cared about planning for the nursing shortage we're in now. Their solution has always been to reduce care hours and reduce RN staffing. They aren't taking the measures necessary to recruit and retain staff. This is harder now that the system is under pressure from an aging population.

Q: We hear a lot about IENs in this sector. How much should we be relying on IEN recruitment?

A: There is a strong argument that IENs can be part of the solution for long-term care staffing in New Brunswick, but they are only one part. We need to get into the school system and make sure our young people understand the wonderful opportunity that comes with being an RN. I don't think we've done a very good job of that over the years.

Q: With our aging population, pretty much everyone agrees we must help as many seniors as possible stay in their homes. For that we need more community capacity. Why do those efforts run into so many problems?

A: It all comes back to human resources and the willingness to invest. Everyone is great at coming up with more for our healthcare workforce to do, but no one has a plan to grow that workforce to meet the challenges. We need to focus more on where we're going to get the professionals to do this work.

Q: As NBNU President, what is your message to New Brunswickers about the amount of workplace violence taking place in nursing homes?

A: This really goes back to societal trends that have been going in the wrong direction for years. It has become acceptable for people under stress to lash out at the healthcare worker in front of them. That needs to stop, and employers and Government need to help us stop it. It is completely unacceptable for nursing home staff to be subjected to threats and abuse from visitors, families or administrators. That is not part of their job.

Q: Regarding violence from residents, should nursing homes be doing more to protect their employees?

A: Under the *Occupational Health and Safety Act*, employers have a duty to guard their employees against known threats. So, some sort of flagging needs to be used. It can be discreet, but it needs to be there to warn nursing home staff about a violent resident.

Q: Finally, these problems have all been lurking for a very long time. Where can we get the political will to fix them?

A: We need the help of every New Brunswicker to exert the pressure necessary on decision-makers. RNs know the situation is unacceptable and getting worse. This report is our effort to sound the alarm and ask New Brunswickers for their help in creating change. Nurses won't stand by as an entire generation of New Brunswick seniors is neglected and forgotten.



INFLUENCER INTERVIEWS:

Cecile Cassista

Executive Director of the Coalition for Seniors and Nursing Homes Resident's Rights

Q: The Coalition for Seniors has been doing some strong work on the issue of nursing homes being able to hand-select their residents, based on acuity. Can you tell us a little more about why that's such a serious issue?

A: There are problems with staffing and equipment at a lot of these homes, so taking less acute patients can sometimes be in their interest. There is also no regulation governing selection, so if patients can't get into a home of their choice they languish in hospitals. Some of these patients could be placed in some of the nicer special care homes, but those aren't regulated, and they aren't affordable.

Q: What is the effect of these patients languishing in hospitals?

A: We have a real problem with home care. Home care is not working. So, because of that, and because special care homes are all private and unregulated, these patients deteriorate. We need to get patients out of the hospital before that happens. Special care homes should be regulated with medical staff on-duty – whether it's an LPN or an RN. It's the nurses that will recognize whether these patients have a change in their condition. With these Level 1 or Level 2 patients, RAs cannot be expected to assess or dispense their medication properly.

Q: As our population ages and we have a higher percentage of seniors, it's generally accepted that the acuity of residents in nursing homes and special care homes will continue to increase. What needs to be done to prepare for this?

A: Well, we should be relying on extra-mural visits to help seniors in their homes, but the extra-mural program has been dismantled so badly that nurses in these facilities are being overwhelmed by the acuity of the residents they are seeing. Nursing staff need to be paid much more so that they stay in the province.

Q: What about the issue of our healthcare workforce with our aging population?

A: We don't support replacing nurses with RAs. This is what the government is looking at. They continually say they can't find medical staff, while the solution there is to pay nurses properly.

Q: So, what is the right way to view nursing homes in New Brunswick?

A: Nursing homes are extensions of hospitals, that's what they are. If you look at Manitoba, there are many nursing homes attached to hospitals. This is how we need to do things in New Brunswick, with qualified medical staff.

Q: What's the biggest challenge we should be focusing on?

A: Staffing is a big issue that lacks proper monitoring. Government does not have a vision to move the system forward. Someone needs to develop a comprehensive plan.

INFLUENCER INTERVIEWS:



Solange Haché

Présidente de l'Association francophone des aînés du Nouveau-Brunswick

Q. Could you give us the Association's perspective on the greatest challenges facing francophone seniors in New Brunswick nursing homes?

A: In our opinion, the greatest challenges are the following:

- Receiving the services they need in their language.
- Having more hours of care each day for residents than what they receive now.
- The need to assign more human resources to nursing homes and improving their working conditions.
- Ending the privatization of nursing homes and encouraging public and community management of homes.
- Amending the regulation that the payments required of seniors living in a nursing are calculated on the basis of their individual income rather than the family income.

- Acting on the recommendations of the Working Group on French-language Services in Nursing Homes, Special Care Homes, and Home Support Services.

Q. Could you explain to our readers why it is so important for seniors living in nursing homes to receive care in their first language?

A: They have spent their whole lives in family and community settings, and sometimes in workplaces, as well, where they have been able to use their mother-tongue. Serving them in their own language is a matter of well-being, safety, respect, and dignity. Another beneficial innovation would be to extend the mission of nursing homes to offer them home care and support services such as meal preparation, nursing care, maintenance, housework, etc. This would also ensure that the language rights of our province were being respected.

Q. Our report shows that the number of students in the Nursing program at Université de Moncton is decreasing every year. What consequences does this have for francophone seniors in nursing homes?

A: The primary consequence is fewer services in the French language for seniors.

Q. In our report, we heard from many people that nursing homes need to be better integrated into their communities. What does this mean, exactly, and what do we need to do to make it happen?

A: First of all, we need to retain public and community management of nursing homes, in order to ensure that boards of trustees are made up of people from the local community.

Q. Our report includes a good deal of discussion on the challenges of recruiting and retaining health professions in rural areas of New Brunswick. How should the Government solve this problem?

A: By making secondary school students more aware of the jobs available in nursing homes and the opportunities to work in their home towns and areas. At the same time, highlight the satisfaction of working with and for seniors. Recruiting francophone immigrants should also be part of the solution.

Q. Our report addresses a large number of challenges in our province. But what are some of the opportunities nursing homes could offer if we succeed in bringing about our reforms?

A: We believe that by making significant improvements in human resources, working conditions, fees required, hours of care, management, service in the resident's language in nursing homes, we will make it possible for nursing homes to become more welcoming and safer. In addition, nursing homes could strengthen the home support provided to seniors by increasing the ability to deliver services outside their walls.

The AFANB also wants to emphasize the importance of working simultaneously to improve home care, in particular by improving working conditions for family and informal caregivers. This is important if we are really committed to ensuring that a full range of services is available for seniors and to delaying their need to move into nursing homes for as long as possible.

INFLUENCER INTERVIEWS:



Kris Austin

Leader of the People's Alliance of New Brunswick

NBNU: First off, Mr. Austin, let me thank you on the record for your statements in the legislature about workplace violence against nurses and how safety is a non-negotiable right in the workplace.

Q: As a fairly new party in New Brunswick, can you let me know your take on the aging crisis our province is facing?

A: It's a complex issue. It needs a different approach. Obviously, we need to recruit more nurses. One of my frustrations has been that immigration consultants are sometimes bringing international nurses here for jobs outside nursing. We need to retain nurses; we need to improve their working conditions and lower violence levels. We need all hands on deck.

Q: One of the things everyone agrees on is that we need to allow seniors to age-in-place in their own homes as much as possible. But there doesn't seem to be much agreement as to how.

A: So, one of the things we have advocated for is support for home support workers, who have seen recent wage increases. So, if we can give people a helping hand at home when they need it, everybody wins. We obviously also need to improve extra-mural services and hire more extra-mural nurses. I met a 91-year old the other day, who was living in a special care home in the winter, because she couldn't cut the wood she uses to heat her home anymore. Situations like that shouldn't happen.

