Practical Solutions to Maximize Health Human Resources

February 2022

Ontario Hospital Association

The Ontario Hospital Association (OHA) has repeatedly heard from members and other stakeholders that health human resources and staffing concerns have become the most urgent and pressing issue emerging from COVID. This document discusses the concerns and practical solutions raised to enhance health human resources now and into the future.

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Introduction

This briefing note, ***Practical Solutions to Maximize Health Human Resources***, includes a summary of challenges and solutions raised as part of the OHA's member and stakeholder consultations sessions (Fall 2021) on the significant health human resources issues facing the health care system. Stakeholders and members acknowledge that this is a multi-faceted issue that requires the commitment of all stakeholders and government across the continuum care. The solutions noted below are divided into five main sections:

<table>
<tr><td>Funded Health Human Resource Strategy</td><td>
Provide immediate funding to bolster staffing models
Communicate an unequivocal commitment that Bill 124 or other similar wage restraint legislation will not continue beyond the life of the current measures, if they are not repealed immediately
Establish a government-led provincial, multi-stakeholder strategy to advise, plan, and implement system-wide solutions to address health human resources in the near and longer term
Engage with stakeholders to reexamine the policy and legal measures taken during COVID-19 that enabled health human resources flexibility
Develop a centralized strategy and evidence-based capacity plan that includes health human resources
Ensure a new HHR strategy is driven by evidence-based decision making
</td></tr>
<tr><td>Recruitment and Licensing</td><td>
Increase supply and expand the eligibility of the Enhanced Extern Program (EEP) to all hospitals
Expand/expedite the use of Internationally Educated Health Professionals with a focus on nurses
Explore the use of the CNO's Emergency Assignment Class as well as the option to expand temporary licensing to allied health professionals
Amend the Nursing Graduate Guarantee requirements
Offer clinical placements/practicums in specialized care areas
Strategically design and locate clinical placements in high vacancy areas
Build awareness of tuition programs and the financial supports available
Support inclusive and comprehensive tuition strategies
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Education, Training and Retention Opportunities	• Create agile staffing models to respond to patient care needs • Engage health system providers and college and universities in efforts to create innovative education and training opportunities. • Create opportunities for late career nurses to work as mentors and preceptors • Accelerate and expand specialty training opportunities
Physician Recruitment	• Increase the supply of Physician Assistants (PAs) to address gaps in physician supply • Expedite the regulation PAs through the CPSO • Offer funding to physician learners to work/visit rural and northern communities with a restricted license • Expand PGY 3 funding to all family physician trainees in their third year of residency (Family Medicine R3) to develop competencies and skills to practice within rural communities • Expand mentorship opportunities in small, rural and remote locations to incent new physicians to work with experienced physicians in these locations • Expand supports for virtual emergency departments and virtual critical care in rural and northern communities • Explore regional physician credentialling opportunities to minimize administrative duplication and enhance flexibility
Legal and Regulatory Changes	• Provide some immediate stability to the health care system, by establishing “rules" that prevent overcharging by agencies • Create an exemption in the Controlled Acts Regulation under the *Regulated Health Professions Act* (RHPA) to allow respiratory therapists to perform diagnostic ultrasounds without a medical directive • Explore alternate approaches to entry to practice for physiotherapists • Increase the number of hospital pharmacy residency positions

In our discussions with members and system stakeholders, it has become clear that workforce issues are at a tipping point – solutions are needed immediately. The support and commitment by government, providers, health professional regulatory colleges, and post-secondary education institutions, among other stakeholders, underpins the success of a future health human resources strategy for Ontario. The need for a centralized, government-led strategy cannot be underestimated.

Context

Prior to the pandemic, Ontario had the lowest hospital expenditure per capita in the country. As a result of the commitment to innovation, Ontario's hospitals have been the most efficient in Canada, meeting increasing patient needs while maintaining quality care. Since staffing costs are almost 70 per cent of hospital expenditures, hospitals have implemented staffing models that were as efficient as possible to cope with the fiscal restraint imposed upon them.

COVID-19 has had a profound impact on health human resources (HHR) across the health care system. In addition to the toll that the pandemic has taken on health care workers dealing with the pressures of responding to COVID-19, increasing demands across the system have required the creation and staffing of additional positions.

The impact of the challenges being faced by the current workforce are pronounced given the efficient staffing models that existed pre-pandemic. There is simply no cushion to absorb such a disruptive event, particularly when there is also an effort to hire for a net increase in health care workers in hospitals (and across the system) in a competitive market.

As a result, HHR has become the biggest issue for hospitals in the short and medium-term. In our discussions with members and system stakeholders, it has become clear that HHR issues are at a critical point – solutions are needed immediately.

The OHA has undertaken significant outreach across the membership and stakeholders to assemble an inventory of short and medium-term practical opportunities that can be considered further to improve HHR. This includes engagement with: OHA's five Provincial Leadership Networks; Academic CEO Committee; Education Committee; Regional Chief Human Resources Officers Leads; Regional Clinical Program Leads; Northern Ontario School of Medicine; Ontario Medical Association; Council of Ontario Universities; HealthForce Ontario; World Education Services (regarding internationally educated health care workers); and several individual member hospital teams who have generated ideas and solutions independently.

We acknowledge that this is a complex, long-term, and multi-faceted issue. As well, it's important to note that this feedback was received prior to the 2021 Ontario Economic Outlook and Fiscal Review and the government's substantive investments to strengthen the nursing and personal support worker workforce through short-term and long-term recruitment initiatives.

