

Stand UP for SENIORS CARE

FACT SHEET #1

Staffing and Quality of Care

Without adequate staffing, care suffers

The care needs of seniors living in B.C.'s residential care facilities are on the rise. Today, residents who enter care are often sicker, more likely to have some form of dementia, and many have chronic diseases that need to be treated with a range of medications.

Since 2002, only those with complex care needs are eligible for admission to residential care. But even though seniors with complex and/or palliative care needs are coming into the province's long-term care facilities, health authorities are not providing the funding required for appropriate staffing levels.

This includes all levels of direct care staffing – registered nurses (RNs), licensed practical nurses (LPNs), and resident care aides (RCAs) – who play critical roles in providing residents with quality care.

The truth is...

Numerous research studies clearly show that inadequate staffing levels contribute to resident deterioration, malnutrition, dehydration, undiagnosed dysphagia, and hospitalization.

In B.C., a comprehensive review of national and international research – prepared for the Ministry of Health's Nursing Directorate – establishes a clear link between inadequate direct care staffing and higher rates of adverse outcomes for residents. And it shows that residents in higher-staffed facilities spent less time in bed, experienced more social engagement, and consumed more food and fluids.

But despite the evidence, the actual hours of direct care in B.C.'s long-term care facilities hasn't improved since 2001.

A recent survey by B.C. Care Providers found that facilities provide an average of 2.6 hours with staffing levels varying from 2.1 to 3.2 hours. In a *Freedom of Information* request, HEU found that in 2008, the average worked hours of direct nursing and personal care in Fraser Health Authority facilities was 2.7 hours per day.

A comprehensive national study commissioned by the U.S. Congress has found that minimum staffing levels of 4.1 hours per resident per day are required to prevent such adverse outcomes such as falls, infections, weight loss, pressure ulcers, dehydration and hospitalization. A 2004 U.S. study goes further. It recommends 4.5 hours to improve quality care.

Alberta, Manitoba, Ontario, New Brunswick and Nova Scotia have all committed to boosting funding for front-line staffing to deal with rising care needs and acuity levels.

OUR SOLUTIONS

- In the short-term, HEU recommends that 3.2 hours per resident per day be established as a **minimum** staffing level requirement provided it is fully funded and mandated in regulations, and it is based on hours worked, not hours paid.
- This minimum requirement must apply only to direct personal and nursing care as provided by RCAs, LPNs and RNs, with additional funding to be made available for activities and rehabilitation.
- HEU's longer term goal is to achieve the minimum of 4.1 hours of direct personal and nursing care recommended by the research, and that it be indexed to rise with resident care needs.