Q: What are your thoughts on the Nursing Home Without Walls model?

A: There is a nursing home in Stanley, that is doing a great job with that; making themselves a hub where seniors can go to access services. We can invest a little money in making nursing homes an access point for seniors in their community, or we can stick with the old model, which is frankly unsustainable.

Q: How do we balance the need to budget our money with the need to provide services? What are your thoughts on the privatization of nursing homes?

A: Ideally, you'd want Government to be able to provide service in a public model. We aren't opposed to the private model, but we need to attack this from all angles. There isn't just one solution. We're going to have to do it all.

Q: What's the biggest thing provincial government should be focusing on?

A: We need to be asking the Federal Government to mandate minimum standards and then provide the necessary funding – in cooperation with the province – to ensure that those standards are met.

INFLUENCER INTERVIEWS:



David Coon

Leader of the Green Party of New Brunswick

Q: Privatized nursing homes were supposed to alleviate pressures on our hospital system. That hasn't really been the result. Can you let us know your thoughts on that approach?

A: The approach has been wrong-headed in my opinion. The Green Party takes a community-based approach to seniors' care, including nursing homes. Seniors care needs to be embedded in the community and well-supported by the provincial government. Both of those are key. There is a whole range of options for providing more effective care for seniors, if the approach is embedded in the community. It's increasingly not the case.

Q: What about this debate about which government department should oversee this sector?

A: Both the Department of Health and the Department of Social Development need fundamental restructuring in order to better serve New Brunswickers. Right now, seniors in nursing homes are not necessarily getting the diagnosis, the support or the healthcare they need. During my Seniors Roundtable, many initially thought having the Department of Health takeover would be the best idea, but there is a concern that the essential community element could be lost. Ultimately, both departments need fundamental restructuring.

Q: Do we provide the wrong incentives within our nursing home systems? In other provinces, nursing homes receive higher funding for admitting higher acuity residents, not so in New Brunswick.

A: This is the entire problem! Therefore, the way nursing homes are operating in New Brunswick is fiscally driven – driven by political desires to address debts and deficits – not driven by the needs of patients and those who care for them. That's got to change. Nursing homes have no control over the budget they've got. There's no contract that governs their relationship with Government. It's pathetic! The system needs restructuring – not tweaking.

Q: What are your thoughts on the levels of resident care you're observing and hearing about?

A: The number of care hours that are funded for patients in nursing homes are inadequate. We had a pilot project that looked at what happened when you increase the time for care, it was very successful. Government was unwilling to fund it. If the role of government is to protect and empower its citizens, then for this group of citizens we are failing miserably.

Q: How do we maintain standards of care in the face of all these looming pressures?

A: We are part of Canada, and the Government of Canada has a responsibility – through Canada Health Transfers – that there is proportionate funding available to maintain similar standards of care in every province. Successive Canadian governments – and now many Premiers - have been backing away from that, including our own Premier, and it's not okay.

INFLUENCER INTERVIEWS:

Kevin Vickers

Leader of the Liberal Party of New Brunswick



Q: We know we are going to need as many as 12,000 nursing home beds by 2035. What is the right approach to dealing with this challenge?

A: The previous Liberal government developed a plan to build new nursing home beds to deal with 75% of the projected demand complemented by enhanced community supports to allow for 25% of the increased demand to be dealt with in the community. We are troubled that the current government appears to have put this plan on hold. A new Liberal government would resume this plan.

Q: How are we going to find the staff we need to serve all those chronically ill seniors?

A: All sectors face a looming worker shortage. Our demographics are changing and without an influx of population it will not be possible to offer the level of services we currently enjoy. Our party has proposed growing the population of New Brunswick to 1 million people in order to fill job vacancies forecast in the coming years and grow provincial revenues without increasing taxes. Premier Higgs later adopted this objective as his own. However, this goal will not be achieved without investing in aggressive recruitment and promotion efforts to attract people to all regions of New Brunswick.

We also recognize that the shortage facing the nursing profession is more acute and requires more attention. We would work with stakeholders like the NBNU and NANB to address barriers to nursing like working conditions – in particular workplace violence. We would also seek to find out how to make nursing an attractive profession for nurses living in New Brunswick but working in Maine or in non-nursing roles.

Q: We know that nursing homes are not covered under the Canada Health Act. What is the Federal Government's role in all this?

A: The previous Liberal government was able to convince the Federal Government to create the Healthy Seniors Pilot Project and invest $75 million into research in New Brunswick. It was our belief that innovative solutions to the challenges of an aging demographic could be found and that Ottawa could be convinced to fund these.

Q: Is there a danger New Brunswick seniors may have to cope with a lower standard of care than other provinces?

A: Yes, there is a danger. The current government is putting the balance sheet ahead of quality of care and quality of life. The cancellation of the caregiver benefit will accelerate the movement of seniors from the community to nursing homes. The delay of the nursing home plan risks not having the beds we need available when seniors need them. A new Liberal government would prioritize these issues so that our seniors get the first-class care they deserve.

Q: Given what we know about the sector, should oversight of nursing homes fall under the Department of Health?

A: This is a complex question. The bundle of services that support seniors in their community are managed by the Department of Social Development. Healthcare is managed by the Department of Health. Is it better for nursing homes to be managed along side special care homes and community supports for seniors, or alongside hospitals and ambulance services? There are pros and cons to both arguments. We believe the fundamental challenges in the nursing home sector should be the top priority of Government and that they are the same irrespective of what department of Government is responsible.

Q: As Premier, what would your biggest priority be regarding the care of New Brunswick seniors?

A: Seniors residing in alternative level of care beds in hospitals are not receiving the care they need and deserve. In many cases, their physical and mental health deteriorates as they wait for proper care and supports. Our top priority would be to resolve this logjam in our system and find community-based or institutional-based supports for seniors who are ready to be discharged from hospitals in a rapid fashion.

INFLUENCER INTERVIEWS:

Dr. Suzanne Dupuis-Blanchard

Professor at the School of Nursing, Université de Moncton



Q: You've done so much work around aging and seniors care in New Brunswick. Can you give us a high-level view of where we find ourselves today in this province?

A: Seniors are trying to age-in-place in New Brunswick and it's not an easy feat. It's quite difficult because the services are not necessarily available in every community. We have rural and urban communities, as well as French and English. Services are not always available in the same quantity or quality, depending on where you live or the language that you speak.

Q: Can you tell us a little about the Nursing Home Without Walls project?

A: The project is about how we could better service seniors in the community. The idea was to broaden the services that could be offered in the community by local nursing homes, with additional resources, since they know the local seniors. It's about using what already exists in these communities. What can we leverage, instead of having to build new services from the ground up? We can certainly open up these services to people in the community. Let's use what's already in place and then just add services. The project is funded through the provincial Healthy Seniors Pilot Project a combined initiative with the Government of Canada. The results in the first four communities have been very promising.

Q: Can you give us an example of the kinds of services you see being offered to local seniors.

A: I think that nursing homes in a community can become 'the place to go' for information on aging. They can become a hub within the community as experts in aging. Many of these nursing homes, we've discovered, have spaces for meetings and social gatherings, and these spaces could be used by professionals to offer their services. For example, in the four communities in our pilot project, one of the biggest needs is to prevent social isolation. So, we've implemented a navigator position to help local seniors find information, access services but also organize activities, and hopefully inform people on how to remain healthy. What most people need to age-in-place has very little to do with at-home medical care but has everything to do with social care.

Q: As New Brunswick ages, we may have to more than double the number of nursing home beds that we have. What's to be done with people who are simply too ill to remain at home?

A: I think there is a lot of potential in the resources that we have, it's just the use we make of it. When I speak of keeping people in their own homes, I'm not saying they won't ever need a nursing home or special care home. In some cases, I hope community services would be delaying that move for these seniors, not preventing it entirely. If we can provide the services that seniors need to age-in-place, I honestly believe that we can delay their admission to our long-term care system. But for that to happen, we really need the resources.