While not comprehensive, this document is intended to describe those short and medium-term challenges and solutions, raised as part of OHA's member consultation in the Fall 2021, to enhance HHR and to help inform ongoing discussions with the Ministry of Health and Ontario Health.

Challenges and Concerns about Future Health Care Workforce Supply

HHR Issues Exacerbated by COVID-19

Hospital staffing models prior to the pandemic were finely tuned and calibrated to be efficient and safe to respond to patient demands amid the funding realities of the time. As of 2020, Ontario had 609 registered nurses per 100,000 population employed in direct care (CIHI) – the lowest in the country when compared to other provinces.

COVID-19 has disrupted this balance both by its impact on existing health care workers and on the need to hire net new positions across hospitals. Hospitals have seen an increase in turnover, largely driven by health care worker resignations. During the pandemic, there have been significant investments and opportunities for hospitals to hire additional staff to respond to COVID-19 through creating net new positions. Both factors have resulted in an overall increase in the number of vacancies that have to be filled in hospitals in a competitive labour market.

System Wide Capacity Challenges

HHR challenges are being felt across the entire system impacting the care continuum and patient flow. Difficulties accessing primary care during the pandemic negatively impacted emergency departments (ED) which saw a rise in the acuity level of patients seeking care. In addition, HHR challenges and decades of fiscal constraints within long-term care (LTC) and home care also negatively impacted hospitals' ability to discharge patients to more appropriate settings.

As of mid-January 2022, there are approximately 5,800 patients waiting in hospital beds for alternate levels of care (ALC). While there was an influx of beds in 2020 by government (approximately 3,100), some targeted to addressing the ALC issues, the capacity challenges continue. The focus remains on improving the flow of patients across the continuum of care, away from acute care/bedded capacity. Mitigating the ALC challenge and facilitating patient flow can only be successful if we take a system view to HHR solutions.

Bill 124 and Compensation Restraint

Under the already challenging circumstances, Bill 124 (which restricts health care worker and other public sector employee compensation to a maximum increase of 1 per cent annually for a term of three years) has been raised as potentially one of several factors leading to health care worker recruitment and retention challenges.

The OHA and its member hospitals were not supportive of Bill 124 when it was introduced and sought an exemption from this legislation prior to it being passed. At the time, the OHA expressed concerns that temporary wage restraint would have unintended consequences that could negatively impact hospital employees and create financial and operational disruption

that would overshadow the impact of any short-term cost avoidance on compensation increases. In particular, the OHA raised that wage restraint legislation would create uncertainty, risk and anxiety amongst front-line employees and health care employers during a period of health care transformation. The OHA also objected to government intervention on free collective bargaining on a principled basis and further questioned the necessity of these measures given that hospitals have a history of responsible compensation outcomes.

HHR Issues at a Critical Point

Our members have suggested that exhaustion and ongoing workloads have led to burnout of experienced, late career nurses who have decided to leave frontline clinical practice or the profession entirely. There is anecdotal evidence to suggest that some nurses are leaving hospitals to work for agencies and/or other health care facilities (e.g., public health, surgical centres, independent health facilities) or leaving the industry entirely for a more balanced lifestyle. Members felt that these issues affecting nursing care are a risk to the delivery of the most critical services in EDs, operating rooms, and intensive care units. Some hospitals and other health providers have no alternative but to fill vacancies by relying more on agency staff than in the past, often spending significant dollars doing so.

In northern hospitals, utilization of agency nurses combined with a heavy reliance on locum physicians is significantly impacting patient care – concerns were raised that some of these professionals do not have the necessary cultural and/or Indigenous training needed to work within these regions. With limited HHR supply in these environments, aggressive recruitment efforts by staffing agencies and increasing top-ups are driving up hospital costs. Many hospitals report that they are spending inordinate amounts of time, energy and dollars trying to recruit permanent or semi-permanent staff.

HHR Issues Are Impacting the Delivery of Care

Many hospitals are dealing with an abundance of one-two sick day calls and an increased number of staff, including physicians, taking extended sick leaves. Members reported that the increased amount of sick time leave is impacting the ability of hospitals to deliver care in specific programs. For example, we have heard about shuttering of neonatal intensive care units, birthing units and surgical wards.

There are also growing concerns that HHR issues are impacting the operations of EDs. Most recently, several hospitals within rural and northern communities have considered potential closures to their EDs because of a lack of nurses in the region. Others have had to scale down or close other programs to staff their EDs or other critical areas of care.

A review of the ED metrics (November 2021) shows increases in ambulance offload times, time to physician assessment of patients and wait times for patients being admitted to an inpatient bed. These increases are being observed all while ED volumes remain relatively low, when compared to previous years. Hospitals and ED physicians have indicated that these increases are due, in part, to HHR challenges, as well as the increasing complexity of care which is in turn straining hospital resources.

Profound Challenges to Operating Essential Services in Rural and Northern Communities

For hospitals in small, rural, and remote communities, the challenges to safely operate and provide essential programs and services are now insurmountable given their long-standing HHR concerns. Currently there are more than 300 physician vacancies within rural and northern communities. Hospitals are doing their best to maintain services and keep hospitals open, however significant gaps in nurse and physician coverage are putting hospitals at risk for poor outcomes and creating disincentives to recruitment efforts. To avert a crisis, there is an immediate need for practical solutions to maximize capacity in the short, medium, and long-term.

OHA Consultation: Potential Solutions to Addressing HHR Shortages

There was overwhelming consensus from the members and system stakeholders about the need to establish innovative and aggressive ways to enhance supply, better prepare new graduates, and create robust retention strategies to encourage long-term involvement in the health care system.

Need for a Funded Broader Health Human Resource Strategy

Providing Immediate Funding to Bolster Staffing Models

Prior to the pandemic, many years of funding restraint resulted in the implementation of staffing models that were as efficient as possible while maintaining quality care. There has been a necessary focus on ensuring agile staffing models to respond to patient care needs in a 24/7 environment, which requires an appropriate mix of full-time and part-time employees. While this situation was well-calibrated prior to the pandemic, it is no longer tenable given the significant impacts of COVID-19.

Given the efficient staffing model that was the norm prior to the pandemic, any vacancies now need to be filled in real-time to ensure that there are no service delivery gaps. An increase in turnover coupled with the need to fill net new positions in a competitive environment poses a real challenge to providing care. Moreover, this has a large impact on the day-to-day workload of existing health care workers who grapple with these demands. Providing immediate funding to bolster staffing models would create more manageable workloads for staff, help increase retention rates, and allow hospitals to better respond to patient needs.

At a minimum, as there are new investments in capacity in the near term, there also needs to be corresponding attention paid to the human resource needs to staff these new beds. Ontario's hospitals are grateful for the recent government support for the creation of 3,100 additional beds as well as additional announcements for capacity increases, which will translate into the need for additional health care workers over and above existing staffing levels. However, Ontario already has the lowest nurses per capita in the country and there is a need to immediately bolster staffing models to create more manageable workloads for staff,

help increase retention rates, and allow hospitals to better respond to patient needs. To respond to recent and announced capacity increases and to develop more resilient staffing models, the OHA is recommending funding and government policy support to enable the hiring of at least an additional 10,000 registered nurses and 3,500 registered practical nurses as well as other critical health care workers over the next five years as an immediate step forward at this time.

Impact of Government Intervention in Hospital Employee Compensation

The OHA was opposed to the compensation restraint measures established under Bill 124 prior to its introduction and advocated for an exemption for the health care sector at several times before and during the current pandemic. No one would have predicted the current pandemic when Bill 124 was first contemplated. However, now under the current circumstances, it has been raised as a significant concern impacting health care worker morale and potentially one of several factors leading to health care worker recruitment and retention challenges.

Since Bill 124 came into force, some unions have conducted and, in some cases, concluded negotiations under these requirements and therefore some unionized health care workers are either currently in their legislated moderation period or will be shortly, while others have yet to begin negotiations. Most non-unionized employees are currently in their moderation period.

The province's current HHR challenges are the result of a complex history, which also includes the current legislated compensation restraint measures that impact the hospital workforce. To date the government has been clear that it will not repeal or exempt hospital employees from Bill 124 at this time.

A planned a deliberate exit from the current period of legislated wage restraint is necessary - this will provide an opportunity to address compensation and other contributors to the current HHR challenges. This includes an unequivocal comment that Bill 124 or other similar wage restraint legislation will not continue beyond the life of the current measures, if they are not repealed immediately.

Multi-Stakeholder Provincial Strategy

Member and stakeholder consultations reinforced the need for a broader, solutions-oriented strategy for discussion of HHR issues, such as a multi-stakeholder, provincial initiative and a centralized data inventory and gap assessment. The OHA has consistently heard from members and system partners that they have been engaged by government in a fragmented way, often focused on a singular issue.

A centralized, government-led strategy that engages with stakeholders/partners across the care continuum is necessary. This will help to bring together the knowledge and expertise to identify innovative solutions and aggressive approaches to enhance supply, remove practice silos, improve preparation of new grads, and implement system-wide retention strategies for long-term involvement in the health care system.

Future Capacity Planning in the New Normal

For over a decade, Ontario's efficient yet over-stretched hospital system has been striving to keep pace with the growing demands of an aging population with multiple co-morbidities and limited year-over-year financial increases. Pre-pandemic, hospital occupancy rates were at or near 100 per cent. This situation left hospitals in a precarious position with no buffer (no available capacity in beds or staffing) to handle any spikes in demand for care. This often led to issues including long waits in EDs, overcrowding and patients being cared for in hallways.

Managing under "new normal" conditions within the existing health system configuration (capacity, funding, and staffing) is no longer feasible. Any provincial strategy will need to take a comprehensive approach to looking at innovations in care and rethinking who and how care can be delivered differently. While system capacity is most often gauged by beds, occupancy rates and wait times which are directly related to funding levels, staffing availability is a critical capacity-limiting factor.

A provincial wide-capacity and HHR plan, beyond the immediate HHR investments recommended above, based on recent and announced capacity increases is critical to ensuring the stability of our health care workforce. Meaningful changes are needed to fund and bolster staffing models to ensure long-term stability of the workforce. To that end, when there are desperately needed additional increases in capacity, this must be integrated with a broader HHR plan to ensure optimal resources to support expansion.

Evidence-Based Decision-Making to Improve HHR Planning

A comprehensive HHR plan/strategy driven by data is one of the most important solutions in addressing HHR challenges and planning for the future. Currently, there are significant gaps in HHR data and what is available its often fragmented and siloed. Having a comprehensive understanding of the available supply and demand of HHR professionals to support care is key to decision making.