Q: Resources seem to be the question we keep coming back to. How do we pay for all this?

A: I know money is always the bottom line, but if we reorganise what we already have as a province and focus on seniors in the community, I do believe we'll save money. We can prevent or delay people's health decline if we do this right.



INFLUENCER INTERVIEWS:

Jodi Hall

Executive Director at the New Brunswick Association of Nursing Homes

Q: We hear a lot about international recruitment. Why is it a good solution for nursing homes?

A: We have made a partnership with Omni College in British Columbia, and right now we have upwards of 90 internationally educated nurses working in the sector here in New Brunswick, at various stages of obtaining their license to practice here. This is a great win for us in the nursing home sector.

Q: I think everyone understands the potential of the IEN model, but the challenge has always been the length of time and expense it takes for IENs to become licensed. What is changing?

A: We need to be more innovative. One challenge involves federal regulation, and something called the 'de-skilling rule'. Traditionally, when you bring someone to Canada to practice nursing, they have to come in as an RN. Working with Immigration Canada, we were able to examine the wage discrepancies and allow for a greater flow of IENs to New Brunswick, many of whom will work initially as RAs or LPNs, prior to obtaining their full license to practice as an RN. The Federal Government has also identified grants that help IENs with bridging costs.

Q: What's the Association's position on alleviating the pressure caused by growing waitlists?

A: There are two models that we favor. One is the 'Nursing Home Without Walls' model, championed by Dr. Dupuis-Blanchard, and the other is Community-Based Nursing Home Resident Concept. This is where we would have admitted residents living in their homes in the community but receiving very similar services to an admitted resident living in the nursing home itself. These models aren't going to work for everybody, but these are models that will work for some. They allow us to expand services without expanding infrastructure.

Q: What about the infrastructure we have now?

A: We have to avoid thinking of ourselves as institutions, and make sure that we think of ourselves as a home – first and foremost. We all have a stake in making sure these homes are functional and safe. We can't ever lose the community-based dynamic, because it's so relevant to that daily living concept. We can never abandon that; philosophically, it wouldn't feel right.

Q: Providing these models to many more seniors will be expensive, how to pay for all this?

A: We have to invest in a transition. We have created our own cycle where a journey to a nursing home happens through a hospital. That's not how it's supposed to work. Nursing homes, to ease pressure on the system, then begin to admit mainly from hospitals. We need to invest in moving away from this. We need to invest at the community level. We need to wrap care and services around the person, so they can age with the best experience possible.

INFLUENCER INTERVIEWS:



Sharon Teare

President of the New Brunswick Council of Nursing Home Unions

Q: What's the biggest challenge for New Brunswick nursing home workers in their daily jobs?

A: Safe staffing is a very big concern. One of the biggest resources we are lacking is time. A lot is asked of us, and you cannot provide that when looking after 10 to 12 residents. Too often, the preventative work that is so important is left undone, because staff are stretched too thin.

Q: What's your sense of Government's overall plan to address the challenges we are facing with an aging population? Do you feel there is one?

A: I wouldn't say there is a plan. Certainly, not a proactive plan. Government has reached a point where they have become more reactive than proactive, and unfortunately that is not effective. I don't think they see the crisis for what it is. The investments we need to cope with all this are not being made. I don't feel we have any significant plan for retention and recruitment.

Q: Where do we find the workforce we need to cope with an aging population?

A: There are real barriers to entry for some people who are already in the system. If you are in the support services of a nursing home, and want to become a PSW, you have to go back to community college at your own expense. If that worker was making less than $14, they'd get federal assistance to go back to school. But they make $15 an hour, so they're on their own.

Q: What's your feeling about our ability to retain the workforce we have now?

A: I've always said that decent wages and benefits are recruitment enticements. Working conditions is how you retain. So, as a result of the current working conditions, we have a serious crisis in workforce retention. We had one young woman who was working as a PSW while she pursued her LPN credentials part-time. She was attacked by a resident and blamed by her employer for the attack. She left the sector after graduation. These are the kinds of stories we hear about every day.

Q: Can you talk a little more about the violence nursing home workers experience?

A: It's very hard to understand for those who don't know the levels of violence and aggression in nursing homes. Many of these residents have cognitive impairments. Violence can come to be seen as part of the job. It most certainly is not. Many nursing home workers don't feel their complaints on violence are taken seriously, and that leads to a lack of reporting.

Q: What are your thoughts on the skills mix changes Government is imposing on the sector?

A: I am a PSW and I'm comfortable saying this, resident acuity has really increased. Therefore, this is not the time for Government to lessen the professional staff – the RNs and the LPNs. Workforce shortages cannot be used as an excuse for employers to pay less for more work.

INFLUENCER INTERVIEWS:



Richard Saillant

Economist and Author of 'Over the Cliff?'

Q: You've spoken widely about New Brunswick needing as many as 12,000 nursing home beds in the years to come, and about the scarcity of workers and resources. How should we all be thinking about this problem?

A: We need to address issues concurrently. In the short term, hospitals will need to do better with existing resources as prospects for recruiting our way out of current difficulties are limited. With regard to nursing homes, my view is our ability to rapidly expand the labour supply in the short run is greater. We can, for instance, expand the supply of support workers by improving compensation and drawing more people from abroad.

Another immediate priority is to expand the number of places in nursing programs: long waitlists of qualified candidates for our local nursing programs are simply unacceptable.

Having said this, we won't be able to secure the nurses and other health professionals we will need in the years ahead by focusing on young New Brunswickers alone. The fact of the matter is that New Brunswick has seen a sharp decline in its youth population. Take, for instance, the North. The region has lost more than 45% of its youth over the last two decades. That means a shrinking pool of future nursing graduates at a time when more and more workers are retiring and demand for health services is escalating.

Q: What about internationally educated nurses?

A: On immigration, I am not entirely sure that this promises the scale that we need for nurses and other highly qualified health professionals. The fact of the matter is that there are hundreds of millions of people reaching their senior years across the globe that are going to be dramatically escalating demand for nurses, so it's going to be highly competitive and demand is going to be global. The shortage is going to be global.

In my view, a more promising approach is to draw more international students to New Brunswick nursing programs, who would then receive a job offer immediately upon graduating.

Q: One of the points we make in *The Forgotten Generation*, is that our long-term care sector could end-up becoming second or third-class, if we don't take action. What are the essential steps we must take to avoid this?

A: Fiscal resources are going to be needed. Some communities will have extremely large ranks of seniors. Take a community like Dalhousie. Very soon, half of their population will be 65 or over. We have an acute need in those communities. How do we bring people to where those jobs are? You must provide appropriate working conditions and you have to provide competitive salaries. You also need to help small operators to recruit qualified workers from abroad.

Q: And if we don't?

A: Then you're looking at a large multinational type system, where you're having the Shannex's of this world, who have the resources to undertake their own international recruitment. But what is lost along the way is the community-driven approach and perhaps the ability to service people in their own languages. I'm not apocalyptic about our ability to maintain services here in New Brunswick, but more fiscal resources are going to be needed and, given the realities we're facing here, a lot of those resources are going to have to come from Ottawa.

Q: Should nursing home care and end-of-life care be covered as part of Canada's universal healthcare system?

A: Well, the basic principle of Medicare is that if it's deemed an essential service then it's free from the first dollar. That's a debate we need to have as a society to determine what should be considered essential and under what circumstances wealthier individuals should be expected to shoulder – at least in part – the financial burden of such services.