A more sophisticated approach using predictive analytics and modelling that draws from historical data and current situations will help identify new strategies and target investments. Moreover, the development of a skills inventory to capture qualifications and specialties that can be used to match expertise is seen as valuable by hospitals. Data, along with access to centralized data inventory and a gap assessment, could assist health care providers and partners, working closely with government, to share and design an HHR strategy for Ontario.

HEALTH HUMAN RESOURCE SOLUTIONS

- **Providing immediate funding to bolster staffing models** to enable the hiring of at least an additional 10,000 registered nurses and 3,500 registered practical nurses as well as other critical health care workers.
- **Unequivocal commitment that Bill 124 or other similar wage restraint legislation will not continue beyond the life of the current measures if they are not repealed immediately** to reassure employees and address morale as well as the recruitment/retention impacts of government intervention on hospital compensation.
- **Establish a centralized government-led provincial, multi-stakeholder strategy** that can help advise, plan, and implement system wide solutions to address health human resources in the near and longer term.
- **Develop a centralized strategy and evidence-based capacity plan** to build and sustain the health care workforce for the future
- **Ensure that all decision-making is driven by data,** utilizing predictive analytics, and modelling to help identify new HHR strategies and targeted investments.

Recruitment and Licensing

While there are HHR issues across many health care professions, nursing, specifically specialty nursing in the areas of mental health, ICU, emergency room and the OR, by far present the biggest challenge within the system.

This was further reinforced through an OHA member survey, completed in October 2021. Approximately 82 per cent of hospitals participated. The survey was intended to gather targeted health human resources metrics, including vacancy, turnover, resignations, and retirements across several health care professions between September 2020 and October 2021. The information gleaned from the survey reinforced some of the feedback received during the consultation and will assist the OHA in its ongoing work with government, education institutions and system partners in working towards longer-term HHR solutions.

Survey results indicated that there was an increase in employee turnover during this time (September 2020 to October 2021), largely due to resignations, when compared to pre-pandemic levels. An increase in resignation rates may not be entirely indicative of health care workers leaving the profession – individuals may be going to work at other hospitals, home care, long-term care, or to agencies, but it is one factor that would lead to an increase in vacancies.

Members also reported a substantial increase in vacancy rates. It is important to note that the survey captured both internal and external vacancies and therefore provides a picture of overall workforce movement – not just those staffing needs that require net new supply.

In addition to the impact of increased turnover, the total hospital workforce grew during the pandemic – this would also contribute to an increase in vacancy rates as there were a greater number of positions to be filled. As such, the survey observed that there was a substantial increase in the number of external hires.

The continual need to fill the increased number of vacancies is a challenge – not only does this represent potential service delivery gaps that need to be filled in real time, but this is occurring within a competitive labour market. The effects of this competition are more pronounced when considering particularly hard to recruit positions. Survey respondents indicated positions in emergency departments, critical care/ICU and medicine were the most challenging to fill.

Expand the Enhanced Extern Program (EEP) to all Hospitals

During COVID-19, the EEP program reimbursed select hospitals for the cost of employing clinical learners (externs), that were working towards completing their education. This included a variety of professions such as nursing, respiratory therapy, medicine, physiotherapy, occupational therapy, and paramedic programs, and/or recent Canadian medical graduates awaiting start of residency. Externs are employed as unregulated health professionals working under the supervision of regulated health providers called extern mentor/coordinators.

It was reported that some hospitals who were not eligible for EEP funding and using their own funding were successful in recruiting externs to their facilities. The program provided flexibility for learners to focus in a few clinical areas of their choice. Nurse Mentors/Coordinators were also provided with the flexibility to continue their clinical work while getting experience mentoring on the side.

On October 29, 2021, the government released new guidelines which allowed Internationally Educated Nurses (IEN) to apply for externship. However, eligibility criteria continued to apply only to the hospitals who received approval for Phase 3 critical care beds and those notified of EEP eligibility by the Ministry of Health. Broadening the EEP reimbursement criteria would be a useful tool in maximizing HHR recruitment.

Expand and Expedite the Use of Internationally Educated Health Professionals

The utilization of internationally educated health professionals can help support Ontario's HHR shortage. Across Canada, immigrants with a post-secondary health education are unemployed or underutilized compared to individuals that have been educated in Canada. According to Statistics Canada, in 2020, only 47 per cent of these immigrants are working in health care, as compared to 58 per cent of individuals born in Canadian with a similar education.

For Internationally Educated Nurses (IENs) the situation is even more dire. Currently, only 7.2 per cent of the Canadian regulated nursing workforce is comprised of IENs, according to the

Canadian Institute for Health Information (CIHI). IENs bring diverse education and professional experience, but according to the Ontario Office of the Fairness Commissioner, only 17.5 per cent of foreign-born or educated nurses in Ontario are working at or above their skill level – compared to 64 per cent of Canadian-born and educated nurses. This is an immediate, untapped source of increased nursing supply that would be able to support hospital staffing needs.

Many IENs face barriers in completing licensing requirements within Ontario. It is a multi-year process that requires time and money. According to the World Education Services, it is estimated that it can cost up to $16,000 for an IEN to get their nursing license in Ontario. This fee includes expenses such as the nursing exam, application fee to the nursing college and bridging programs. Many IENs work in unregulated and PSW roles while they seek to meet the requirements to work as nurses. To help support the integration of IEN, there have been several successful pilot projects in Ontario, including:

- The Hamilton Health Sciences IEN Project which was a 10-year project that used the Community Care Employment Model (CCEM) as a framework that brought together major stakeholders and employed over 500 IEN nurses over the period from 2009-2019.

- In 2021, a Safe Experience Pilot was initiated between UHN and the Centre for Internationally Educated Nurses for IENs who completed all their registration requirements prior to COVID-19. The pilot enabled IENs to complete their practice requirements of 400 clinical hours and their College of Nurses' registration requirements over a three-month period. UHN used funding from COVID-19 to help support the program, which cost approximately $250,000. In the future, they would need to determine other funding sources. In total, 22 IENs were hired as temporary clinical staff and six transitioned to a full-time or parttime position at UHN.

There is a need to creatively leverage the information about the IEN programs to assist with the recruitment of students. This could include regulatory colleges sharing information about international nursing programs and their specialty qualifications more broadly. If hospitals had a better understanding of the strengths and weakness of international programs, they could tailor orientation programs to better meet the needs of learners. This could include designing more clinically oriented programs for those students that are "book smart" but need additional hands-on experience.

Streamlining the process through a collaborative and coordinated approach between the immigration, assessment, bridging and licensing organizations would also help to remove the barriers to employment for foreign training workers.

Regulatory Colleges to Support Innovative Approach to Licensing

During COVID-19, the College of Nurses of Ontario (CNO) introduced an Emergency Assignment Class that expedited shorter registration of nurses to the CNO during the pandemic. This included new nurses, nurses registered in other provinces or the United States, and internationally educated nurses who met the criteria.

An additional option available to new nurses who have met their requirements under the General Class, except for completing their registration exam, is to register for a temporary class license. This would allow them to practice within their scope under defined terms and conditions until they pass their exam and join the General Class. The temporary class is only available for six months.

With the exacerbation of capacity and HHR pressures over the holidays due to the Omicron virus, on Jan 11, 2022, the government announced a new initiative to provide IENs with the opportunity to meet their practice and proficiency requirements to become registered.

During the pandemic, the above-noted measures were very beneficial in the expedited hiring of many new nurses into the system. Consideration should be given as to whether some of these measures should be extended and/or expanded to other allied health professionals. Opportunities exist to work with regulatory colleges for creative solutions to get much-needed health professionals into the system. There may be ways to identify new, innovative licensing opportunities to bridge IENs until they fulfill their requirements to practice, ensuring they have the additional skills necessary.

Extend the Nursing Graduate Guarantee (NGG)

Offering new graduate nurses full-time employment opportunities has been a long-standing issue given the practical reality that these positions are coveted by more senior/existing nurses. The Nursing Graduate Guarantee (NGG) was created in 2007 to provide new graduate nurses in Ontario support as they transitioned to practice. It was a successful recruitment tool that was used by small, rural, and northern hospitals.

In 2017, the Ministry of Health implemented changes to the NGG to that require hospitals to guarantee full-time employment or the equivalent of full-time hours. This change has significantly limited the ability of smaller and medium-sized hospitals to continue participating in the program. Prior to 2017, part-time employment was sufficient to qualify in the NGG program. Relaxing the requirement to return to pre-2017 policy and include part-time employment for new graduates, especially for rural and northern communities, is much needed to assist with recruitment efforts.

On October 29, 2021, the government announced hospitals would be allowed to fill an additional seven RN/RPN NGG positions in 2021-22, above each hospital’s standard participation in the NGG program. The new announcement did not address the specific needs of small, rural, and northern hospitals.

Create Clinical Placement/Practicums in High Vacancy Areas and Underserviced Communities

Clinical placement/practicums in a specific area with high vacancies (e.g., ORs, ICUs) or placements in an underserviced geographical community may help to attract students. Expanding these opportunities will ensure that health care workers completing their education

have access to appropriate training and placement opportunities where there may be greatest need.

Often students are hired by providers where they had their clinical experience, so strategically designing these placements to make them more responsive to system needs can be viewed as a 'win-win' for the student and the organizations.

Local colleges and universities and health care providers can work together to create opportunities for education and training of learners that will help attract local talent that will stay in those communities. Creative solutions to help attract more nurses and keep them working in these communities include reducing specialization training from 20 to 13 weeks and locating clinical placements where large vacancies exist in high growth areas. These opportunities can be created by ensuring that local colleges, universities, and health care providers work together.

Promote Existing Tuition Incentives in Areas of Greatest Need

The need to build awareness of existing tuition programs and the financial supports available to nurses was raised by our members. Two specific programs worth promoting include:

- Commitment Program for Nurses (CCPN) - To attract RNs, RPNs and NPs to work in the hospitals, LTC and homes and home and community care agencies in greatest need across Ontario, the CCPN provides a $10,000 incentive to eligible nurses in exchange for a 12-month commitment to an eligible employer. Participating hospitals, LTC homes and home and community care agencies who employ eligible nurses through the CCPN may be eligible for an education grant to fund professional development and training opportunities for nurses on their staff.

- Tuition Support Program for Nurses (TSPN) - Offers tuition reimbursement to recent graduates from rural and remote communities who are new College of Nurses of Ontario registrants and who choose to do a return-of-service in an eligible underserviced community. The program is open to nurse practitioners, registered nurses and registered practical nurse graduates who apply within one year of having graduated from a Canadian university or college.