NBNU Report Recommendations

Federal Recommendations

1 The Government of Canada must take action to include nursing home care for chronically ill Canadians under the terms of the *Canada Health Act* and provide funds accordingly;

- **Logic:** By enshrining the right to nursing home care in the *Canada Health Act*, seriously ill Canadians will be entitled to dignified care, regardless of their province's ability to pay;
- Nine of ten New Brunswickers surveyed support the inclusion of nursing home care as part of Canada's universal healthcare system;

2 The Federal Government must increase health transfers to provinces dealing with acute demographic challenges and aging populations; transfers which must be sufficient to keep pace with the year-over-year rise in healthcare costs;

- **Logic:** By 2038, nearly one-third of New Brunswickers will be 65-years of age or older, while the national average will be closer to 24%;
- Funding formula changes to the Canada Health Transfer introduced by the Federal Government have resulted in significant losses for New Brunswick's healthcare budget;
- The previous funding model was designed to ensure an equitable distribution based on the demographic characteristics of a provincial population;

3 The Federal Government must adjust the *Criminal Code of Canada* to include the crime of assault against a healthcare worker;

- **Logic:** Workplace bullying contributes to increased stress and decreased job satisfaction, negatively affecting the mental and physical health of healthcare workers. It also leads to high rates of absenteeism and low recruitment and retention rates;
- Violence in New Brunswick nursing homes far exceeds the levels found in New Brunswick hospitals; where there are 4.5 violent incidents per day;
- NBNU members in nursing homes report that 33% of the violence against them is committed by families, colleagues or their employer;
- Criminalizing assaults against healthcare workers will help reverse this trend by establishing a necessary deterrent;

4 The Federal Government must permanently implement the Atlantic Immigration Pilot Program;

- **Logic:** Given New Brunswick's nursing shortage and demographic challenges, immigration represents a crucial part of the overall solution;
- Giving permanency to the Atlantic Immigration Pilot will help ensure New Brunswick continues to receive the immigration advantages necessary to keep pace with the extraordinary strain on its healthcare workforce;

5 As part of its commitment to building sustainable communities across Canada, the Federal Government should make available a dedicated infrastructure fund for Canadian nursing homes;

- **Logic:** Canada is managing an aging population, particularly in New Brunswick;
- The Canadian Association for Long-Term Care has also called for long-term care homes to receive infrastructure support from the Federal Government;
- By making small investments to assist provinces with the capital costs of maintaining their nursing homes, the Government of Canada will be strengthening the ability of provinces like New Brunswick to maintain their long-term care sectors, in the face of enormous fiscal challenges;

Provincial Recommendations

New Brunswick's Finances

6 New Brunswick should increase per-person healthcare spending to bring this province in line with the Atlantic Canadian average;

- **Logic:** Only British Columbia, Ontario and Quebec currently spend less on healthcare per person than New Brunswick;
- Bringing New Brunswick's per-person healthcare spending in-line with the Atlantic Canadian average would allow for significant investments in the face of the province's aging population, workforce shortages and crumbling long-term care infrastructure;

7 New Brunswick should erase the $12,000 - $14,000 deficit per student being experienced by provincial universities within their Bachelor of Nursing programs;

- **Logic:** At present (2020), the University of New Brunswick's nursing school is running at half-capacity, due to the extraordinary costs of clinical training, and a refusal on the part of numerous New Brunswick governments to address this financial shortfall;
- In early 2020, UNB reported it was experiencing a structural deficit of more than $3 million annually;
- Overall revenue at U de M has fallen five of the last six years;
- At U de M, tuition rates for nursing programs are rising at double the rates of arts courses. U de M also experiences challenges in student recruitment due to funding shortfalls and expensive program costs;

8 The Government of New Brunswick should immediately move to help nursing home employers plan for successful operations, by transparently displaying budget line items and moving to a multi-year budgeting model;

- **Logic:** Nursing homes currently receive their operating budgets months into their operating year, harming their ability to plan effectively;
- Nursing homes routinely incorporate this fiscal uncertainty into their hiring practices, resulting in an unwise reliance on casual healthcare staff, which in-turn hurts recruitment and contributes to New Brunswick's nursing shortage;

Long-Term Care Governance

9 New Brunswick should move oversight responsibility for nursing homes from the Department of Social Development to the Department of Health;

- **Logic:** New Brunswick remains the only province in Canada where the care of seniors in nursing homes is overseen by something other than a Department of Health;
- Resident acuity, governance capacity, effective oversight, medical expertise, efficiency and national standards are just some of the many reasons such a change should be made immediately;

10 The province should halt efforts to privatize the nursing home sector;

- **Logic:** As of this writing, it remains unclear whether the normal Government redresses enshrined in New Brunswick's *Nursing Homes Act* apply to private companies;
- The introduction of for-profit nursing homes in New Brunswick has not solved the problems it was meant to address;
- As NBNU's public survey showed, the introduction of a profit motive into long-term care is moderately or extremely concerning to a majority of New Brunswickers;
- Overwhelming research has made clear that for-profit long-term care homes provide significantly less care to residents and produce substantially worse outcomes;

11 For a period of no less than three years, Government should add additional contracted nursing home inspectors – overseen by an experienced compliance specialist – to restore acceptable levels of accountability in New Brunswick nursing homes;

- **Logic:** As this report has made clear, standards and compliance in New Brunswick nursing homes have become lax, and must be strengthened;
- As of the Spring of 2020, seven of New Brunswick's 68 nursing homes still didn't have their 2019 inspection reports posted online;
- Employing additional inspectors and compliance staff on a contract basis would allow Government to reassert oversight in the short-term, without undertaking long-term costs;

12 Government should reform its nursing home inspections process by adopting the Ontario model, in which separate annual inspections are conducted to assess the quality of resident care and critical incident response. These inspections must be unannounced;

- **Logic:** This report raises serious questions as to whether accurate data is recorded in each New Brunswick nursing home regarding major incidents or routine resident care;
- Separating these unannounced inspections will allow for a more detailed and frank evaluation of how New Brunswick nursing homes conduct preventative resident care, as well as how they respond to major incidents;

13 Government should make arrangements, through its annual inspections, to track the frequency of 'significant change assessments' done in New Brunswick nursing homes;

- **Logic:** According to Dr. John P. Hirdes of the School of Public Health and Health Systems at the University of Waterloo, significant change assessments "are done about two per cent of the time, even though the [health] changes happen at far higher rates than that";
- Government has chosen to make the RAI-LTCF assessment system a centerpiece of its long-term care policies, and seeing to its full implementation is a commitment that must be upheld;
- Given the concerning statistics cited by Dr. Hirdes, Government has an interest in knowing whether short-staffing and intolerable workloads are interfering with the very assessments Government has chosen to rely on;

14 Government, through its responsible department, should make immediate arrangements to test compliance with minimum RN staffing standards in each and every New Brunswick nursing home and establish penalties for violations over and above a non-compliance notice;

- **Logic:** It is clear from the evidence presented in this report that New Brunswick nursing homes are either unwilling or unable to meet their current RN staffing ratios and – in some cases – the requirement for maintaining even one RN on duty;
- In 2019, 31 nursing homes received non-compliance notices for violations of mandated staffing ratios – including every home in the Restigouche region and the Acadian Peninsula – yet these trends continue unabated;
- There is reason to believe that not all violations of RN staffing ratios or the 'RN on Duty' standard are being accurately reported;

15 Government should require New Brunswick nursing homes to post quarterly results for each of their KPIs on each home's respective website;

- **Logic:** New Brunswick nursing homes already make substantial use of KPIs, however, this information is not publicly available;
- Online accountability reporting is fast becoming the norm for publicly funded institutions in the healthcare sector;
- Although other organizations, such as CIHI or NBHC, may one day make pieces of nursing home data available online, each nursing home's website serves as a hub for community information, and thus serves as an ideal location for residents and families to access data crucial to health and safety within their individual homes;

16 Government should require special care homes with more than 30 beds to maintain an RN on-duty, as well as an affiliated NP to provide primary care, thereby making them more able to cope with the higher levels of resident acuity they will inevitably begin to see in New Brunswick;

- **Logic:** The number of vacant beds in special care homes represent an important opportunity and untapped resource for New Brunswick;
- Requiring an RN on-duty at all times would enable special care homes to enhance safety, while preparing these institutions to care for residents who – in previous years – would have been assigned to nursing homes;
- Ensuring primary care access to all special care home residents will help stave off deteriorations in the conditions of those seniors and ease pressure on provincial nursing homes;