Fairly Apply Tuition Reimbursements/Comprehensive Incentives Across Sectors

Members noted concerns about the siloed approach taken by government on HHR as demonstrated by Ministry of Long-Term Care (MOLTC) announcement that was made late October 2021 to expand career growth opportunities for nurses and PSW in LTC.

This announcement also included investments of $100 million to add 2,000 nurses to the long-term care sector by 2024-25, supporting the training of thousands of PSWs and nurses and the creation of two innovative programs:

- BEGIN initiative: Bridging Educational Grant in Nursing jointly offered by MOLTC, MOH and RPN association of Ontario providing tuition supports; and
- Nursing Program Transformation in Ontario's Colleges, jointly offered by the MOLTC, Ministry of Colleges and Universities, and Colleges Ontario, which will increase access to nursing programs at publicly assisted colleges.

Support for a more inclusive and comprehensive tuition strategy where eligibility is not defined by where someone works would help ensure that there are no unintended consequences.

Education, Training and Retention Strategies

RECRUITMENT AND LICENSING SOLUTIONS

- **Increase supply and expand the eligibility of the Enhanced Extern Program** (EEP) to all hospitals leveraging clinical learners completing their education in a variety of health care worker.
- **Expand and expedite the utilization of Internationally Educated Nurses** by drawing on the learnings from recent pilot projects that have demonstrated success.
- **Explore the utilization of the CNO's Emergency Assignment Class** as was done during COVID-19 to expedite new learners to the workforce.
- **Amend the requirements of the Nursing Graduate Guarantee** by replacing the requirement for full-time hours positions with a requirement for a permanent part-time position in small, rural, and northern hospitals.
- **Offer clinical placements and practicums in specialized care areas** such as the OR or ICU as a recruitment and retention tool. Reduce specialization training times to attract more nurses to work in these areas.
- **Strategically design and locate clinical placements in high vacancy areas** and underserviced areas and make them more responsive to system needs.
- **Build awareness of existing tuition programs and financial supports available** to nurses including Commitment Program for Nurses (CCPN) and the Tuition Support Program for Nurses (TSPN).
- **Support inclusive and comprehensive tuition strategies to training opportunities** to ensure there are no unintended consequences to any one health care provider.

Create More Mentorship and Preceptor Roles for Late Career Nurses

Many late career nurses have expressed a willingness to stay employed at the hospital in roles that offer more flexibility, such as part-time employment, or where they are developing new skills such as in mentorship roles. During the pandemic, hospitals were given additional funding to pay for preceptorship and mentorship roles which were extremely successful in preparing new grads and less experienced nurses with additional skills and competencies. More

mentorship and preceptor opportunities, as well as support for clinical placements, are needed for late career nurses to help support retention and morale and prepare new grads with the skills and development needed.

Accelerate and Expand Specialty Training

There are opportunities to explore new approaches in the delivery of training for nurses to obtain specialty certifications to allow them to work in new areas such as the ED, OR, or underserviced areas. Offering these as paid education opportunities will also assist in uptake. Examples of innovative approaches to learning include:

- Reducing the length of time of specialty certification programs: Current specialty programs through local colleges are lengthy in nature (upwards of 20 weeks). Centennial College was able to safely reduce their certification time from 20 weeks to 13 weeks. Working directly with colleges to find innovative those approaches may increase the number of nurses who want to enroll.

- Optimizing the use of technology to support training: Working with local colleges and academic centers to deliver virtual reality/simulation training should be investigated. Offering easily accessible training in areas of highest need could help to retain, attract, and reduce vacancies in these critical roles.

EDUCATION, TRAINING AND RETENTION SOLUTIONS

- **Engage health system providers and college and universities** to further explore how innovative education and training opportunities.
- **Create more opportunities for late career nurses to work as mentors and preceptors** to retain experienced nurses in the workforce and further support new grads.
- **Accelerate and expand specialty training opportunities** for people to work in EDs, operating rooms, critical care, and underserviced areas of the province.

Strategies to Enhance Physician Recruitment in Small, Rural and Remote Communities

Increase Supply of and Funding for Physician Assistants

In 2021, Ontario introduced legislation to regulate Physician Assistants under CPSO's regulatory authority. Physician Assistants (PAs) are trained as generalists that work within their supervising physician's scope of practice, thereby extending physician services. Increasing the supply of PAs can help address gaps in care and improve patient access to health care services.

The PA profession evolved in the United States in response to a shortage of physicians, and relieved doctors from performing routine tasks, allowing them to focus on more skilled tasks. The first PAs were skilled military medics who evolved over time leading to the PA profession. In 1984, the Canadian Army adopted the PAs role for their senior medics and officially changed the name of the medic to PA in 1991. Within Ontario, the PA's unregulated status and their lack of funding has been a challenge. Given that PAs originated from the military, Ontario should be looking to the lessons learned from them on leveraging their role within the system and how to quickly train PAs.

In Canada, there are approximately 800 PAs currently working in health care settings, primarily in Manitoba, Alberta, Ontario, and New Brunswick, according to the Canadian Association of Physician Assistants, 500 of whom work within Ontario. Although two of the three education programs are in Ontario, only 54 students graduated despite more than 2,000 applicants. Consideration should also be given to expanding the number of spots in the PA education programs.