17 Government should continue working to establish nursing homes as community hubs for socialization and services in keeping with the Nursing Homes Without Walls model, thereby allowing more seniors to age-in-place and avoid social isolation;

- **Logic:** Financial realities dictate that New Brunswick will not be able to house up to 12,000 seriously ill seniors in the years to come; therefore, it is critical that as many of these seniors as possible receive services in their homes;
- Converting nursing homes to a 'hub and spoke' model for services will allow actual beds in nursing homes to be occupied by the most-acute residents;
- Providing services to seniors in their homes or in spaces provided by nursing homes represents an important opportunity for local entrepreneurs to cater to a growing demographic;

18 Government should move to incrementally increase the number of care hours provided to residents of New Brunswick nursing homes from 2.89 to 4.1 – including 45 minutes per day with an RN;

- **Logic:** Research has indicated that 4.1 hours of care per resident per day is a threshold beneath which negative outcomes can be expected;
- Currently, most New Brunswick homes have no ability to track the number of RN care hours a resident receives each day;
- NBNU's RN surveys have indicated that many crucial care tasks are currently being left undone in New Brunswick nursing homes;

19 New Brunswick should follow in the footsteps of Australia, California and Quebec by implementing RN-resident care ratios, in order to ensure resident safety is never compromised by economic pressures;

- **Logic:** RN to resident ratios in New Brunswick nursing homes range as high as 1:200;
- Mandated RN to resident ratios in other jurisdictions are between 1:20 and 1:44, depending on the time of day;
- Overwhelming evidence supports that safe staffing ratios lead to reductions in resident mortality, fewer medication errors and improved resident outcomes;

The Nursing Shortage

20 Government should immediately move to address New Brunswick's nursing shortage by taking UNB up on its offer to expand its four-year Bachelor of Nursing program by over 300 seats, thereby allowing more New Brunswick students to fill crucial gaps in our nursing workforce;

- **Logic:** In 2019, RHAs in New Brunswick reported a need for 520 additional RNs annually for the next five years;
- New Brunswick draws the overwhelming majority of its nursing workforce from its own university graduates;
- In 2017, RN turnover in the long-term care sector was 27%;

21 Government, in consultation with U de M, should take the necessary steps to ensure that the University's ability to recruit into its Bachelor of Nursing programs is strengthened;

- **Logic:** Overall revenue at U de M has fallen five of the last six years;
- The New Brunswick Council on Aging called for an increased focus on high-school engagement and recruitment in its 2017 report;
- In 2019, Government published New Brunswick's Nursing Strategy which also called for increased promotion of the RN profession amongst K-12 students;
- Francophone nursing graduates from U de M represent some of the best candidates to fill positions in rural New Brunswick nursing homes, where New Brunswick's nursing shortage is most acute;

22 Government should expand the LPN-RN bridging program;

- **Logic:** Both U de M and UNB are capable of expanding the number of LPNs admitted annually into their RN-bridging programs;
- The LPN workforce in New Brunswick has expanded by over 18% since 2009;
- Since LPNs are already trained and employed as healthcare workers in New Brunswick, the risk that they would depart the province post-graduation is minimal;

23 Government, as part of its funding arrangements with New Brunswick nursing schools, should require that a percentage of the work placements available to nursing students take place within the long-term care sector;

- **Logic:** Currently, New Brunswick nursing students get to exercise a significant degree of choice concerning the location of their work placements within Bachelor of Nursing programs;
- NBANH and NBNU surveys have both indicated that placements within the long-term care sector are not currently seen as attractive options for New Brunswick nursing students;
- Requiring that a certain number of work placements take place at nursing homes will help expose New Brunswick nursing students to possible career paths within long-term care;

24 Government must make it easier for existing healthcare professionals to upgrade their skills and expertise to fill vital gaps in New Brunswick's workforce;

- **Logic:** One the largest available pools of healthcare talent is made up of current healthcare workers who may wish to advance their classification;
- In Nova Scotia, RNs who wish to become NPs can keep earning their regular RN salaries while in school, if they agree to work in a rural area for a period of time thereafter;
- This model – if adapted for New Brunswick – could help address both a shortage in individual healthcare professionals and the shortage of healthcare workers in rural areas;

25 Nurse Practitioners should be used prominently in New Brunswick nursing homes, special care homes, hospital emergency rooms and at health clinics in underserved rural areas;

- **Logic:** Salaried NPs represent a significant cost-savings for Government over the traditional billing model employed by attending physicians;
- In the nursing home context, NPs would represent a significant quantitative and qualitative improvement over attending physicians, due to the amount of time they would be able to spend with each resident;
- NPs can be drawn from New Brunswick's RN workforce, and are more likely to take assignments in rural New Brunswick than physicians recruited from outside the province;

26 New Brunswick should make a determined and adequately funded effort to recruit more IENs for future employment in New Brunswick nursing homes, with the goal of registering 50 new IENs annually;

- **Logic:** IENs represent a special opportunity to help fill the needs of New Brunswick's nursing home workforce because of the immigration pathway available to them;
- Many of New Brunswick's current IENs come to the province through contracts with New Brunswick special care homes or nursing homes, where they work as RAs until they can obtain their registration to practice as LPNs or RNs;
- This pathway exposes IENs to New Brunswick's long-term care sector, where they may choose to remain upon obtaining registration as RNs;
- The current number of IENs in New Brunswick is extremely low; however, a well-resourced push in this area could do much to address the nursing shortage, specifically in the long-term care sector;

27 New Brunswick nursing homes must make immediate arrangements, in cooperation with the Government of New Brunswick, to increase the amount of full-time permanent positions being offered to workers in nursing homes – targeting a ratio of no more than two casual job offers for each permanent offer (2:1);

- **Logic:** In early 2020, it was learned that New Brunswick nursing homes were making offers of casual employment at a far higher rate than offers of full-time employment. For RNs this ratio was 5:1 or higher;
- Significant evidence has accumulated – including evidence from NBANH's own 2017 employment survey – that offers of casual employment are not attractive to healthcare workers considering employment in nursing homes, and are a significant contributor to shortages and high employee turnover;
- Absent financial incentives, offers of full-time permanent employment – with their accompanying pension and benefits – are one of the few tools available to nursing home employers when navigating a highly competitive job market; especially in rural areas;

Violence in the Workplace

28 The province's annual nursing home inspections should include a review of violence tracking totals found in major incident reports and elsewhere, and require that every nursing home in New Brunswick complete its annual workplace violence assessment;

- **Logic:** Claims accepted by WorkSafe NB regarding workplace violence – when adjusted for workforce size – exceed those in New Brunswick hospitals by 200%;
- Evidence suggests that much of the violence against staff in New Brunswick nursing homes goes unreported, which can lead to inadequate occupational health and safety reviews;
- Government and nursing home employers have an interest in reducing violence levels in provincial nursing homes overall, and in reducing lost time amongst its workforce due to injury or stress;

29 Nursing homes in New Brunswick must utilize violence flagging procedures, to be completed upon a resident's intake assessment;

- **Logic:** Under the *Occupational Health and Safety Act*, New Brunswick employers must take reasonable steps to warn their employees about known threats of violence, aggression or harassment;
- Other New Brunswick healthcare employers, such as the Horizon Health Network, have implemented violence flagging procedures, including with ALC patients in long-term care or suffering from dementia;
- There is no evidence-based reason why protections in place regarding potentially violent ALC patients in hospitals shouldn't remain in place once those patients are transferred to nursing homes;

30 Nursing home employers should adopt key-performance indicators, reviewed quarterly by their boards, that measure improvements in the total number of violent incidents reported by employees – including of verbal abuse and harassment;

- **Logic:** KPIs that measure the total number of violent incidents are already in use in healthcare facilities across the country, including in New Brunswick's own health authorities;
- Evidence indicates that nursing home employers primarily view violence in the workplace through the lens of its financial impact – leaving its human impact unaddressed;