Provide Incentives and Opportunities for Rural and Northern Communities

There are 325 physician vacancies within northern Ontario. The situation has reached a crisis point and government needs to explore other solutions to incent physician learners to work in these communities. Only 20 per cent of post grad residents/specialty fellows that choose electives in rural and northern communities will stay to work in these areas. The lack of funding for physician learners and licensing challenges were identified by our members as barriers to recruitment efforts.

With limited funding, innovative approaches are needed to allow learners the opportunity to practice within these communities. Some creative opportunities that could be expanded include the following:

- The Rural Northern Initiative and the Northern Psychiatry Outreach Program both pair faculty members with a postgrad learner in northern Ontario. The Rural Northern Initiative is a joint project between the MOLTC and the University of Toronto, Department of Family and Community Medicine (DFCM) to provide medical care to small, rural communities in need of that physician support. DFCM faculty members, who are remunerated, visit participating communities for two-week visits along with a PGY2 family medicine resident. Similarly, the Northern Psychiatry Outreach Program provides opportunities to psychiatry residents by offering a wide range of placements, in collaboration with the Northern Ontario School of Medicine, to experience supervised training in rural and remote communities.
- The Community Assessment Visit Program is a program that provides funding for the relocation of health care professionals to eligible communities based on the Rurality Index of Ontario (RIO score). The program offers reimbursement for the accommodation and travel expenses that are incurred by the health care professional and their spouse for purposes of assessing opportunities to practice in an eligible community. Recognizing the importance of families in decision making, there may be opportunities to realign

underserviced area site visit funding to learners to work in rural and northern communities with a restricted license, and the opportunity to bring their spouse.

- Expand Post-Graduate Year-3 funding to all family physician trainees in their third year of residency (Family Medicine R3) to help ensure that residents are capable and confident entering into rural practice with the skills they need to practice in these communities.

Support New Rural and Northern Mentorships

Mentorship pairs new physicians, either recent graduates or experienced physicians, with more skilled physicians working in a rural and northern environment. In doing so, it provides much needed support to those experienced physicians, who sometimes tend to feel isolated professionally. Additionally, it helps to recruit and possibly retain these new physicians to work in northern geographic areas of the province. Incenting more physician mentorship opportunities was seen as a ‘win-win’ situation by our members.

Mentorship initiatives are core to the sustainability of small, rural, and northern hospitals. They help physicians thrive in the first few years of practice and gain the experience and confidence to fully integrate into the rural environment. Providing funding to both the mentor and mentee for a few months would help support more new physicians in moving to rural environments and incent local physicians to be mentors.

An example of a successful initiative that can be leveraged in Ontario is the University of British Columbia Continuing Professional Development Faculty of Medicine’s Coaching and Mentoring Program (CAMP). CAMP establishes a formal "Transition to Practice" program for new graduates entering rural practice to enable access to funded coaching and mentorship. Coach/mentors provide support in a variety of areas such as emergency medicine, palliative care, and Indigenous patient care.

Provide Resources for Virtual Emergency Departments to Support Recruitment in Rural and Northern Areas

Expanding supports for virtual EDs as well as virtual ICU and in-patient care to rural and northern communities will help with recruitment of health care professionals to work in these areas. Tele-emergency services have been used in the United States with much success. A 2014 report concluded that “tele-emergency improves clinical quality, expands the care team, increases resources during critical events, shortens time to care, improves care coordination, promotes patient-centered care, improves the recruitment of family physicians, and stabilizes the rural hospital patient base.”

Allow Flexible and Regional Physician Credentialing

In rural and northern communities, locums and other “out-of-region” physicians that provide coverage for a limited period are required to go through each hospital’s credentialing and privileging process. In the past, the Ontario Physician Locum Program of HealthForce Ontario enabled locum physicians to provide one set of credentialing documentation to acquire

privileges at multiple hospitals. This provided a streamlined application process for family and other physicians seeking appointments as locums in small and rural hospitals.

With the number of physician vacancies within rural and northern communities, any process that streamlines and reduces administrative barriers to practice should be considered. A regional credentialing process, that allows physicians to practice across multi-sites would benefit hospitals as well as incent physicians to take on locum opportunities when available.

PHYSICIAN RECRUITMENT SOLUTIONS

- **Increase the supply of PAs to address gaps in physician supply** and draw on any lessons learned from the military, where the role of PA originated.
- **Expedite the regulation of PAs through the College of Physicians and Surgeon of Ontario.**
- **Offer funding to incent learners to work/visit rural and northern communities with a restricted license** by expanding on successful initiatives.
- **Expand PGY 3 funding to all family physician trainees in their third year of residency** (Family Medicine R3) to help ensure that residents are capable and confident entering into rural practice with the skills they need to practice in these communities.
- **Expand mentorship opportunities in small, rural, and northern locations** to incent new physicians to work with experienced physicians in these locations and provide much needed supports.
- **Expand supports for virtual emergency departments and virtual critical care in rural and northern communities,** drawing on Canadian pilots**.**
- **Explore opportunities for regional or joint credentialing initiatives** to reduce administrative burden and create flexibility for physicians to work across hospitals.

Legal and Regulatory Opportunities

Limit Temporary, Casual or Agency Staff

Prior to the pandemic, some hospitals would rely on agencies to provide ad-hoc support to fill short-term staffing needs. Generally, the utilization of agency staff had decreased over several years pre-pandemic, as there has been a clear preference for stable, in-house staffing solutions to meet patient care needs, especially given the higher level of cost of these outsourced supports.