31 New Brunswick should implement plans to have a behavioral assessment unit in each of its nursing homes, where residents deemed a risk to themselves or others can be isolated and assessed;

- **Logic:** These practices are already being pursued at some homes in Nova Scotia, with some initial success;
- Such facilities would enable nursing homes to adopt the best practices seen in hospitals for isolating, assessing and developing care plans for residents with serious behavioral challenges;

32 Government, employers and public sector unions should convene a roundtable on aggression, violence and sexual aggression in the long-term care sector, to review best practices, and to develop and adopt common policies and/or collective agreement language that provides a comprehensive response to these trends;

Transparency and Accountability

33 Government should undertake a review of the *Right-to-Information and Protection of Privacy Act* and the systems that support it, with an eye to making information on Government partnerships more accessible to the New Brunswick public;

- **Logic:** Transparency in New Brunswick's long-term care sector must be improved. New Brunswickers should have easy access to information regarding the amount their government spends on this province's vulnerable seniors, the staff who care for them and the buildings that house them;
- Currently, some third-party healthcare providers (ie. Medavie) fall under the auspices of the Act, while others (Shannex or non-profit nursing homes) do not. This must be reconciled;
- Efforts to obtain basic information on topics such as the Government's contracts with Shannex, or the amounts spent on staffing and infrastructure are too often and unreasonably blocked by Government;
- As the former Office of the Integrity Commissioner has ruled, such information is deservingly public, and Government must take steps to ensure its chosen service delivery models do not impede the transparency and accountability crucial to maintaining public trust;

34 The Government of New Brunswick, through its responsible department, must immediately move to ensure that all New Brunswick nursing homes are reporting important data to CIHI, including RAI-LTCF results;

- **Logic:** New Brunswick is one of only two provinces that has not meaningfully contributed to CIHI's long-term care databases over the last decade;
- Although New Brunswick is among the first in the country to directly report RAI-LTCF results to CIHI, that effort is currently limited to two provincial nursing homes;
- Participation in CIHI's data gathering activities would allow for direct "apples-to-apples" comparisons between long-term care in New Brunswick and care in other provinces;

35 Government should issue a new mandate letter to the NBHC, requiring the Council to report publicly on KPIs within New Brunswick's acute and long-term care sectors;

- **Logic:** Although created to address data deficiencies in New Brunswick healthcare, NBHC's activities are currently limited to surveys of the New Brunswick public;
- Research has proven that making KPIs available for public scrutiny and analysis can correlate with improvements in long-term care;
- Health Quality Ontario has a proven model that could be easily adopted by New Brunswick – through NBHC – at minimal cost to taxpayers;

36 Given the growing severity of issues in our long-term care sector, including issues around governance, transparency, safe staffing levels, resident care and the growing trend of violence and aggression, the Government of New Brunswick should create – under the terms of *The Inquiries Act* – an independent and non-partisan commission to examine the status of long-term care in New Brunswick, with that Commission being named no later than the first 2021 sitting of the New Brunswick Legislature;

- Government must empower this Commission by ensuring it has the authority to send for persons, papers and records, and to examine witnesses under oath;

37 As an interim step forward to the previous recommendation, the Executive Council (Cabinet) of New Brunswick should request that the Auditor-General conduct a special investigation of the issues raised in this report and related matters, and make available sufficient funding for that special investigation to proceed unimpeded;

- The Office of the New Brunswick Seniors Advocate should also undertake a funding review of the long-term care sector in New Brunswick, based on the recently completed review done by the Advocate's office in British Columbia;
- These investigations should then inform the work of the independent Commission.

38 Lastly, the Commission's recommendations should inform a revised Long-Term Care Strategy for New Brunswick, and a revision of the *Nursing Homes Act*. The Act should be revised to include evidence-based staffing standards, violence-prevention mechanisms, and demonstrable commitments to public reporting, accountability and transparency. Revisions to these two documents should then form the foundation of future long-term care in New Brunswick;

A Final Note: *These recommendations are not presented as a menu from which Government may pick or choose. The serious challenges facing New Brunswick's long-term care sector are multi-faceted, and only a comprehensive multi-faceted approach can make inroads into dealing with them. As we have discussed, Government has routinely ignored many of the suggestions made by previous reports on this sector, including those of its own Auditor General. Accordingly, it is the intention of New Brunswick Nurses Union to publish a report card on this report's recommendations. We will look to make that report card available to New Brunswickers in the fall of 2023.*

Conclusion

We
have spent all this time together
hiking ever deeper into the woods of New Brunswick's long-term care sector. Now let us step back and take a wider look at the scene. New Brunswick's system is in trouble, but it need not stay that way. New Brunswickers themselves hold many of the solutions.

It's true that New Brunswick is managing an aging and unhealthy population, but the expanded use of NPs across our province could address those pressures at a fraction of the cost. It's true that oversight of nursing homes has grown lax, but the tools to strengthen it are affordable and close at hand. It's true, our province faces a serious nursing crisis, yet hundreds of ambitious New Brunswick high school students sit on wait lists for nursing seats.

Without that new generation of RNs New Brunswick's long-term care sector will continue to see decline, hospitalizations, poor outcomes, and higher per-resident costs; even as demand continues to climb. We must reform our system now or face an even more daunting picture in years to come. To paraphrase former U.S. President Barack Obama; if you think making smart, evidence-driven investments is expensive, wait until you see how much ignorance costs.

KEY INFORMANT INTERVIEWS

It is so sad to see the seniors that helped build this beautiful country having to spend the rest of their lives in underfunded facilities like this. They have to wait too long to be fed and spend all day sitting around with nothing to do and no one to talk to.

- A REGISTERED NURSE

Not all solutions cost money, of course, and our recommendations around governance are perfect examples of that. Strengthening Government's ability to monitor and enforce nursing home regulations would require minimal investment, and the publishing of KPI information would cost none at all. For those wondering why our report focused so much on governance and oversight, the answer is simple. Without the ability to enforce its own regulations, no government reforms – not even revisions to *The Nursing Homes Act* – will be worth the paper they're printed on.

Reforming our long-term care sector will put New Brunswick in the best possible position to argue for the increased federal assistance that will surely have to come. Some of that help is already on the way. New Brunswick nurses joined their sisters and brothers across Canada in pushing for the adoption of universal Pharmacare, a program that will help seniors in every province, but New Brunswick's more than most. Nurses will continue to fight for our seniors in Ottawa, so must we all.

As Canadians, we all understand the role of government is to care for and protect those who can no longer care for themselves. New Brunswick's nurses will always be here for our seniors, but they can't do it alone. Change must begin today.

For decades, the RNs of New Brunswick's long-term care sector have listened; listened to hollow words of reform from all corners. They have felt the impacts of those broken promises, as have the tens of thousands of vulnerable seniors they've cared for – our Forgotten Generation. Now, here in these pages they have sounded alarms, offered solutions and made their voices heard.

We have listened to New Brunswick seniors. We have felt their pain. We have given voice to their cause; and with our final words we deliver New Brunswick's leaders this message – "We will be watching."

– New Brunswick's Registered Nurses

Epilogue: COVID-19 and Canada's Nursing Homes

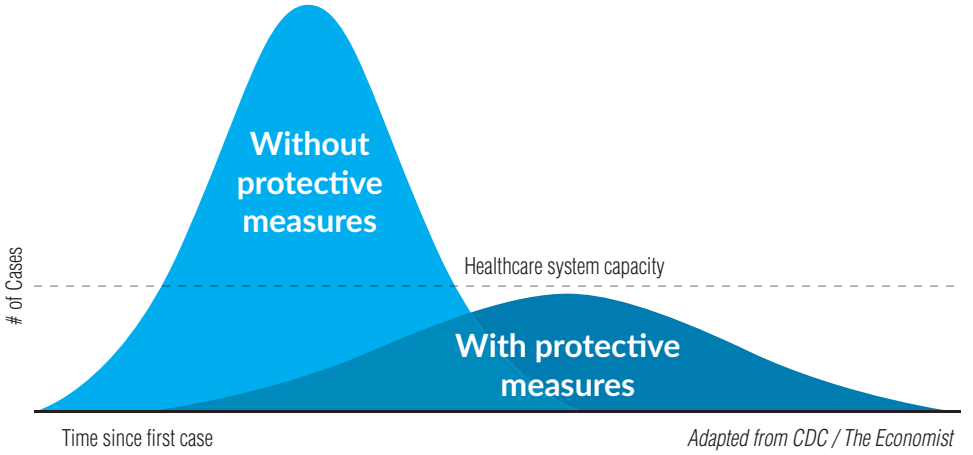
"This tragedy
must serve as a wake-up call to our
entire country... COVID-19 has exposed the deep,
deep cracks in the long-term care system (*Maclean's*, 2020)." When NBNU began work on *The Forgotten Generation* in mid-2019, it would have seemed unlikely that we'd be quoting Ontario Premier Doug Ford in this report's closing pages, but the COVID-19 pandemic has brought those 'deep cracks' home to Canadians across the country and across the political spectrum. Premier Ford made those sobering comments in response to a horrific report from Canada's military, which had been called in to perform support roles in five Ontario nursing homes.

> "Yes inspections happen and these folks come in there, but it took the military to be there 24/7," the Premier said, adding it's impossible to know the extent of the problems plaguing the system "until you live, breathe, eat it ... until you're there around the clock at night time and during the day (*Maclean's*, 2020)."

Canada's soldiers, of course, have not been called on to serve in New Brunswick nursing homes. But the trusted professionals of New Brunswick's RN workforce have been working "around the clock" in those facilities and, in these pages, they have filed their own report – which should be no less chilling to read and prompt no less urgent a response from Government.

By the time of Premier Ford's comments, in late May of that year, he and other elected officials across the country had long been urging Canadians to follow the advice of a chart with which we would all become highly familiar.

Figure 59



Adapted from CDC / The Economist

The call to 'flatten the curve' was largely successful in its goal of protecting what we, as Canadians, have come to think of as our healthcare system. The capacity of this country's hospitals was not overwhelmed during the first wave of the COVID-19 pandemic. Not so with Canada's nursing homes. Canadian medical professionals have always considered long-term care facilities as extensions of our healthcare system but, during 2020, we learned our Federal and provincial governments – tragically – do not. Thousands of Canadian seniors paid for it with their lives. By August 11, 2020, that number included 7,445 residents of Canadian nursing homes and 27 of the healthcare workers who cared for them (Loreto, 2020). Many more deaths would follow. Long-term care facilities which had been struggling to meet minimum standards of care under optimal conditions were quickly overwhelmed by COVID-19, and the chart's most dire warnings came to pass. It was a danger that many had been warning of for years; including CFNU President Linda Silas.

> As politicians of all stripes scramble to thank the military for their whistleblower report on long-term care, frontline health care workers are left wondering why when we voiced these same concerns we were ignored or met with callous inaction. Nurses, health care workers, and the unions that represent them, have been sounding the alarm on long-term care conditions literally for years. Maybe now we will finally be heard (Silas, Email, May 29, 2020).

NBNU imagined this report as a stress test of our province's long-term sector. Little did we know that nursing homes across Canada and the world would soon face a stress test beyond imagining.

As of this writing, New Brunswick has largely been spared the tragedies of COVID-19, but tens of thousands of vulnerable Canadian seniors and their families have not. Ontario, where the majority of long-term care facilities are private, was particularly vulnerable. In early May of 2020, *The Toronto Star* studied the effects of the pandemic in for-profit nursing homes. The results were staggering.

> A resident in a for-profit home has been about 60 per cent more likely to catch COVID-19 and 45 per cent more likely to die than a resident in a non-profit home. A for-profit resident has also been about four times more likely to catch COVID-19 and four times more likely to die than a resident in a municipally run home (Chown Oved, Kennedy et al., 2020).

Around the same time, the Ontario Health Coalition published its own study, which found that death rates during the COVID-19 pandemic in Ontario were far higher in for-profit nursing homes than in their non-profit or publicly run counterparts (Ontario Health Coalition, 2020). The pandemic has provided us object lessons in many of our report's main themes. Lessons that New Brunswick must learn quickly. In Ontario, many pointed to privatization and a weak inspections regime, in Quebec, the story was similar, but with an added complication.

In mid-April of 2020, Quebec Premier François Legault responded to the deaths of 31 residents at one of his province's 40 privatized nursing homes. "It's not acceptable, the way we treat our elderly in Quebec," Legault said (Feith, 2020). Like many of Canada's premiers, Legault realized too late the danger of staffing provincial nursing homes with armies of unregulated care staff working casual hours for minimal pay. In the face of COVID-19 outbreaks, many Quebec homes were forced to rely almost entirely on their regulated care staff (RNs and LPNs) whose training and professional licences saw them remain on the job, even at grave risk to their own health. Legault has since called for the rapid addition of 10,000 support workers, to whom the Government of Quebec will provide three months training free of charge (Elliot, 2020). Nursing homes can only benefit from those additions, but the most important lessons from our report's literature review remain unheeded. Without the medical expertise provided by RNs and NPs, staff in long-term care facilities will never be able to safeguard the health of our most vulnerable seniors. Nursing homes are extensions of our hospital system. When will the lesson be learned, if not now?

Ontario and Quebec may be the two most obvious places we can look for lessons in the COVID-19 pandemic, but they are far from the only ones. In BC, Alberta and Ontario, provincial governments have relieved some private nursing homes of their responsibilities, and in Alberta and Nova Scotia, leaders have made renewed calls for provincial inquiries into long-term care (Kines, 2020; von Scheel, 2020; Pace, 2020; Fortier, 2020). We know Ontario has committed to some form of independent commission in 2020. Ontario's leaders should be bold in empowering that inquiry, just as New Brunswick's should be.

It is past time for talk. It is past time for debate. How many more of Canada's seniors and healthcare workers will suffer and die before elected officials yield to overwhelming evidence? As of this writing, a heart wrenching 83% of Canada's COVID-19 deaths have been residents of Canadian nursing homes – they must not have died in vain.