We are now hearing from many of our members that new, “pop-up” agencies are promising health care workers, primarily nurses, substantive bonuses and higher wages which is disrupting the sector. Some health care workers are purportedly quitting their full-time jobs

only to turn around and be hired by agencies and then deployed to work at the very same workplace/positions where they were originally employed. Given the competitive environment to recruit talent, agencies are reportedly paying agency nurses two times their salary and are charging hospitals as high as $1,000 a day for select nurses during high vacancy periods.

In the short-term, to help bring some stability to the health care system, "rules" of some form, such as regulating and standardizing the fees for agency staff, should be implemented immediately to prevent overcharging by agencies.

Need for a Regulatory Amendment to Allow Respiratory Therapists to Order Ultrasounds

In 2017, when medical radiation and imaging technologists were regulated, an amendment was made to the Controlled Acts (o. Reg. 107/96 s. 7.1) Regulation under the *Regulated Health Professions Act* (RHPA) for the use of diagnostic ultrasound which substituted "a person" with "a member of the College of Medical Radiation and Imaging Technologists of Ontario or a member of the College of Nurses of Ontario." Under the RHPA, certain acts, referred to as "controlled acts," may only be performed by certain authorized health care professionals. When this amendment was made in 2017, it limited the use of ultrasound by Respiratory Therapists.

Prior to this regulatory change, one of the core competencies for respiratory therapists was to "operate, maintain, troubleshoot medical devices such as ultrasound, EEGs etc., as well as to insert arterial/venous lines and chest tubes (with ultrasound)." As a result of this change, respiratory therapists who want to use ultrasound must now await delegation from an ordering physician or nurse – often a challenge during high demand time periods, particularly felt during COVID-19.

To restore the use of ultrasound for RTs, consideration for an exemption in the Controlled Acts Regulation such that: A member of the College of Respiratory Therapists of Ontario is exempt from subsection 27 (1) of the Act for the purpose of applying soundwaves for diagnostic ultrasound for the purpose of respiratory therapy assessments and procedures.

Expedite Physiotherapists Waiting to Practice

Close to 1,000 qualified physiotherapy candidates have been limited in practice, waiting for the clinical component of the Canada Alliance of Physiotherapy Regulators licensing exam which has been cancelled five times since 2019. As a result, it has been impossible for new graduates and those internationally educated to register with the College of Physiotherapists so they can enter independent practice. Exploring an alternate approach to entry to practice should be considered to expedite this process when the existing process is not available.

Increase the Number of Hospital Pharmacy Residency Positions

Hospitals also noted that the impacts of long-standing training gaps were felt during the pandemic. Those pharmacists with residency training, in addition to those with extensive

experience, were well-qualified to deal with increases in patient safety and medication safety concerns, in addressing the needs of high acuity patients.

In Ontario, entry to practice training and competencies are mostly aligned with community practice with limited hospital residency positions available to upskill entry to practice. Ontario has fewer advanced trained pharmacists versus other provinces and the lowest per capita rates of hospital residency training in the country.

Hospital pharmacists have also advised that the number of residency positions are static, even though the number of applicants has increased. In 2021, 72 per cent of applicants were not successful in being matched to a program. Efforts should be made to addressing hospital pharmacy residency training gaps and increase the numbers of well-trained hospital pharmacists. Ontario can leverage other successful Canadian models that have worked to create competent and sustainable staffing models.

LEGAL AND REGULATORY SOLUTIONS

- **Provide some immediate stability to the health care system, by establishing "rules"** of some form such as standardizing and regulating the fees that prevents price gouging/overcharging by agencies.
- **Create an exemption in the *Controlled Acts Regulation under the RHPA*** to exempt members of the College of Respiratory Therapists of Ontario from subsection 27 (1) of the Act for the purpose of applying soundwaves for diagnostic ultrasound for the purpose of respiratory therapy assessments and procedures.
- **Explore alternate and expedited approaches to entry to practice for physiotherapists** waiting extended lengths of time to complete their clinical component of the national examination.
- **Increase the number of hospital pharmacy residency positions** to expand the number of well-qualified pharmacists needed to address increasing acuity of care and patient safety.

Enable System Change Together

As the HHR crisis has impacted service providers at an unprecedented level, the OHA looks forward to discussing the solutions noted in this brief with government and other system stakeholders to quickly enable change. In doing so, we would be happy to participate in any initiatives/forums or facilitate additional dialogue to provide more information on the ideas raised. Working together, with our system partners, we can find those bold solutions and aggressive strategies to stabilize HHR, mitigate harm to patients and staff, and support the creation of a modernized health care system to better meet the needs of Ontarians.

Reference: Members and Stakeholders Engaged

The following is a list of members and stakeholders OHA engaged with, along several other individual member hospitals and partners, all who have generated ideas and solutions independently.

- Council of Ontario Universities
- HealthForce Ontario
- Northern Ontario School of Medicine
- OHA Academic CEO Committee
- OHA Education Committee
- Ontario Health Regional Clinical Leads
- OHA Provincial Leadership Councils/Networks
    - Complex Continuing Care and Rehabilitation
    - Medium-Sized Hospitals
    - Mental Health and Addictions
    - Physician Leadership
    - Small, Rural and Northern
- Ontario Medical Association
- Regional Chief Human Resources Officers Leads
- Regional Clinical Program Leads
- World Education Services

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