Glossary

ALC Patients – Alternate Level of Care Patients

CFHI – Canadian Foundation for Healthcare Improvement

CFNU – Canadian Federation of Nurses Unions

CIHI – Canadian Institute of Health Information

DTI – Department of Transportation and Infrastructure

GNB – Government of New Brunswick

LPN – A Licensed Practical Nurse

MD – A Medical Doctor

MDS – Minimum Data Set

NANB – Nurses Association of New Brunswick

NBANH – New Brunswick Association of Nursing Homes

NBCCSA – New Brunswick Continuing Care Safety Association

NBHC – New Brunswick Health Council

NBNU – New Brunswick Nurses Union

NP – A Nurse Practitioner

PCW – Personal Care Worker

PETL – The Department of Post-Secondary Education, Training and Labor

RA – Resident Attendant

RAI – LTCF – Resident Assessment Instrument – Long-Term Care Facility

RHA – Regional Health Authority

RN – A Registered Nurse

RTI – Right-to-Information Requests

U de M – Université de Moncton

UNB – University of New Brunswick

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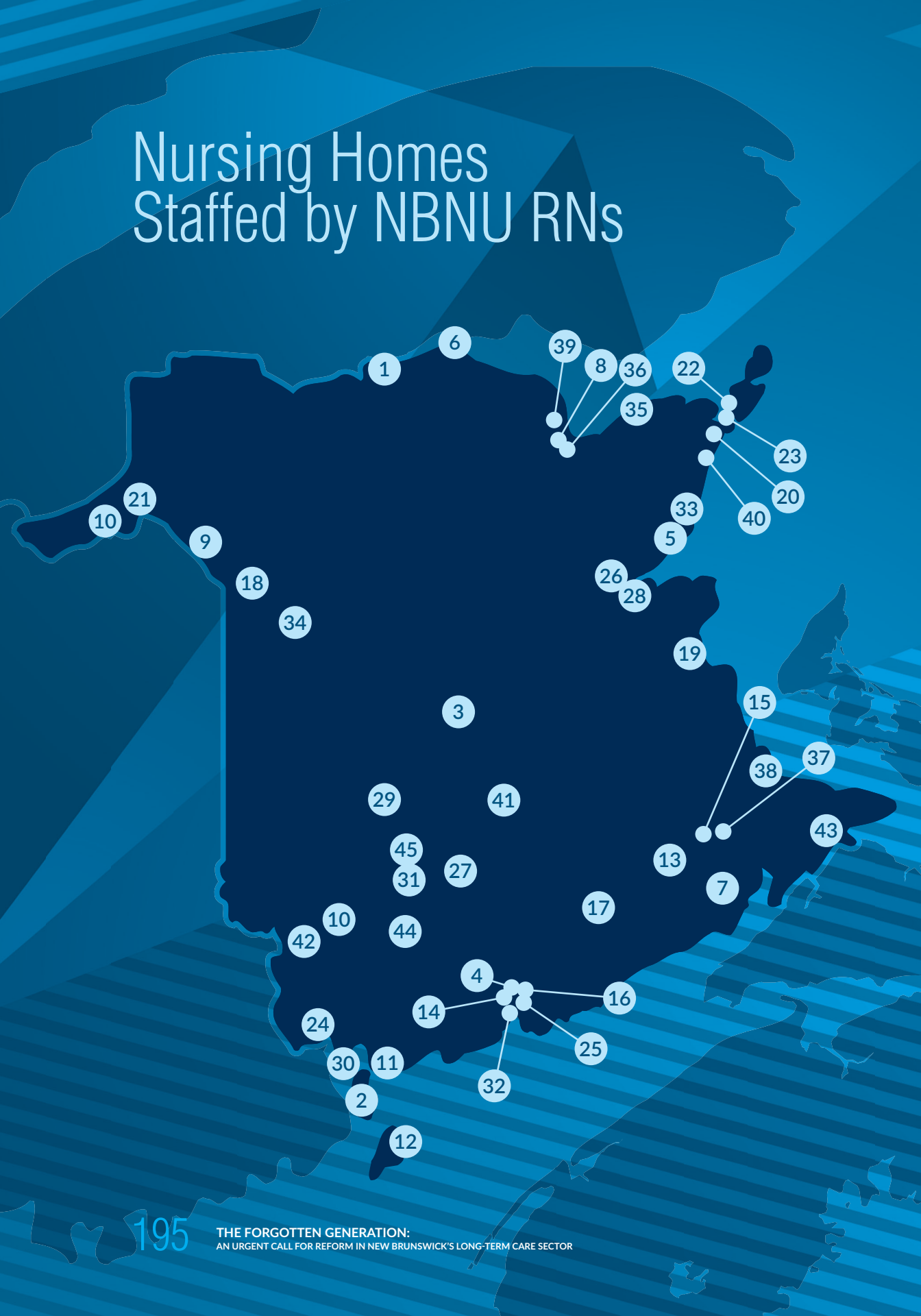
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Nursing Homes Staffed by NBNU RNs



1. Campbellton Nursing Home
2. Campobello Lodge Nursing Home
3. Central New Brunswick Nursing Home
4. Church of St. John & St. Stephen Nursing Home
5. Complexe Rendez-Vous
6. Dalhousie Nursing Home
7. Forest Dale Home, Albert Co.
8. Foyer Notre-Dame-de-Lourdes, Bathurst
9. Foyer Notre-Dame-de-Saint-Léonard
10. Foyer Ste. Elizabeth, Baker Brook
11. Fundy Nursing Home, Black's Harbour
12. Grand Manan Nursing Home
13. Jordan Lifecare Centre
14. Kennebec Manor
15. Kenneth Spencer Memorial Home, Moncton
16. Kings Way Care Centre
17. Kiwanis Nursing Home, Sussex
18. La Villa des Chutes, Grand Falls
19. La Villa Maria, St-Louis-de-Kent
20. Les Résidences Inkerman
21. Les Résidences Jodin
22. Les Résidences Lucien Saindon, Lameque
23. Les Résidences Monseigneur Chiasson, Shippagan
24. Lincourt Manor, St Stephen
25. Loch Lomond Villa, Saint John
26. Losier Hall, Shannex Miramichi
27. Mill Cove Nursing Home
28. Miramichi Senior Citizens Home
29. Nashwaak Villa, Stanley
30. Passamaquoddy Lodge, St. Andrews
31. Pine Grove Nursing Home, Fredericton
32. Rocmaura Nursing Home
33. Tabusintac Nursing Home
34. Tobique Valley Manor
35. Villa Beauséjour, Caraquet
36. Villa Chaleur
37. Villa du Repos, Moncton
38. Villa Providence, Shediac
39. Villa Sormany, Robertville
40. Villa St-Joseph, Tracadie
41. W.G. Bishop Nursing Home, Minto
42. Wauklehegan Manor, McAdam
43. Westford Nursing Home, Port Elgin
44. White Rapids Manor, Fredericton Junction
45. York Manor Nursing Home, Fredericton

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About the Author

Jeff Hull, MA, leads research efforts at New Brunswick Nurses Union. Jeff is a graduate of Mount Allison University, the University of Strathclyde and Athabasca University, where he obtained his Master of Arts degree in Global Studies. Since joining NBNU in January of 2019, Jeff's research has shed light on numerous issues of importance to New Brunswickers and New Brunswick nurses, including: workplace violence, hospital security, the nursing shortage and now the challenges within our long-term care sector. Jeff is also the author of an essay published by the University of Arkansas, titled *Of Women and Waiting: A Brief History*, which dealt with the challenges experienced by women in the waitressing profession. *The Forgotten Generation* is Jeff's first full-length published work.



The Forgotten Generation

The people of New Brunswick trust their nurses. This timely call for reform in long-term care draws attention to the voices of New Brunswick's nurses who are striving to practice in alignment with the standards which they have a responsibility to uphold. NBNU presents concerns anchored in concrete evidence and provides rationale for the recommendations which they have proposed. They are not simply identifying problems, but are coming to the table prepared to offer solutions for moving forward successfully; an action that is consistent with the Registered Nurse's responsibility to advocate for population health and safety, to lead initiatives that improve health care systems, and to work to establish quality professional practice environments. When we are made aware, we are accountable to act and NBNU leaves us all accountable with the work they have presented herein."

ALISHA KEOUGH, RN MN
FACULTY OF NURSING, UNIVERSITY OF NEW BRUNSWICK

The Forgotten Generation is a timely report that reveals how a confluence of factors, inattention and a lack of capacity by successive provincial governments have led to a situation where long-term care in New Brunswick is akin to being self-regulated. The lack of or minimal inspections with little follow-up for non-compliance orders, nursing homes petitioning for a lower qualified staffing complement and an unwillingness by Governments to enforce needed staffing levels, coupled with poor tracking data, where it exists, seriously undermines quality long-term care.

With Governments apparently unable, or unwilling, to effectively act, they are increasingly embracing privatization of long-term care to relieve themselves of the issue. The fact Governments are unwilling to disclose exactly what is being contracted (i.e., level of services, staffing levels, costs, accountability) is alarming, especially since the experience elsewhere and COVID-19 have revealed inferior outcomes with private nursing homes. Long-term care is no longer simply a Department of Social Development issue but needs significant input and guidance from citizens and the Department of Health to meet the increasingly complex medical needs of an older clientele, unlike the situation 25 years ago.

New Brunswick seniors—our family members—deserve better.

DR. MARIO LEVESQUE, ASSOCIATE PROFESSOR
CANADIAN POLITICS AND PUBLIC POLICY, MOUNT ALLISON UNIVERSITY